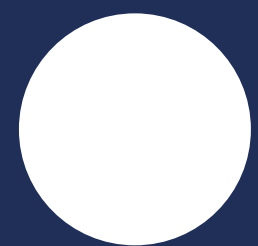




# Children & Young People's Social Prescribing Toolkit



# Introduction

Social prescribing can be life changing for many children and young people, allowing them to have a voice about what matters to them, access the things they enjoy and can give them a route to achieve their ambitions. The greater choice and control that social prescribing brings also empowers them to make positive decisions, build confidence and increase self-esteem.

This toolkit aims to guide you through how you can develop, implement and deliver quality social prescribing for children and young people. It provides a framework to help you assess what is needed and examples of what others have achieved through social prescribing and how. It also shows you how working together as partners we can achieve more and support young people to have truly great lives.

The negative impact of both the pandemic and the cost of living crisis on the health and wellbeing of children and young people, particularly on those growing up in underserved, low-income communities, means that now, more than ever, social solutions that protect and enhance the health and wellbeing of children and young people are needed. Social prescribing is one of those solutions.

We are excited to be working with academic partners to grow the evidence base for this work, with new research projects underway and look forward to sharing new learnings with you in due course. We would like to thank all of those who have supported the development of this toolkit, the projects who have submitted case studies, colleagues across health services and academia and of course, to all of the amazing young people who have shared their stories and experiences, we are continuously inspired by you.

**Liza Jarvis**, National Youth Social Prescribing Lead,  
**StreetGames & Dawn Mitchell**, Health and Wellbeing Consultant  
& Health Lead, StreetGames.

# About the Authors

## **Liza Jarvis**, Author – StreetGames and South West Integrated Personalised Care Team

**Liza** has focused her career on supporting children and young people for over 25 years. Over the past 5 years Liza has worked within personalised care for NHSE, for 2 of these years in the national team leading on personalised care for children and young people. Most recently, Liza has been a Senior Programme Manager in the South West for NHSE, leading on social prescribing, particularly developing a model of social prescribing for children and young people and leading a national demonstrator programme on social prescribing for the Armed Forces Community. Liza currently works part time for StreetGames, where she leads on Youth Social Prescribing, including the continued development of the SPYN (Social Prescribing Youth Network) and supporting the Wellbeing Whilst Waiting programme. Liza is passionate about youth engagement and hearing the voices of young people about all aspects of their lives: helping to develop greater choice and control over the things that matter to them.

## **Dawn Mitchell**, StreetGames and We Do Wellbeing

**Dawn** is a health and wellbeing consultant and has been involved with Children and Young People Social Prescribing through the work of StreetGames since the previous Head of Health & Sport, Paul Jarvis-Beesley, had the curiosity to ask if Social Prescribing, as an approach, could support children and young people and they began testing and developing models of delivery as part of a DHSC funded project with the University of East London. Dawn says, “It’s been amazing to see the work which has evolved since those early days and this toolkit is an important next step towards mainstreaming this valuable work.”



**Liza Jarvis**



**Dawn Mitchell**

# Introduction

## Acknowledgements

With thanks to all of the stakeholders who have helped develop this Children and Young People's Social Prescribing Toolkit, including individuals and representatives from organisations:

- Liza Jarvis, Author – StreetGames and South West Integrated Personalised Care Team
- Dawn Mitchell, StreetGames and We Do Wellbeing
- Frances Tippett, South West Integrated Personalised Care Team
- South West Children and Young People Social Prescribing Collaborative
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- Colleagues leading on children and young people Social Prescribing across the UK, including Amanda Sangster, Suzi Griffiths, Justyna Sobotka, Luana Baptista, Naomi Roche, Jo Robins, Jo Ward
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- Thanks to Shropshire Children & Young Peoples Healthy Lives Service delivered in partnership by Shropshire's Local Authority, Primary Care Networks & Community & Voluntary Sector for the fantastic quotes and feedback on children and young people's social prescribing.

People's Social Prescribing  
Self-Assessment Tool:



# Introduction

## About this Toolkit

This toolkit has been developed by The South West Integrated Personalised Care Team and StreetGames, in partnership with key stakeholders and is designed to support anyone who is either thinking about developing children and young people's social prescribing or is already delivering to children and young people and wants to develop their service through quality improvement.

The toolkit outlines five areas of activity required to embed the planning and delivery of high quality, sustainable social prescribing for children and young people . It is designed for stakeholders involved in the design and delivery of children and young people social prescribing including, the NHS, local authorities, the Voluntary, Community and Social Enterprise (VCSE) sector and representatives of people with lived experience.

## How to use this Toolkit

The toolkit can be used as a self-assessment/quality improvement tool, supporting users to consider where they are now and what they need to do to improve?, or as a reference document to 'dip in and out of' for advice and good practice guidance. The useful links section at the end of the document contains relevant resources, case studies and research.

When using the toolkit for self-assessment and planning purposes we would hope that action plans would be co-designed with children, young people and their families/carers.

The toolkit can support local partnerships to:

- Understand the capabilities, processes and behaviours required to develop thriving children and young people's social prescribing and community-based support at neighbourhood, place and system levels
- Benchmark and track maturity towards thriving, embedded and sustainable children and young people's social prescribing and community-based support at all levels.

