

Zone West - Social Prescribing Programme for Children aged 7-11

Action Plan for Replication

Foreword

It gives us great delight to share this exciting resource that North East Wellbeing have developed for us, describing their journey to developing a Link Worker-led Social Prescribing Programme for children aged 7-11.

An original remit of our Child Health and Wellbeing Network was to share good practice, and this action plan and associated link worker manual offer members the insight into a social prescribing model for children and young people. Developed in Newcastle, it will help share their learning and support local projects within the region to guide their implementations.

Whilst there are other celebrated models within our region, this piece of work is specific to the Zone West model that has to date has shown meaningful gains in the following key outcomes:

- Language and communication
- Social-emotional mental health and wellbeing
- Quality of life

Latest Zone West impact data showed:

School-reported data shows a highly significant positive effect of Zone West on children's emotional difficulties and hyperactivity, and a significant positive effect on children's conduct difficulties.

Zone West has had a highly significant effect on children's attention in class and their ability to keep up at school.

The children's self-reported quality of life shows improvements across all scales over the course of Zone West, particularly for physical and social functioning.

Based on parent reports, Wilcoxon analysis indicated a highly significant effect of Zone West on children's conduct difficulties and hyperactivity and significant effect on emotional difficulties.

Parents reported an improvement in their child's emotional, social, and school functioning over the course of Zone West

The Network is implementing the Zone West Social Prescribing model into two schools in Middlesbrough and will be able to supplement these resources further with their learning in the months to come.

If you are interested to find out more about our implementation into Middlesbrough please email england.northernchildnetwork@nhs.net

We leave you to learn from, and share, what we hope will be a valuable asset – especially to support families in the wake of the pandemic and cost of living pressures which will further impact the health and wellbeing of our young people.

We thank our Network partners involved in both the original project and related implementations, and hope that many more young people in our region can benefit from the impact of link worker support and intervention.

Best wishes

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Clinical and Programme Leads of the NENC ICS's Child Health and Wellbeing Network (respectively)

Senior Responsible Officers for the NENC CYP Transformation Programme

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Part 1: Set Up

Phase 1 - Identify Target Area

Zone West aims to work with children considered most at risk of poor developmental outcomes due to social deprivation and various parental and environmental risk factors commonly associated with social deprivation. From the outset, Zone West aimed to be evidence based and driven by data. We wanted to target the children most at risk of adverse outcomes, who would benefit the most from an early intervention programme. We used national data to ensure our target area fitted with this philosophy. This approach could be used to consider where to target future interventions or to ensure a selected site was likely to have levels of deprivation and health inequalities that would benefit from our Zone West approach.

The North East of England has high rates of deprivation as represented by the Index of Multiple Deprivation (IMD) and for children specifically, the Income Deprivation Affecting Children Index (IDACI). Replicated work of the Zone West model should be targeted to areas of deprivation as indicated by IDACI, a subset of IMD.

Index of Multiple Deprivation (IMD)

The degree of deprivation of an area can be measured using IMD deciles. IMD deciles are calculated by ranking the 32,844 small areas of England in order and dividing them into 10 equal groups. Those in group (decile) 1 are therefore in the 10% most deprived areas in the UK.

Those in group (decile) 10 are in the 10% least deprived areas in the UK. The divided small localities are of approximately equal population size which allows for comparison of areas. These areas are known as Lower-layer Super Output Areas (LSOAs). The IMD are based upon seven different domains which can be used as a combined assessment of deprivation but may also be considered individually. They are:

- Income Deprivation (22.5%)
- Employment Deprivation (22.5%)
- Education, Skills and Training Deprivation (13.5%)
- Health Deprivation and Disability (13.5%)
- Crime (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment Deprivation (9.3%)

The IMD are based on the most recent data available and the per cent weighting of each domain is given in brackets. The IMD rank all the LSOAs in England from the most to least deprived. There are 32,844 of these areas. They are also presented as deciles with 1 being the most deprived 10% and 10 being the least deprived 10%. The income deprivation domain is used to create two further subsets, the Income Deprivation Affecting Children Index (IDACI) and the Income Deprivation Affecting Older People Index (IDAOPI).

