

Social prescribing for young adults

A guide for voluntary sector services for young people

January 2021



Championing advice and counselling

While social prescribing has been around for decades - with the work of the National Social Prescribing Network having been a major contributor - it has come into the fore more recently thanks to the NHS Long Term Plan, which outlined social prescribing as key to the NHS's commitment to a model of more person-centred, integrated care.

With new funding to extend social prescribing to thousands more individuals, and the development of new resources and frameworks to support the implementation of appropriate services for children & young people, this

nationwide initiative will have broad implications – and offer opportunities – for youth services in the voluntary and community sector.

This briefing is for service managers and practitioners in Youth Access YIACS (Youth Information Advice and Counselling Services) and other voluntary sector services for young people with differing levels of understanding of social prescribing, who want to navigate the new system and seize current opportunities to make sure this model works for young people and the emerging context as we move out of the Covid-19 crisis.

Background

'To fully address the social determinants of health, social prescribing schemes view a person not as a 'condition' or disability, but quite simply as a person.' ([University of Westminster, 2017](#))

Health is determined by social, not just medical, factors, with approximately half of GP appointments not directly related to medical conditions ([NHS England, 2019](#)). With the NHS under mounting pressure, social prescribing is designed to complement and alleviate pressure on more traditional, medical support, by recognising individuals in their entirety, with complex needs and issues relating to their health and wellbeing.

It does so by connecting people who present with issues such as loneliness, mental ill health, multiple long-term health conditions or complex social needs to specialist 'link workers', to discuss what matters to them when it comes to managing their health and care. Link workers use their local expertise and connections to identify appropriate services, groups, activities and volunteering opportunities in the community that can provide practical and emotional support for individuals, in addition to NHS care.

A social 'prescription' might include anything from a gym membership, to music, or advice on housing and benefits – depending on what's most suitable for the individual and what's available locally.

Evidence from the University of Westminster suggests that social prescribing schemes reduce GP consultations by an average of 28% and A&E attendances by 24% ([Polley M et al., 2017](#)).

Social prescribing in the NHS Long Term Plan

'Through social prescribing the range of support available to people will widen, diversify and become accessible across the country.' ([NHS Long Term Plan, 2019](#))

The NHS Long Term plan had already outlined social prescribing as one of the six components of its commitment to Universal Personalised Care, with this, there is the recognition that people of all ages can and want to take more control of how they manage their physical and mental wellbeing. Initial plans were to have 1,000 new social prescribing link workers by April 2021, giving every Primary Care Network (PCN) access to a link worker.

However, the impact of the pandemic and the response locally and nationally to the Covid-19 crisis saw this accelerated with PCNs advised that they are now able to increase social prescribing link work capacity as a resource to support those identified as most at risk.

PCNs have been advised that to increase their link worker capacity they can draw down on the Additional Roles Reimbursement Scheme to recruit a team of three to four social prescribing link workers per PCN and also to work in partnership with VCSE organisations to recruit and deploy social prescribing link workers most effectively in their locality.

The Social Prescribing Youth Network (SPYN) - who commissioned this briefing - is advocating that some of this resource be used to open up Social Prescribing for Young People either as part of an all age service or a stand-alone initiative.

There is no restriction that says link workers need to be employed directly by Primary Care Networks or restricted to GP surgeries – and, indeed, they may be more appropriately hosted within the voluntary sector, including Youth Access YIACS, as demonstrated by the case studies overleaf. Although the current funding that PCNs can access covers only the salary of the link worker, there are examples which demonstrate how the model works best when co-commissioned as this ensures all parts of the system, including the VCSE service providers, are adequately resourced, see case study 2 overleaf.

To join the Social Prescribing Youth Network for free and receive their e-newsletters contact dawn.mitchell@streetgames.org



Case studies from the Social Prescribing Youth Network

Sheffield Futures - pooling resources across multiple PCNs

How it works

Sheffield Futures offer a range of services aimed at young people to help them with every aspect of their lives, including Door 43, an emotional wellbeing service for 13-25 year olds.