# Introduction

## Areas of Activity

The Toolkit is structured under five areas:



Each segment contains descriptions of the behaviours, activities or processes required to ensure high-quality children and young people's social prescribing is fully embedded across systems, places and neighbourhoods.

## Levels of Maturity

Each description can be scored on a scale of 1 to 4 where 1 indicates emerging maturity and 4 indicates embedded and sustainable maturity

Level of Maturity	Description of Maturity
1. Emerging	Strategic plans and processes are under discussion but not formalised or adopted. Delivery is mostly ad hoc and is not co-ordinated across the system or sectors.
2. Developing	Strategic plans and processes are in development. Some delivery is aligned to strategy and supported by cross sector partnerships.
3. Maturing	Strategic plans and processes are adopted, enabling effective cross sector partnership and ensuring appropriate governance. Delivery is co-ordinated in most localities in the system.
4. Embedded	Strategic plans and processes are fully adopted, embedded and well-governed. Delivery is sustainably commissioned and integrated in all localities.

# Introduction to Children & Young People's Social Prescribing

## What is social prescribing?

Social prescribing is a key component of [Universal Personalised Care](#). It is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing.

In social prescribing, local agencies such as local charities, social care and health services refer people to a [social prescribing link worker](#). Social prescribing link workers give people time, focusing on 'what matters to me?' to coproduce a simple [personalised care and support plan](#), and support people to take control of their health and wellbeing.

Just as adults benefit from the holistic and non-medical approach of social prescribing, so too do children and young people. A social prescribing approach offers time, space and a personalised way to explore what matters to individuals, and to help source the right support for them as quickly and simply as possible. Social Prescribing Link Workers (SPLWs) can support children and young people in a range of ways including: connecting them to community based opportunities; working in a multi-disciplinary/agency way to ensure that needs are met in a way that makes sense to children, young people and their family.

Whilst this toolkit is designed for children and young people Social Prescribing Link Workers (SPLWs), it will also be useful for those SPLWs who are working across all ages, including families.

Covid19 has had a significant impact on the physical, mental and social wellbeing of many children and young people. Factors such as reduced access to school, loss of connection to friends and more intense family time, have all contributed to a significant rise in referrals to health and social care services. Referral patterns and surveys during 2020 and 2021 indicate that the mental wellbeing of children and young people has declined significantly. The risk is if mental wellbeing need is not supported in a timely way, difficulties can escalate, become entrenched and far harder to resolve.

*"This has been an absolute God send...There are very limited services in the South for our young people and so having the SPLW in school has been amazing. She is a wonderfully warm character. She builds relationships with our students easily and they really appreciate the opportunity to be able to talk about their issues with someone who can both support, offer self help strategies and signpost as necessary."*

# Introduction to Children & Young People's Social Prescribing

## Context

- Whilst the principles of delivering social prescribing to children and young people are the same as for adults, the methods of working with them are often very different. To effectively work with children and young people it is important to understand that they may face a range of complex challenges including in their family setting, or as a result of their wider health, educational, work or social context.
- Prevention, early identification and early intervention can significantly improve the life chances and long-term resilience of children and young people and SPLWs can play an important role in supporting children and young people to develop resilience and manage complexity to enable them to live their best lives.
- Social prescribing for children and young people is part of a wide context across a range of different agencies, legislation, guidance and plans and can provide an integrated support offer that meets many key priorities
- Social prescribing is considered a universal approach but can also be used in a more targeted way with children and young people who need extra support for a range of different physical, emotional, educational or social needs.
- Social prescribing should ALWAYS include a, 'What matters to you?' conversation, which will often then be linked to shared decision making and choice. These conversations could also lead to additional support through e.g. supported self-management and health coaching or in some cases personal health budgets/micro budgets to support access to a range of activities, resources or services that can improve health and care outcomes.

Benefits of social prescribing for children and young people

What's different when delivering social prescribing for CYP?

Health Inequalities



## Benefits of social prescribing for children and young people

- Social prescribing is holistic, accessible and easy to understand for children and young people. It is non-medical and does not rely upon or create a diagnosis or labels. It is personalised, non-stigmatising, and is easily adapted to the needs of children and young people of all ages.
- Preventative approaches have great potential to impact lifelong health and wellbeing outcomes. Developing healthy habits and emotional resilience early in life reduces the risk of poor physical and mental health. Developing healthy social connections can reduce the risk of loneliness and social isolation.
- Being able to support identified needs early prevents difficulties escalating to the point that people need a referral to health or social care services. This is better for the individual and their family, and reduces pressure in the health and care system.
- Children and Young People Social Prescribing can offer unique personalised support and early intervention to those children and young people with mental health support needs by preventing escalation or the need for higher level interventions/ services at a later stage in their lives.
- The right support for a child or young person from the right person at the right time can make a significant difference to their journey and experience. Support can also have a significant impact on other family members. Social Prescribing Link Workers (SPLWs) can be that right person.
- Many children and young people live with health inequalities and in families impacted by wider determinants of health such as inadequate housing, poverty or unemployment. Effectively delivered social prescribing is a highly effective response, as it offers support not just to children and young people but also the adults around them: tackling difficulties and finding solutions that can significantly improve life chances.