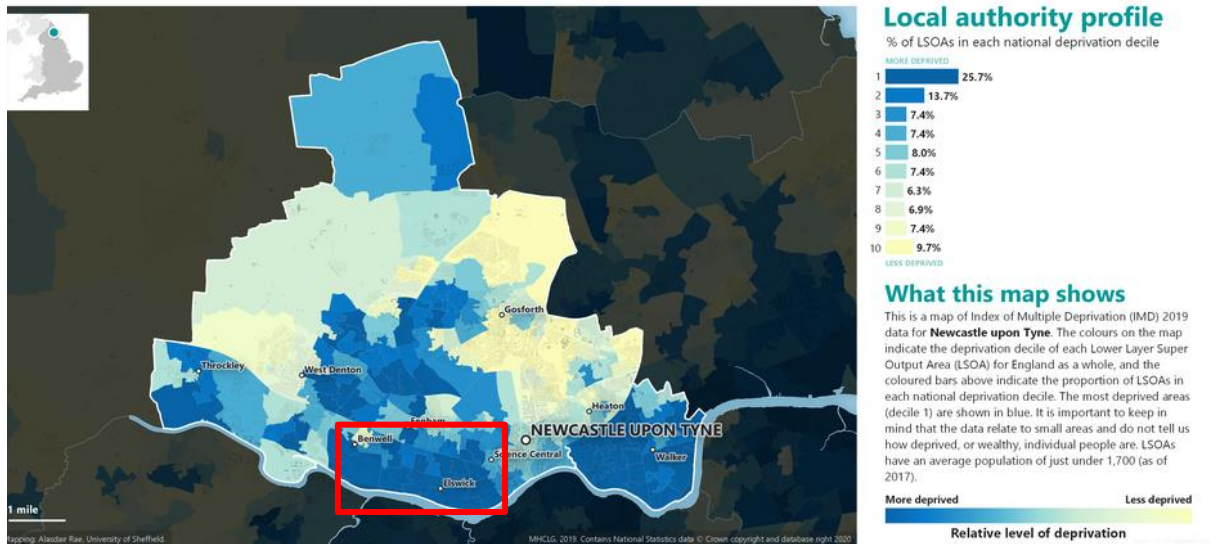
To set up Zone West it was identified that there are 166 LSOAs in Newcastle upon Tyne, of which 51 are in the most deprived decile (1) when IDACI is used. Of the 51 most deprived LSOAs half are in the West End of Newcastle; this informed the target area for Zone West implementation.

Figure 1: Graphical Representation of LSOAs by deprivation decile. ZW area shown by red square

Index of Multiple Deprivation 2019

NEWCASTLE UPON TYNE

Ministry of Housing, Communities & Local Government



Phase 2 - Identification of Schools and Primary Care Networks

Recruitment of Schools

Once the target area is identified, primary schools that sit within this area can be identified, and from these 2 per Link Worker (LW) should be approached to be recruited into the project and provide referrals into the project via the education pathway. In Zone West, there has been the benefit of being able to discuss with a wider community through the West Schools Trust and if the equivalent exists in the region a replicated LW project is being established this will be an important route to adopt.

Initial contact should be made with the head teacher of the school to outline the project, the benefits and what would be involved. A named contact should be available within each school for ongoing communication. These schools should be representative of the area and to ensure this background information about each school should be collected, including absence rates, proportion of pupils eligible for free school meals, who have English as an Additional Language (EAL) and who require special educational support (SEN).