Their social prescribing service was piloted through the Health and Wellbeing Alliance funded project and has since managed to build partnerships with an additional three of the city's 15 Primary Care Networks to host NHS-funded link workers, with a view to reaching out to more PCNs with their approach.

Sheffield Futures' social prescribing model takes a cross-boundary, or 'hub' approach, whereby several link workers covering different areas of the city benefit from having a shared base at Sheffield Futures, with the service's existing infrastructure and line management from Door 43's service manager and fortnightly supervision. Instead of link workers in each PCN working in isolation, they are able to share resources, support and best practice with their peers in other areas.

With Sheffield Futures' wide array of services, link workers are able to support young clients to access many services in-house, as well as linking in with other services around the city.

Link workers typically split their time between local GP surgeries (3 days on rotation), outreach activities including school visits (2 days), and Door 43 (1 day). They also benefit from established outreach activities delivered by Sheffield Futures, such as a regular Wellbeing Café, which runs in different, non-city centre locations.

In this model, referrals into the social prescribing service must come from a GP, which poses a challenge in terms of making sure the GP is aware of the offer and how to make the referral.

Key benefits of this approach:

- Provides an important offer of support for young people waiting for mental health support
- The Youth Access YIACS model offers a range of support tailored to young people under one roof, making it easier to support young people to access the right service
- Being connected to an established, young person centred service:
- Young people can connect with peers
- Accessible environment for young people that is hard to recreate in a clinical environment
- Specialist workers (all staff have a youth work qualification)
- Coordinated approach, bringing link workers into one staff team, facilitates the sharing of resources, learning and infrastructure across different PCN areas, where otherwise there is a fragmented approach.

Key Challenges:

- Lack of coordinated approach to social prescribing
- Staying on top of NHS data monitoring systems and demonstrating savings
- PCNs not aware that funding is available or how best to use it
- Communicating with PCNs – it can be hard to find a key contact or understand who has oversight.

Top tips

- Try it! Voluntary sector providers typically have a great understanding of the local lay of the land and are driven by the needs of young people, rather than targets set by the system, making them best-placed to deliver a quality service that meets young people's needs and rights.
- Be creative in your approach, considering your local context
- Use your relationships with local decision makers, influencers and providers, including within statutory services, to ensure all actors are playing their role.

A good social prescribing model should...

- See a person as a person; connecting them to practical and emotional support
- Recognise the needs of different parts of the local community – including have a specific offer for young people
- Support referrals from all local agencies (including GP, local authority, pharmacies, fire service, police, job centres, VCSE and self-referral)
- Commission VCSE services to receive referrals and deliver services. Local community groups can take referrals because they have sustainable grant funding
- Be locally and collaboratively commissioned by partnerships of PCNs, CCG and LA commissioners, working with VCSE and people/family/carers
- Help to build a better voluntary and community sector, by identifying gaps in local provision and finding creative ways of encouraging (and funding!) community development alongside local commissioners and partners
- Involve VCSE from the start, ensuring ongoing support for community groups and organisations to help them to safely and sustainably manage referrals – this might mean supporting them with funding in the long term

Active Luton - 'Life hacks'

How it works

With Active Luton's 'Life Hacks' service, young people can be referred into the service through multiple routes, including social care, youth offending, mental health and education settings. Young people can be referred to the service as part of their support with the local CAMHS team or as a stepped-down approach for those who don't meet the threshold for specialised care.

Youth offending services have also linked with Life Hacks as a way of helping to integrate the young people they work with into community activities and help to engage them in constructive activities.

In any referral, Active Luton ensure the pathway is flexible and accessible for the young person, while also allowing them to decide how and if they would like to engage.

Upon receiving their referral, young people and/or their parent/carer are contacted by Life Hacks to explain the service and its potential benefits. From here an initial appointment is arranged - face-to-face in a community setting, or via telephone or video call.

Once a young person is in the service they will be offered an appointment to discuss their needs, preferences, and any potential barriers to engagement. The service also provides additional funding for young people to support them financially to engage in the chosen activities (for example, the cost of a gym membership, cycle safety training or a bus pass).