*“Just having someone to talk about how I feel and what can help with knowing how to express them. I like being able to tell someone how I feel and what feels hard about life”*

## Direct Benefits for Children and Young People

Social prescribing offers a person-centred approach where their voices are heard, valued and their needs can be supported in a holistic, non-medicalised way.

Social prescribing is empowering and enables children and young people to build confidence, make connections and feel less isolated. This can lead to improvements in mental health and physical wellbeing, which in turn enable individuals to build resilience and live happy, healthy lives.

Social prescribing can facilitate a more personalised and joined up approach between professionals, particularly where children and young people have complex lives and have involvement with multiple agencies/services.

Building positive trusting relationships with professionals - using this to help create connections with other organisations and giving them confidence.

Advocacy for children and young people leading to better engagement with existing services.

Specific bespoke support for groups of young people i.e. those with mental health support needs, long term conditions, young carers, end of life, learning disabilities and autism or other forms of neurodivergence.

## Direct benefits for local communities

The engagement and participation of children and young people in local activities and volunteering schemes enriches neighbourhoods in which they live, and contributes to the development of vibrant, thriving and resilient communities.

This in turn creates support, training and employment opportunities for young people, with wider benefits for the local economy.

## Direct Benefits for the Sector

Receiving support at the earliest possible opportunity and being able to maintain/sustain their own physical and mental wellbeing, means that children and young people are less reliant on statutory services.

This contributes to reducing the overall demand and pressure on health and care services, enabling better access for those who need it most.

*“We hugely value the service the SPLW has provided this school. The students have all responded positively to the support, and the SPLW has managed to find a way to work with our most disengaged and quietly reserved students. She has also never wavered, even with our most complex students, when I have been desperate for help, for which I am truly grateful... This is so effective in dealing with issues as they arise, rather than waiting for a lengthy outcome for a referral.”*

## What's different when delivering social prescribing for Children and Young People?

- **Physical, emotional and social development** is most significant in childhood and adolescence. Child and adolescent development is a dynamic process of physical, cognitive, emotional and social growth, shaped by multiple factors including environment, relationships, experience and genetics. This developmental process has significant impact on physical and mental health and wellbeing, with loneliness and mental health needs being a common reason for child or adolescent referral to health services. SPLWs can be asked to support a young person at any point e.g. many transition arrangements from child to adult services start at 14 years old and SPLWs could provide support as part of this journey.
- **Social and Family Context** - Social prescribing support needs to be considered in the context of family, education, training and social relationships. This can create greater complexity in comparison to working solely with adults. Early intervention is important - having a sense of belonging, autonomy, safety, building social relationships and receiving social support early in the life course operate as protective factors in relation to wellbeing and multiple health-risk behaviours. Often children and young people's needs are inextricably linked to wider family needs, or are a response to the needs of the adults they live with. Whilst working with individual children and young

people you may find it helpful to either work with the whole family, or to co-work with SPLW colleagues supporting adults. The affect of domestic violence, abuse and other negative family issues on the Children and Young People, who may otherwise go 'unseen'.

- **Safeguarding** - For children and young people under the age of 18 years, specific processes apply to their safeguarding, which practitioners must be conversant with and work within at all times. Your employer will have a safeguarding policy and you should check how this applies when working with children and young people under 18. A child centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.

The NHS Safeguarding App from [www.england.nhs.uk/safeguarding/nhs-england-safeguarding-app/](http://www.england.nhs.uk/safeguarding/nhs-england-safeguarding-app/) provides an overview of the law and guidance, as well as an NHS staff guide and regional contact information on how to report a safeguarding concern. You can access further relevant safeguarding information and resources like Rapid Reads, on the Social Prescribing Collaborative Platform. From the age of

## What's different when delivering social prescribing for CYP?

18 years, young people are classified as adults and therefore, assuming they have full mental capacity, will fall under a different process. Further information on vulnerable adults can be found in the Social Prescribing Safeguarding Module.

- **Confidentiality policies** – It is vital to be clear with children and young people what will and will not remain confidential within your conversations, what parents, carers and other professionals may be told and what the processes will be for breaking confidentiality if considered necessary.
- **Consent and Information Sharing** - Consent and information sharing processes are different when working with children and young people under the age of 16 years, with parent/guardian permission generally required. However, some children and young people may demonstrate capacity to consent to both medical and non-medical support and intervention below the age of 16 years and may do so without parental involvement, as per Gillick Competence.

- **Other Services** - Children and young people up to 18 years will often have other professionals supporting them including early years workers, a range of school staff and potentially health, care and criminal justice workers. A joined-up approach with other workers is required to coordinate and give the best possible support. Professionals should challenge themselves to ensure that they are adding value and not duplicating what already exists. Settings to be considered in shaping support should include but not be limited to:

- **School**
- **Youth Groups**
- **Community Groups/VCSE organisations**
- **CAMHS and Mental health services**
- **Early Help**
- **Children's Centres**

*“As a school we see a huge potential in this service. It allows our students a safe place to share their worries, that is within and connected to the college whilst not a direct part of the college. The ladies have worked hard to support our youngster to reach out into the world with guidance to identify their individual needs. The feedback from both parents and students alike is faultless. Social prescribing along with our other network of support systems have the opportunity to continue to develop and provide for our young people's needs.”*