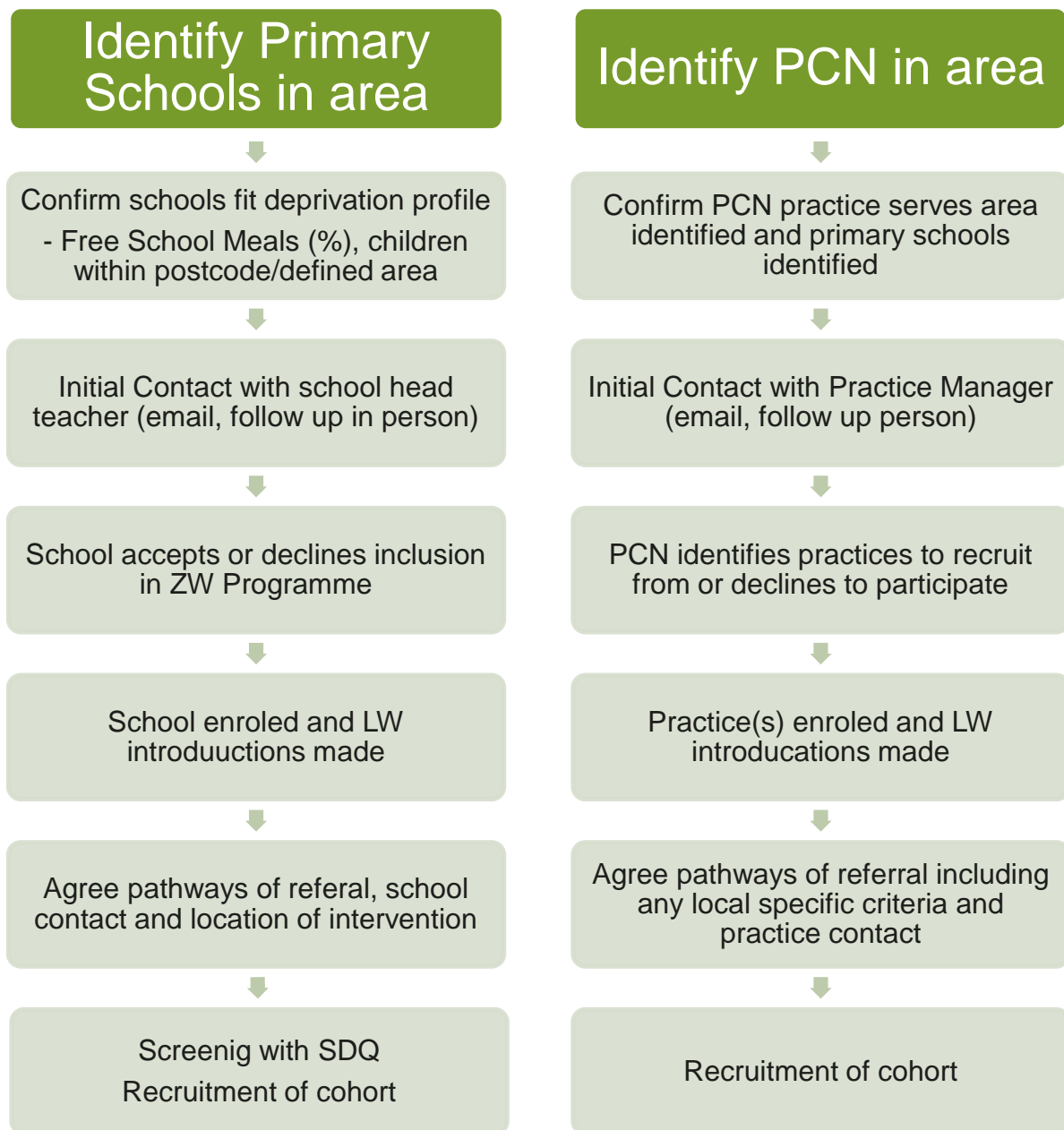
Once schools agree to take part a further meeting should be arranged to establish the referral pathway (see Phase 3).

Recruitment of Primary Care Networks

Once the target area is identified and schools have been selected, PCNs that serve the same areas as these schools and therefore include GP practices that see the same children, should be considered for recruitment into the project to refer children via the health pathway. Identified PCNs should be approached for inclusion with initial contact made with a senior representative of that PCN. If funding has come from a specific PCN then this will be appropriate starting point. The PCN contact should facilitate recruitment of individual GP practices and work with the Link Worker to outline the project and expectations of the GPs.

For PCNs that go on to be recruited the LW should introduce themselves to the practices within the PCN, facilitated by the PCN contact. Link Workers should ensure they are aware of the key contacts within the practice and set up a meeting to establish the referral pathway (see Phase 3). There may be overlap between children referred from PCN and those referred through the school programme.