Active Luton piloted Life Hacks through the Health and Wellbeing Alliance Funded programme, coordinated by StreetGames over 2019-21, and are currently seeking continued funding from local authority and/or external funding to continue the programme.

Key benefits of this approach:

- A person-centred approach - The service is centred around the needs of young people and offers young people the support in a range of different ways – physical activities, emotional wellbeing, transport, mentoring et, and offers this holistically, by linking local services together
- Linked to this, the additional financial support – which isn't a standard part of the NHS offer – allows a tailored, person-centred approach, based on the needs of the individual, rather than their ability to pay.
- Non-clinical support that is discrete and offers a safe space to talk and be listened to.
- Preventative/early help to avoid escalation of difficulties physically, emotionally and socially.
- Increased local provision for young people, with the local

voluntary sector playing a central role in creating and improving the local offer for young people

- Signposting to digital support such as Kooth and Chat Health have been well received.

Key Challenges:

- Keeping activities flexible can mean longer set-up time. When engaged, young people tend to want to start immediately but the processes in place for set up, enrolment and payment can take longer.
- Reduced funding in certain areas means limited availability of free community services. It's important to consider whether the young person will be able to continue to fund any paid activity going forward.
- Young people are difficult to contact following the intervention, making it hard to measure longer term impact.
- Trust between the young person and link worker is absolutely essential to their progress.
- Training for the Link Worker regarding youth work and supporting young people is limited.
- Engaging local schools and educational settings can be challenging, as they tend to support young people in-house rather than utilising external support.

Top tips:

- Be flexible and patient! Some young people may require more appointments than others - this could be dependent on their confidence and self-esteem and they may have never been offered such an open choice!
- It's important to factor in time to the link worker role for them to contact local services to develop a menu of options for young clients, and also to explore and negotiate options such as taster sessions.
- When contacting a referral try a range of different ways and ask them how best to stay in touch. Not all young people will answer the phone to a number they don't recognise, so it can be useful to send a text message before calling to make them aware of the call.
- Listen to young people and be open to different ideas and approaches. Active Luton benefitted from focus groups with young people to work out what the local needs were and what type of service they were most likely to engage with and where they would prefer these.
- Set aside funding that follows the young person to enable them to participate and access the services you sign post them for. Allow that funding to be spent as required within pre-defined parameters.

A good link worker should...

- Have good understanding of the local area and community/voluntary sector. This requires a good existing understanding, along with support from the host organization and protected time in their schedule to build local relationships
- Have a solid understanding of safeguarding and an awareness of mental health conditions, with training in how to identify issues and assess risk, so that they can refer appropriately if it's outside of their remit
- Be flexible – they may be required to attend sessions with a young person
- Be supported to monitor and maintain their own wellbeing. This means understanding their remit and having the understanding of when to say 'no' to a referral if it's inappropriate for their SP model
- Have access to regular professional supervision to 'offload' and work through safeguarding concerns.

**Responses gathered from link workers in the Social Prescribing Youth Network*

A vital role for YIACS

For young adults facing a host of novel challenges across education, employment, housing and finances – all of which can impact on their mental health and wellbeing – the NHS's move towards a more holistic, person-centred approach to health is a welcome strategic shift.

Evidently, to meet the needs and rights of children and young people through social prescribing, requires tailored, age-appropriate support from link workers who specialise in working with under 25s, alongside a strong understanding of, and connection to, the local VCS provision for that age group. But while policymakers have long acknowledged the particular needs of the young – and highlighted Youth Information, Advice and Counselling Services (YIACS) as important actors in the system ([Future in Mind, 2015](#)) – reality has often fallen short of rhetoric. Indeed, this current social prescribing model is designed and commissioned for all ages, despite historic connotations as an intervention for the elderly. NHS England has taken some steps to address the clear need for tailored offers for specific groups, with a team currently working on competency and implementation frameworks for PCNs, alongside a range of training and support resources – all of which will include guidance for making sure a local offer is suitable for children and young people. This team is keen to engage with Youth Access members to help inform the type and content of these resources. **Our recommendation to our members and to PCNs looking to work with the voluntary sector to deliver against targets in this area, is to go one step further – ensuring that at least one link worker in every local area specialises in working with children and young people.**

Youth Access members not only hold the skills and networks necessary to host a highly effective and well-connected link worker who can relate specifically to the needs of young people, but also are likely to offer many of the potential activities in-house, from peer support groups to exercise classes, housing and benefits advice or sex and relationships support. As such, they are also well-placed to be able to identify where there are gaps in local provision and make recommendations for investment in initiatives which would cater to unmet needs and reduce inequalities.