## Health Inequalities

Many children and young people face a range of health inequalities. The NHS defines health inequalities as, "... preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies and determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs." (NHS England. Reducing health inequalities resources <https://www.england.nhs.uk/about/equality/equality-hub/resources/>)

The following questions may indicate health inequalities when you work with children and young people:

- Is the family's socio-economic status resulting in deprivation? Consider unemployment, low income, poor housing, low educational attainment
- Does the child or young person or someone in their family experience inequality due to what are called protected characteristics? Protected characteristics include age, disability, gender reassignment; marriage and civil partnership, pregnancy and maternity, race, region or belief, sex, sexual orientation. We are protected under the Equality Act 2010 from these types of discrimination
- Is the child or young person part of a vulnerable or 'inclusion health' group? This may include migrants; Gypsy, Roma and Traveller communities; rough sleepers and homeless people; and being children of sex workers
- Does the child or young person experience inequality due to where they live? Inequalities are seen in rural and coastal locations as well as urban areas, where access and transportation can be significant issues.

*"Social prescriber is nice and helped me in my hard moments"*



# REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

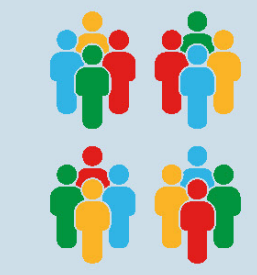
**CORE20**  
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

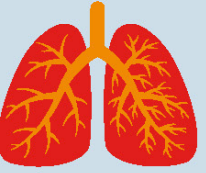
**PLUS**  
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



## CORE20 PLUS 5

Key clinical areas of health inequalities

**1**




**ASTHMA**  
Address over reliance on reliever medications and decrease the number of asthma attacks

**2**



**DIABETES**  
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

**3**



**EPILEPSY**  
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

**4**



**ORAL HEALTH**  
Address the backlog for tooth extractions in hospital for under 10s

**5**



**MENTAL HEALTH**  
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

# Self-Assessment Tool

## Area: Leadership, Strategy & Governance

A high-quality children and young people's social prescribing offer requires clear governance, accountability and leadership based upon the principles of personalised care. This will ensure that the service is robust, safe, with clear overarching policies/ processes and appropriate for the needs of children and young people and their families/carers. It will ensure that local provision meets the needs of local children and young people, by linking the overarching strategy to local needs assessments, Population Health Management (PHM) data, health inequalities, along with key clinical areas and the wider determinants of health (mental health, long term conditions etc).

This section will support people to identify the key stakeholders and opportunities to develop effective multi-disciplinary working - this includes children, young people and their families - alongside key statutory organisations and the VCSE. This ensures the development of a service that truly meets the needs of children, young people and their families.

What good looks like?

*"I enjoyed every one of them and it really helped me escape from the noise and overall helped me with my anxiety and how I thought other people thought of me. The SPLW helped me with my anxiety and helping me release all of the pressure I was putting on myself."*

## A case study from the Forest of Dean

Our Community Wellbeing Service had an existing team of Social Prescribers working with people aged 16+ and our local Primary Care Network (PCN) directors identified that recruiting Social Prescribers to work with children and families was a priority. Our two children and family social prescribers joined the Community Wellbeing Service in December 2019, funded by the PCN, with their roles being hosted by Forest of Dean District Council.

The existing Community Wellbeing Service had a range of resources to use with adult clients and our new Children and Young People Social Prescribers adapted these to suit children and young people and produced their own children and family orientated resources and tools for recording outcomes. The resources focus on supporting “What Matters to Me” style

conversations. The referral pathway to our Children and Families Social Prescribing Service was initially set up for GP referrals only. As the service developed, we were able to open this out to referrals from Child and Adolescent Mental Health Services (CAMHS), Early Help, School Nurses and Children’s Mental Health teams based in our local schools. This has since been further opened to referrals from all our local primary and secondary schools and FE College.

*“It was good she helped me a lot with my anxiety and worries and my breathing and when I felt anxious she would help me calm me down”*





Description	Maturity				Actions
	1	2	3	4	
<p>1. All Primary Care Networks (PCNs) have an 'all age' social prescribing (SP) offer, which includes children and young people</p> <ul style="list-style-type: none"> <li>• PCN's understand the differences in delivering children and young people social prescribing and are able to offer a safe and tailored service</li> <li>• Children and Young People SPLWs are employed via Additional Roles Reimbursement Scheme (ARRS) funding, where possible to provide a dedicated children and young people offer OR SPLWs are trained to be able to work with children and young people and families as well as adults over 25yrs. Children and Young People SPLWs are hosted either by the PCN, a youth VCSE organisation, a local authority service provider, or the adults SP service provider.</li> <li>• There is a named clinical lead for Children and Young People SP within the PCN.</li> </ul>					
<p>2. Clear governance structure with levels of decision making clearly set out that are specific to Children and Young People SP. This clearly states who is ultimately responsible and where the Children and Young People work reports into?</p> <p>Clear strategy for Children and Young People SP with a clear definition of Children and Young People SP, based on local needs, data and available Population Health Management (PHM) information</p> <p>All elements of governance are codesigned with children, young people, their families and relevant agencies</p>					
<p>3. Agreed policies and procedures for delivering Children and Young People Social Prescribing are in place, including safeguarding, confidentiality, information sharing, consent and complaints policy</p> <p>Policies and processes have been co-produced with Children and Young People and families</p>					
<p>4. Children, Young people and families fully involved in providing feedback and codesigning future service developments for Children and Young People SP</p>					



# Self-Assessment Tool

## Area: Planning and Commissioning

Building on section one, this area helps you to think more in depth about the needs of children and young people (and their families/carers).