Figure 2: Inclusion of Schools and PCNs



Phase 3 - Establishing Referral Pathways

During this phase the LWs will work with the PCN and Primary Schools to formalise the referral pathway into Zone West.

Referrals for the Zone West Warrior Programme

Children are identified for the Zone West Warrior programme through teacher-report Strengths and Difficulties Questionnaire (SDQ) assessment, indicating the social, emotional, and mental health status of children. Teachers are asked to complete an SDQ for all children in their class, and children are then selected for inclusion based on SDQ score (those scoring in the Raised/High/Very High categories for level of SEMH difficulty) alongside one or more of the following inclusion criteria identified through discussion with the school and the School Referral Guidance and Form (Appendix A):

- Children aged between 7 and 11 years old.
- Children for whom there is a primary education concern: poor attainment and/or attendance.
- Children for whom there is a behaviour concern (outside of SDQ assessment).
- Children for whom there is a learning concern.
- Children showing persistent social-emotional difficulties (outside of SDQ assessment).
- Children with difficult or complex home circumstances which impacts school and/or community engagement.

Consents and Permissions

Working within GDPR and research data guidelines Zone West will work with the school to facilitate the following stages of consent:

- Stage 1. Parents and carers of children in the target year group(s) are informed of the SDQ (teacher) and attendance data-capture offering an opt-out.
- Stage 2. Following initial data analysis and subsequent triangulation meeting with the headteacher, family support and SEND. Parents and carers of screened children are approached for consent to participate in Zone West Programme.
- Stage 3. Consenting parents are contacted by a Link Worker for data-consent which allows the project to collect further questionnaire data from child and family.

Referrals for the Zone West Seeker Programme

For children referred through PCNs referral is informed by primary health need, degree of need, and number of visits to primary and/or secondary care services. Please refer to the Zone West PCN Guide for further information about Seeker referrals and programme. GPs are able to make a direct referral to Zone West using a Health Referral Guidance and Form (Appendix B), indicating children on their caseload that meet one or more of the following inclusion criteria:

- Children aged between 7 and 11 years old

-
- Children experiencing barriers to existing healthcare pathways
 - Children with Social, Emotional & Wellbeing Issues
 - Children with General Concerns with No Obvious Cause
 - Children whose Parents are Unable to Respond

Dual referrals are not recommended. The Seeker Programme is not designed as an alternative or equal to CYPS or CAMHS, neither to child social services and social care arrangements. If a child's concerns are severe enough to warrant a CPYS referral (e.g.) then the outcome of that referral is important and a dual referral to the Seeker is not advised.

Consents and Permissions

Consent for referral to the Seeker programme will be gained by GPs in the consultation. During the initial contact with the Link Worker children and parents will be consented in more detail. As a result of these consents and supported by the Data Sharing Agreement between the GP Practice and Zone West, the Link Worker will begin working with the case management system, recording appointments and reporting progress visible to the referrer. This usually means a secure NHS email and smartcard will be issued by the Practice.

Safeguarding

Ethical approval will be granted for referrals to take place and as outlined above all referrals will require parental consent before direct work with the child takes place. In addition, safeguarding pathways will need to be established in-line with local policies and procedures and shared with all relevant stakeholders.