Challenges and opportunities

With the coronavirus pandemic still posing a risk to both physical and mental health, the likelihood of continued and intermittent restrictions to social interaction, and the risk of educational and workplace closures, the social prescribing agenda has never been more needed.

Yet again, young people are likely to face the sharp edge of another global crisis, with research indicating increased rates of mental health challenges and unmet need, alongside widening inequalities and compounding social factors, such as disproportionate risk of unemployment, lack of space at home, risk of eviction and impact on relationships. ([Health Foundation, 2020](#))

Any social prescribing initiative running in the midst of a pandemic faces challenges in connecting with and maintaining relationships with those young people who need it most, at a time when they are likely to be isolated, digitally excluded and cut off from services. That said, VCS such as those in the Youth Access network - which offer local,

accessible, person-centred support to young people up to age 25 - have demonstrated that they are often better placed than statutory services to cater to otherwise underserved groups ([Duncan et al, 2019](#)), and have adapted to the Covid context with innovative approaches to digital and socially distanced support (eg [Youth Access Covid case study hub](#)).

There is a growing recognition in the professional and commissioning community of the need for a thriving, holistic and properly funded voluntary sector in order to deliver an effective social prescribing service, a need which is amplified by the financial struggles experienced by many charities as a result of the coronavirus crisis ([National Voices, 2020](#)). The National Academy for Social Prescribing (detailed below), for example, has launched The Thriving Communities Fund to support voluntary sector services and other community initiatives with grants of £25,000-£50,000 in order to strengthen the range of social prescribing activities on offer locally. This sort of approach - ensuring investment reaches areas where the voluntary sector is under pressure - will be vital not only in ensuring the successful roll out of social prescribing, but also making sure that the programme is able to cater to communities who are typically underserved, rather than exacerbating those inequalities.

Further guidance and support

[The Social Prescribing Youth Network](#) is an initiative led by StreetGames – part of the Young People's Health Partnership alongside Youth Access. Through piloting and evaluating four young person-centred social prescribing projects (detailed in the case studies above), offering support and guidance to youth social prescribing initiatives through their network, and informing policy and practice through a special interest group, the network is promoting the specific role of youth social prescribing the NHS agenda. Contact SPYN@streetgames.org to join the network for free.

[The FutureNHS Collaboration Platform](#) has a 'workspace' for Social Prescribing, with updates from NHSE, a discussion forum, information for link workers, events and more. Access can be requested via the login page. To request the NHS newsletter, email england.socialprescribing@nhs.net.

[The National Academy for Social Prescribing](#) is a charitable venture launched by the Department for Health & Social Care. It seeks to create partnerships to champion social prescribing and develop evidence and practice in the field. They recently launched the Thriving Communities Fund – offering grants to VCS services to develop social prescribing activities.

[The Social Prescribing Network](#) at The College of Medicine consists of health professionals, researchers, academics, social prescribing practitioners, representatives from the community and voluntary sector, commissioners and funders, patients and citizens, working together to share knowledge and best practice, to support social prescribing and to inform good quality research and evaluation.

[National Voices](#) conducted research on behalf of NHS England into the perspectives and experiences of the VCSE sector regarding social prescribing.

Youth Access also has an email distribution & discussion list for members interested in resources & events related to social prescribing and making connections with the relevant teams at NHSE. To join this list, email kahra@youthaccess.org.uk.



Youth Access exists to make sure all young people have somewhere local to turn to whenever they need to talk. We work with both young people and our membership of Youth Information Advice and Counselling Services (YIACS) to ensure that young people in every community can access great quality support as they move into adulthood.