This section will get you to think about both the clinical and social needs of children and young people and how social prescribing can support them. Support may be through direct delivery, multi-disciplinary working to access the wider community as well as building on the unique gifts and talents of young people themselves.

This section also helps you to think about how children and young people access social prescribing differently to adults and how a wider range of referrers will be involved.

What good looks like?

## Case study from Gloucestershire

In Gloucestershire, children and young people social prescribing activities are funded through the NHS Integrated Care Board and co-produced with clinicians, commissioners, parent/carers, young people and arts organisations. Creative activities are provided for children and young people with long term physical conditions including, persistent pain, respiratory conditions, CFS/ME, cancer, Type 1 diabetes, epilepsy, chronic allergies and Functional Neurological Symptoms. Children of primary and secondary school age are offered a choice of music making, circus skills, animation or visual arts. Each child has a personalised 'what matters to me conversation' prior to commencing the programme and the children and young people utilise a journal that embeds a goals-based outcome approach. This is helpful for the young person as they measure the benefits of the programme for them. Siblings and friends can accompany the young person to the programme to help if needed. There is an opportunity for parents/carers to attend the first and last

session, so that they can meet the people who will be running the programme along with other parents/carers in similar situations. The last session is a celebration event, a chance for the children and young people to 'showcase' to their parents/carers, siblings and clinicians what they have learned.

A similar programme is offered to children and young people with mental health conditions such as low level anxiety and depression. This version includes a physical activity and nature offer, which ensures a wide range of choice for the children and young people. To date, this has mainly been offered through schools and has recently been opened out to referrals from social prescribers across the county.

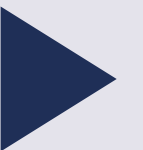
The two programmes work well together, ensuring children and young people receive the programme that best suits their needs.



Description	Maturity				Actions
	1	2	3	4	
1. Children and Young People and families are involved in co-designing and co-commissioning services and are involved in all aspects of the service, including interviewing Children and Young People SPLW's					
2. The team have an understanding of the different needs and experiences of Children and Young People locally (either through using a population health management approach or locally available data). This could include some or all of the following: <ul style="list-style-type: none"><li>• Mental health and emotional wellbeing</li><li>• Long term health conditions</li><li>• Learning disability and autism</li><li>• Special Educational Needs and Disabilities (SEND)</li><li>• Maternity and early years</li><li>• Physical health and obesity</li><li>• End of Life and Palliative Care</li><li>• Children known to social care</li><li>• Behaviour Management</li><li>• Community safety data</li><li>• CYP receiving free school meals</li><li>• Areas of deprivation</li><li>• Rural isolation</li><li>• Young carers</li><li>• Social isolation/loneliness</li></ul>					



Description	Maturity				Actions
	1	2	3	4	
<ul style="list-style-type: none"> <li>• Looked after Children and Care Leavers</li> <li>• At risk of being excluded from school/school refusal</li> <li>• Anti-social behaviour/at risk of offending</li> <li>• Temporary accommodation/homelessness</li> <li>• Migrant children and young people/refugees</li> </ul>					
<p>3. Awareness of clinical pathways and where social prescribing can complement this i.e.</p> <ul style="list-style-type: none"> <li>• Waiting lists – e.g. CAMHS, Autism etc</li> <li>• Step down – e.g. from inpatient care into the community</li> <li>• Obesity, Asthma and other Children and Young People transformation programmes</li> <li>• Paediatric outpatients – management of long term conditions</li> </ul>					
<p>4. Dedicated Children and Young People referral processes designed, linking to existing local agencies, including schools, GP's, youth services, VCSE, hospitals, local authorities and self/parental referral</p>					
<p>5. Dedicated Children and Young People referral processes designed, linking to existing local agencies, including schools, GP's, youth services, VCSE, hospitals, local authorities and self/parental referral</p>					
<p>6. Clear knowledge of and good relationships built with local services/partners for Children and Young People support in order to work in a multiagency/ Multi-disciplinary Team (MDT) way, including local authority public health, children's, youth and family services and local schools.</p>					
<p>7. Codesign promotion materials with Children and Young People that are relevant for professionals, parents and carers and Children and Young People themselves and use various communication mechanisms (multi-media and social media)</p>					