Phase 4 - Project Governance

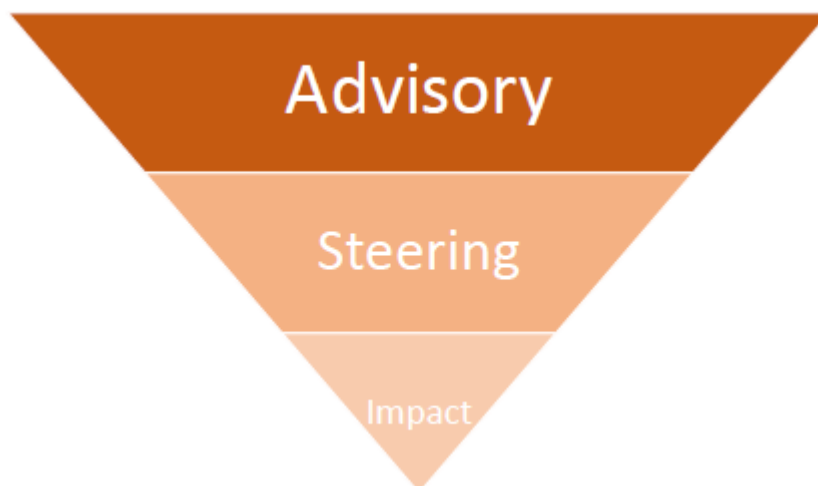
Stakeholder Contracts and Agreement

Agreements between all key stakeholders running the project must be in place prior to commencing work; primarily this will be between the employing organisation and delivery organisation if these are different, but also between ethical committees/sponsorship sites and these organisations. Agreements should cover details pertaining to employment, insurance and indemnity, data sharing and responsibilities. For Zone West, the employing organisation (Healthworks) is different from the delivery organisation (NEW) and a formal agreement exists between these.

Management

Figure 1 denotes the management structure of Zone West which comprises 3 main groups of stakeholders; Advisory, Steering and Impact. This structure ensures the governance aspects are maintained and has allowed the smooth running of the project. Meeting frequency aims at ensuring all stakeholders are up to date whilst maintaining efficiency. Each group is described further below.

Figure 1. Management structure of Zone West



Advisory Group

This group is made up of the key stakeholders (health, local authority, voluntary, mental health, primary care). The representatives should be senior enough to enable decision making about strategic and funding commitments. This group is vital in the early phases (phases 1 to 3) and engagement is required from all partners. Subsequently the steering group report back to the advisory group quarterly to share progress and updates.

Steering Group

This group comprises those who are on the ground and vital to the practical establishment of the project. For example, in Zone West, Newcastle the steering group comprises NE Wellbeing, Healthworks, Action for Children and Local Authority. The Steering Group meets monthly and is important in all phases, set up and delivery.

Impact Group

The Impact Group is a smaller team within the Steering Group and is responsible for the research, management, design and evaluation of the programme. It comprises the research team (for ZW this is a paediatrician and an RA from Newcastle University/NE Wellbeing) and the project lead. The Impact Group meet weekly and are vital in all phases.

LW Supervision

A senior link worker would manage 6-8 whole time equivalent (WTE) link workers. A project manager would manage a team of 16 LW with 2 senior LW within that structure. LW will receive weekly supervision from the senior link worker, and the senior link worker with the project manager. A weekly team meeting is held with all link workers to facilitate supervision and support all team members regularly.

LW also have monthly peer supervision to discuss and share good practice, discuss complex cases and share knowledge/resources by addressing different themes e.g. self-harm.

LW case supervision takes place on a monthly basis with project manager and covers:

- Case by case background information (initial supervision only)
- Updates since last supervision
- Areas for concern/discussion
- Agreed further action
- Issues with school(s)
- Issues with GP practices
- Issues with LW role
- Training requirements
- Absence/sickness
- Holiday requests

Ethical Approval

Ethical approval must be obtained to collect evaluation data. This is conducted by the research team using the Integrated Research Application System (IRAS). The Zone West pilot currently holds IRAS ethical approval (Ref 266176) for research data to be collected from all PCNs in the West of Newcastle currently providing referrals to ZW and the 7 recruited primary schools. The ethical approval processes can be lengthy, taking 6-8 months to complete and there needs to be established agreements about data storage within this process. It is important that a sufficient amount of time is allocated to obtaining approval prior to commencement of work. When recruiting new sites outside of the ZW pilot, it will be necessary to apply for an amendment to the existing IRAS approval, or there may be a requirement to submit a new proposal. Newcastle University is the current sponsor for Zone West and we also hold ethical approval from this University in addition to IRAS approval. For areas of replication there will need to be links with an academic institution to support the project. Obtaining ethical agreement from a research committee is critical to the project to allow research evaluation and data sharing.