Description	Maturity				Actions
	1	2	3	4	
<p>8. Services are available in a wide range of environments suitable for the different needs of Children and Young People. Ensure access is available at times that suit Children and Young People - noting that most Children and Young People are at school during the day</p> <p>Appointments with the Children and Young People SPLW can be face to face, phone or online</p>					
<p>9. Ensure different access arrangements for those with additional needs – ie physical, learning mental health support needs, these should be agreed with the Children and Young People at the first meeting</p>					
<p>10. Link Workers feel confident and understand/use the whole model of Personalised Care (PC) where appropriate – personalised action plans, small personal health budgets (PHB's)/enabling budgets, health coaching etc</p> <p>Some SPLWs will work solely with the Children and Young People cohort, some may work across all ages. Either way, it is critical that all SPLWs working with Children and Young People and families are trained accordingly.</p>					
<p>11. Clear strategy &amp; processes for engaging with the wider family – who takes the lead when doing family social prescribing (is this a Children and Young People SPLW or an adult SPLW?).</p> <p>Clear ways of working between all SPLW's and robust family plans that link to the individual personalised care and support plans.</p>					



# Self-Assessment Tool

## Area: Workforce Development

Supporting the workforce and ensuring they have the right skills and support is essential when setting up a Children and Young People Social Prescribing Service. This needs to include the initial recruitment of staff who have the right skills to work with Children and Young People and their families, through to ongoing professional development and training.

Social prescribing Link workers must also have access to appropriate supervision and reflective practice to support both their delivery and their own mental health and wellbeing

All recommendations included in [Primary Care Network DES](#) Contract and Workforce Development Framework are in place for Children and Young People SPLWs.

What good looks like?

## National guidance and the Forest of Dean

The workforce development framework for social prescribers is used to support and develop provision locally <https://www.england.nhs.uk/publication/workforce-development-framework-social-prescribing-link-workers/> alongside a range of children and young people specific and development as highlighted by the forest of Dean case study.

When first in post our Children and Young People Social Prescribers spent time researching existing services for children and families in our area, including activities and support organisations and produced a database of community resources. They also visited children and family services and providers within our local community and made connections with our local Youth Association, schools, activity providers, children's centres, Early Help Team, School Nurse team, Trailblazer Mental Health Project (Young Minds Matter) and Family Support Workers. This is an ongoing process.

### Training

Our Children and Young People Social Prescribers have completed a range of courses to support them in their role, including:

- Safeguarding Level 3
- Graduated pathway of support in Gloucestershire
- Neglect toolkit
- Motivational Interviewing
- Health coaching
- Better Conversations
- Engaging inactive young people
- Substance misuse
- Mental health first aid
- Domestic abuse in teenage relationships
- Supporting Children's Wellbeing
- Professional Relationships with Young People
- Social Prescriber Plus



Description	Maturity				Actions
	1	2	3	4	
<p>1. Appropriate Children and Young People SPLW job descriptions are developed reflect the differences between Children and Young People and other SPLW roles</p> <p>Clear Children and Young People SP Job descriptions have been agreed and signed off with agreed standards and requirements.</p>					
<p>2. Specific induction is in place for all Children and Young People SPLW's including the need for Children and Young People SPLW to build relationships with adults SPLW, Health and Wellbeing Coordinators, Care Coordinators within PCN as part of Personalised Care MDT</p> <p>Children and Young People SPLW will also need time to build relationships and connections with wider referral partners e.g. schools as well as Children and Young People and families activity providers e.g. charities, gyms and sports clubs, arts clubs, libraries, VCSE</p>					
<p>3. Understanding professional boundaries of the Children and Young People SPLW role, including when to hand over to a clinical role, when to escalate a case for additional help, when to refer to an outside agency for additional support</p>					
<p>4. All Children and Young People SPLW's have access to regular supervision and use it to effectively reflect on practice and professional boundaries</p>					



Description	Maturity				Actions
	1	2	3	4	
5. Developing health and wellbeing plans that support professional boundaries and create strategies for avoiding 'burnout'					
6. Children and Young People SPLW's attend regular peer support groups which are specific to Children and Young People and are able to attend regional collaborative's/Communities of practice					
7. All Children and Young People SPLW are signed up to the NHSE Learning platform and the Children and Young People collaborative space to gain information and support					
8. All Children and Young People SPLW's undertake the Children and Young People HEE Module and where SPLW's are working across all ages it is highly recommended that they complete the training too.  All SPLW's have a robust Training & Development plan relevant to their scope of practice  Regularly attend the NHSE SP Webinars					



# Self-Assessment Tool

## Area: Digital and Technology

Working with Children and Young People requires more use of technology and digital solutions. Understanding which digital methods are appropriate and safe is key when setting up a Children and Young People Social Prescribing service

Many young people will want to use digital/technology options when working with a SPLW, but also when accessing support – engaging with Children and Young People to understand what works and what doesn't will help the service to be effective

People's Social Prescribing  
Self-Assessment Tool:

What good looks like?

## Dr Shaun Liverpool, Edge Hill University

There is growing interest in and need for using online resources to support social prescription for children and young people. The Healthy London Partnership Children and Young People's Programme identified online support as a success indicator for social prescribing (<https://www.transformationpartnersinhealthandcare.nhs.uk/wp-content/uploads/2019/03/HLP-CYP-Social-Prescribing-for-CYP-Dec-2016.pdf>). Despite low preferences for the use of websites, online appointments and chats for help and advice increased access for parents/carers. As for Children and Young People, websites and online forums/chats were among the most popular choices for receiving support.

Recent research findings have also identified potential opportunities and challenges that may arise from digital social prescriptions (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7988390/>).

Professionals, including mental health practitioners, identified digital social prescription tools as a means of rapidly increasing access and usage of social prescription and thereby increasing cost-effectiveness. Despite advances in this area, there are still concerns around confidentiality and data protection.

It was noted that young people may find digital social prescribing services easier to navigate than traditional methods. Since technology has the potential to transform healthcare in the next 20 years (<https://topol.hee.nhs.uk/wp-content/uploads/HEE-Topol-Review-Mental-health-paper.pdf>), it is important to consider more opportunities for technology-enabled social prescribing. The wider literature has already shown that young people have adopted new technologies quickly, and they use mobile phone technology in the event of personal health crises and increased opportunities for self-referrals (<https://transform.england.nhs.uk/digitise-connect-transform/case-studies/digital-technology-helping-people-take-action-on-their-mental-health-care-in-north-staffordshire/>). Based on what we know so far, there is potential for social prescribing and digital technologies to complement each other and improve the health and well-being of all.

Although social prescribing is not new, it is still evolving in the area of children and young people, and therefore, introducing technology can potentially improve engagement and acceptability (<https://pubmed.ncbi.nlm.nih.gov/32442160/>).

Description	Maturity				Actions
	1	2	3	4	
1. Communication is suited to the needs of the individual Children and Young People (as agreed at the first meeting) and includes all options – text, WhatsApp, email, phone, Zoom, Teams etc  Awareness of the age limits for use of social media and Apps					
2. Face to face and online options are available for meetings with the SPLW's					
3. Various social media platforms are used to promote the service – in line with what Children and Young People are most likely to access i.e. Tik Tok/ Snapchat, this includes information about the services, videos, clips etc					
4. Consent for social media/videos is gained from Children and Young People and/or relevant parents/carers and states where the material will be shown and how it will be used					
5. Training is delivered where appropriate to ensure SPLW's understand how to use digital and technology safety and appropriately					
6. CYP SPLW will need access to directories of services of Children and Young People activity providers in the localities. This should be available via local authority and local NHS websites. SPLW may wish to establish their own list of key organisations and contacts					
7. CYP SPLW may require access to a case management system to record and monitor caseload; and/or access to GP systems such as EMIS					

[Social prescribing standard – PRSB \(theprsb.org\)](https://theprsb.org)

# Self-Assessment Tool

## Area: Evidence and Impact

Children and Young People Social Prescribing is still in its infancy and therefore it is even more important to gather evidence and impact of the service – both in terms of demonstrating to Children and Young People themselves how far they have come, but also to the wider workforce how important social prescribing can be as part of a wider offer of support.

To ensure this is done well, tools need to be appropriate for Children and Young People, their needs and the wider needs of the workforce.

People's Social Prescribing  
Self-Assessment Tool:

What good looks like?

## East Riding Children and Young People Social Prescribing Service

KPI's will be agreed upon by the local Primary Care Network (PCN) and The Provider with the support of agreed partners at place – and are likely to include:

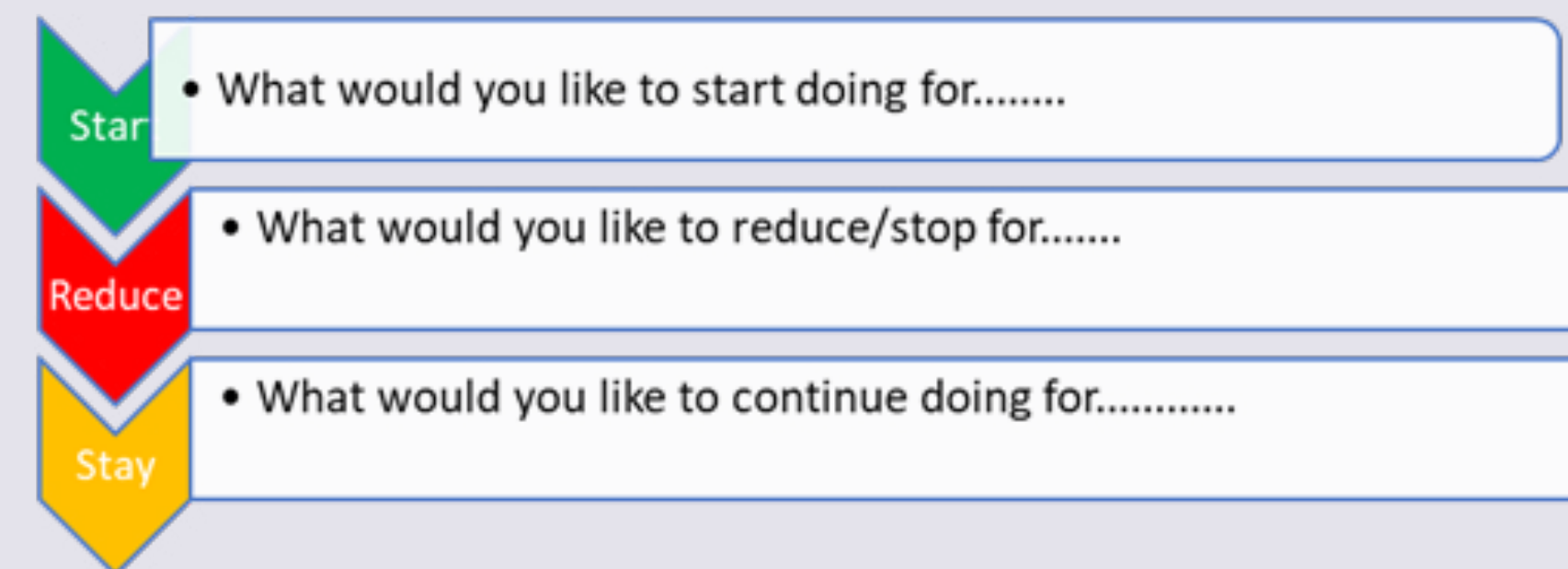
- First contact tried within 48 hours
- Was the referral appropriate and if not was an alternative path suggested
- Goals identified (as themes)
- Goals achieved
- Onward referral made ( this could be into a service/ community group etc). If there was no suitable onward referral why not and has any action been carried out to support the development of a community group.