Data Collection

The data we collect is both quantitative and qualitative. Data captures the child's background, demographic and health information, social-emotional wellbeing, quality of life, language and communication and education and attendance. These questionnaires are combined into a data pack, and are to be completed by parents, teachers and the child in liaison with the Link Worker. Each Link Worker is responsible for the collection of data for their cohort of children, and this is overseen by the Impact Lead at Zone West.

Link Workers should receive training from the Impact Lead as to how to complete the data pack. It is recommended that a data training session is held with all Link Workers for the area and the Impact Lead. The data pack allows for robust evaluation of the impact of Zone West and makes Zone West unique from other social prescribing programmes. As it is comprehensive with a range of measures, it must be recognised that the completion of the data pack can take time and therefore appropriate time should be allocated to Link Workers to complete their packs. It is recommended that Link Workers are allocated a data collection week where they are off timetable both before the programme starts (the 'pre' or 'T1' time point) and again after (approximately) 9 months of the programme (the 'post' or 'T2' time point).

Data Storage

All paper data is collected anonymously using unique ID codes and is stored securely in a locked filing cabinet until it can be entered onto a secure password protected or encrypted computer programme. Zone West currently uses a secure online platform called Penelope to hold case data and research data. Penelope is a case management software which allows Link Workers to record and manage their contact with their Zone West children, their families, school and healthcare services.

Part 2: Delivery

Phase 5 - Appointment of Link Workers

Recruitment

It is expected that the recruitment of Link Workers follows standard procedures around role advertisement, application and interview, and is in-line with the governments Equality Act 2010; this will be supported by North East Wellbeing. Appointed Link Workers should have relevant experience and qualifications in line with pre-determined person and job specifications.

Link Worker Training

Each new Link Worker will complete a 4-week induction programme which includes shadowing of existing link workers and completion of mandatory training modules outlined in the table below. The induction will be delivered by the lead organisation (currently North East Wellbeing).

Table 1: Training modules for Zone West Link Workers

No.	Module	Delivered by
1	Overview of the Zone West programme	Link Worker Lead and Project Lead
2	Theory of change and logic model	
3	Foundations of the LW Role: 1. Blooms Taxonomy 2. Attachment 3. Speech and Language 4. Systems Theory	
4	Mandatory Training: 1. Safeguarding 2. First aid 3. Equality and diversity	
5	Policies and Procedures	
6	Case Management	Administration lead
7	Evaluation data	Impact Lead

New Link Workers will spend time during the first 2 weeks of their role shadowing existing Link Workers from an established Zone West project. This will provide opportunity to observe the existing Link Worker in the contexts of a school and GP practice. Activities include observation of intake meetings, observing 1-1 and group work with children, case management, engaging with key staff members in a school and GP practice, liaising with community resources (assets), and supporting parents/carers. As the project develops there may be opportunity to provide regular regional up-dates to cover areas of training need. Relevant policy and procedures such as safeguarding are to be provided by the employing organisation with oversight from North East Wellbeing.

Building Community Relationships

Prior to the commencement of the programme, the Link Worker should spend time exploring and understanding local assets and building community relationships. One of the criteria to be appointed as a Link Worker would be a local knowledge and understanding so this should be building on established knowledge. There would also be a period of time to build relationships with community partners and understand the area and the communities of people the area serves. It may be that pathways to likely assets could be explored and established in this time period.

Building Relationships with Schools and PCNs

Alongside the development of community relationships, Link Workers will be required to engage with teachers and GP practices in the Zone West schools and the PCNs they will be working with. This may be through informal introductory meetings and may be facilitated by the existing connections of the Advisory Group (Phase 4).

Phase 6 - Local Consultation and Patient Public Involvement (PPI)

Listening to the Community

The strength of Zone West is that it is embedded into the community. It is vital that the Zone West programme adopts a bottom-up approach, whereby it is rooted within the community and works to meet the specific needs of the community. At the development stage of Zone West we consulted the local West End community including parents, school staff, professionals and children about their priorities for health, education and social care, barriers to engagement with community services, and the strengths of their community. This was facilitated by Patient, Public Involvement (PPI) groups and qualitative survey.

Our aim was to listen to the community and gather information that would inform the development of the programme. Data identified the strengths of the community, the barriers to community engagement and the age at which programme was most needed which was the primary years. We were then able to align the design of the programme with the local needs. It is recognised that the needs of specific communities may differ between localities, therefore local consultation with key stakeholders and those who will be in receipt of Zone West support prior to commencement is integral to ensure successful implementation and acceptability from all involved.

Asset Scoping

Initial work involves creating a directory of resources which we term assets within the community. This should be facilitated by all agencies involved in particular local partners who are already embedded within the community and who may already have established pathways which can be drawn upon. The directory of assets includes the contact and location details of the resource, as well as an indication of which needs of children they may support, for example, a football club or dance club would address health needs such as obesity/overweight as well as social skills and peer-relationships. Gaps in the assets provided may also be identified at this point and action taken to fill these gaps if necessary.

Phase 7 - Roll Out - The Zone West Programmes

The roll out of the project will involve the recruitment of children from both schools and PCNs and the subsequent initiation of the intervention. This phase will be led by the LWs. There are 2 programmes; Warrior, with an intake from an education pathway, and Seeker, with an intake from a health pathway.

The Zone West Warrior Programme

The Zone West Warrior programme is a population health management programme that provides social prescribing and nurture support for children referred through an educational pathway; these children are identified as having primary educational and or social, emotional and mental health needs. In each school the Link Worker works with a group of up to 15 children. The Link Worker will work directly with them in the school setting both 1-1 and in small groups with other warrior children, as well as support them in the community. The wholistic needs of the child are identified through completion of a developmental plan, after which Link Workers assign each child to 'assets' - social activities/supporting services/resources within the community that form part of the Zone West programme; these activities operate alongside attachment and nurture support provided in school by the Link Worker. Community 'assets' include for example, sporting events such as climbing club, football clubs, dance classes, arts and crafts groups, academic support groups and outdoor activities.

Frequency of contact - Each child attends assigned assets a minimum of once each week alongside weekly nurture groups and bi-weekly one-to-one meetings with their Link Worker in school. These in-school sessions are in place to nurture and support attachment between the child and the Link Worker, and the child and their peers, establishing a foundation of secure attachment relationships which enable children to flourish in their asset-based provision.

The Zone West Seeker Programme

The Zone West Seeker Programme is a responsive referral programme that provides social prescribing and support for children referred through a health pathway; these children have been identified by their GP as having a primary health concern/need and co-occurring social, emotional and mental health difficulties. They will be assigned a Link Worker who will support them 1-1 and in small group settings where appropriate at their GP surgery, and support them to attend local resources (assets).

Frequency of contact - Each child attends assigned assets a minimum of once each week, and receives bi-weekly 1-1 (and where applicable small group) support sessions within the GP surgery that are specific to their identified needs.

Phase 8 - Evaluation and Feedback

Evidence-based Practice

The collection of quantitative data is a fundamental part of Zone West, providing the foundation for which developmental needs are addressed, and ensuring evidence-based practice. For each child recruited and consented, data is collected by the Link Worker before they start the Zone West programme, and at the end of their programme, approximately 9 months later. Data is collected from teachers, parents and the child using a Data Pack. To aid data collection, Link Workers are provided with a week off-timetable to focus on this work at both time-points.

Data Collection for Children Referred from School

Before children begin the programme and after 9 months of the programme, the following data is collected:

- Referral form (teacher completed)
- Background questionnaire (parent-completed, pre-programme only)
- Strengths and Difficulties Questionnaire (SDQ) (teacher/parent/child – completed)
- Paediatric Quality of Life (PQoL) (parent/child- completed)
- Language and Communication questionnaires- pragmatic language and vocabulary (parent-completed)
- Health Questionnaire (parent-completed)
- Education attendance and attainment

At the end of the programme, the following additional data is collected:

- Teacher feedback questionnaire
- Parent feedback questionnaire
- Child feedback questionnaire

Data Collection for Children Referred from PCN

Before children begin the programme and after 9 months of the programme, the following data is collected:

- Referral form (GP completed)
- Background questionnaire (parent-completed, pre-programme only)
- Strengths and Difficulties Questionnaire (SDQ) (teacher/parent/child – completed)
- Health Questionnaire (parent-completed)

Data Analysis

Data analysis will be undertaken by the research team. This will include descriptive and inferential statistics, exploring degree of change over time in outcome measures between pre and post- programme time points. In addition to quantitative data, case studies are recorded throughout by Link Workers to provide qualitative data and individual perspectives.

Dissemination and Publication

Research findings are written up into relevant documents tailored for dissemination to a variety of different stakeholders; individuals, schools, local organisations, and regional networks. The research will also be written up in an academic paper format for publication in a relevant journal and presented to the appropriate audiences at local and national conferences.

Appendix A: School Referral Guidance and Form



Schools Recommending Children to Zone West

Who to Recommend?

- Mainly children aged 7-8 years (Year 3) and 9-10 years (Year 5) for whom there is concern but no outside agency involvement.
- A child performing below expected academic levels.
- A child for whom there are attendance or behaviour issues.
- A child that falls into a category of concern in the multi-professional group.
- A child where there are concerns about social and emotional wellbeing.

How to recommend?

- Hand the **Welcome to Zone West** leaflet to parent and ask them to sign on the back.
- Following consent complete the **Inclusion Form** (attached) indicating areas of concern for this child.
- Please write any additional information in the free text box.
- Bring completed **Inclusion Form** to multi agency meeting.

What is the process?

- Completed forms will be considered by the school with **ZW link workers**.
- All children will be included in provision

What happens once a child is included in Zone West?

- Parents will have consented to the sharing of data about their child.
- The child and family will work with the LW.
- School will be asked to provide educational data and complete questionnaires at the during the programme.
- The LW will also complete standardised assessments with the child and family.
- Teachers will be asked to complete a feedback form at the end of the programme.

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email director@northeastwellbeing.co.uk

ZONE WEST

CHILD INCLUSION FORM FOR SCHOOLS



School		Date	
Child's name		Year group	
Class teacher		Gender	M/F

Information about why this child might be included

	Y/N	Details
Attendance/Achievement		
SEND Involvement		
Behaviour		
Attitude to learning		
Emotions		
Peer relationships		
Outside school		
Physical health		

Appendix B: Health Referral Guidance and Form



Health Referring Children to Zone West

Zone West will partner referred children in attending existing community resources, encouraging healthy social and emotional development over the medium and long term.

Who to Refer?

- Mainly children aged 7-8 years (Year 3) and 9-10 years (Year 5)
 - A child you are concerned about but whose symptoms fall below the threshold for agency referral.
 - A child that falls into a category of concern in the multi-professional group
 - A child where there are concerns about social and emotional wellbeing.
- *please do not refer a child with an Early Help Plan or for whom there is an existing safeguarding concern.*

How to Refer

- Complete the Referral Form (attached) indicating areas of concern for this child.
- Hand the Referral Form to your **Zone West link worker**.

What is the process?

1. Completed forms will be considered by the ZW team.
2. There will be a meeting between the school contact and the ZW Link Worker.
3. The school will contact the family with an initial information leaflet.
4. If the family agree, they will be contacted by the school and/or the ZW Link Worker for further information and data consent.

With steps 1 – 4 complete, children will usually be included in the **Zone West Programme**.

- It is possible that some children will not be included in the ZW project
- Children not included in ZW will be signposted to additional services

What happens once a child is included in Zone West?

- Parents will have consented to the sharing of data about their child
- The child and family will work with the Link Worker
- The referring Surgery will be asked to provide health data and complete questionnaires during the programme
- The LW will also complete standardised assessments with the child and family

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ZONE WEST

HEALTH CHILD REFERRAL FORM



Referrer's name		Role	
Name of surgery		Contact details	

Child's name		Date of referral	
Home address		D.O.B.	
		Gender	M/F
School		Class teacher	

	Details
Reason for referral	
What do you think this child needs in order to be healthy?	
Name of parent/guardian	
Parent phone	
Parent email	
Preferred means of contact	