Outcomes will be measured through an outcomes-based approach which will include outcomes agreed with young people and their parents / carers at the commencement and completion of the intervention and appropriate clinical outcome measures using an appropriate tool aligned with the goals set by the service user.

The short Warwick and Edinburgh Mental Well being score with the YP at the beginning and the end of the sessions to measure out comes. This has been adapted using face emoji's for YP who may struggle to understand the use of a number scale.

The Youth Wellbeing tool is used when working with a YP to enable conversations to support the YP to think about what goals they may want to set with the Social prescriber. This is repeated again at the end of the sessions, it can give a visual map for the YP to see where they have moved to within their journey.

Another tool that is used to support goal setting is



## East Riding Children and Young People Social Prescribing Service

This is used in relation to areas that they have identified that they would like to work on.

This is a tool that the social prescribers use to work with the Young People (YP) to try and give a visual explanation of how the service works, it gives 3 areas for the YP to be able to input “what matters to them and what they would like to work on”



Case studies are collected monthly to give the qualitative data/ evidence of the impact that social prescribing has had for YP, there is a section within the case study where YP have the opportunity to express how they have found social prescribing and the impact that it has had for them. Whilst this is very hard to measure in a quantitative way, it gives excellent qualitative feedback on the service.

*“They have been really nice and welcoming and I have enjoyed them very much. The SPLW has been a great help and she has been so nice and I really enjoy our sessions. She has been amazing and deserves a raise”*



Description	Maturity				Actions
	1	2	3	4	
Understanding why we collect outcome measures underpins the decisions of which tools are used – i.e. to help Children and Young People how much they have changed/progressed					
Children and Young People SPLWs are trained in the appropriate use of social prescribing SNOMED coding and use appropriate SNOMED codes related to all Children and Young People SP appointments Children and Young People SPLWs have access to Social Prescribing Digital Platform (HSSF approved providers)					
Agreed outcome measures are in place and used with all Children and Young People to evidence impact.					
Children and Young People SPLW's are trained in any outcome's measures used i.e. ONS4 and other appropriate outcome measures					
Goal based outcome measures and/or validated measures are used and are appropriate to the needs/age of the Children and Young People					
Outcome measures are agreed with Children and Young People and families and support young people to set their own outcomes and have a choice about how they are achieved. Outcomes measures are used as part of a 'conversation' to give context and help Children and Young People think about how they feel and what they want to achieve					
360 feedback is considered from parents/carers/family/professionals to give holistic picture of progress and 'distanced travelled', particularly when Children and Young People struggle to see progress made					
Evaluation reports, Case studies, feedback are regularly written/developed (including use of videos, audio recording, art, poetry) and shared to showcase impact of Children and Young People SP					



# Additional information and resources to help you

*Disclaimer: Please note these links were correct at the time of publication, they are not endorsed by either StreetGames or SWIPC, but have been suggested by partners and stakeholders as useful links*

- Principles of Youth Social Prescribing - [Principles-for-All-Age-Social-Prescribing.pdf \(streetgames.org\)](#)
- Resources and case studies of Children and Young People Social Prescribing [Youth Social Prescribing - StreetGames](#)
- Streetgames Template Children and Young People SPLW Job Description - [Youth-Link-Worker-JD-Template.pdf \(streetgames.org\)](#)
- Social Prescribing – including e-learning for Children and Young People - <https://www.e-lfh.org.uk/programmes/social-prescribing/>
- Social prescribing Youth Network (SPYN) – how to join - [Join SPYN - StreetGames](#)
- NSPCC resources explaining about different social media platforms and what the age settings etc are [Social media | NSPCC](#)
- Understanding outcomes – Streetgames - [Understanding-Outcomes.pdf \(streetgames.org\)](#)
- University of East London (UEL) Evaluation report on Children and Young People Social Prescribing - <https://repository.uel.ac.uk/item/88x15>
- Link to Gillick competencies information – <https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines>
- Tips for engaging Children and Young People <https://www.ukyouth.org/2018/04/engaging-young-people/>
- Fun fit video – how social prescribing and physical activity helped young people – <https://m.youtube.com/watch?v=i745wKRJSBo>
- Girl that climbs video – supporting mental health The Girl Who Climbs - <https://www.youtube.com/watch?v=MCw3nNeTomk>
- Understanding personalised Care <https://www.england.nhs.uk/personalisedcare/>
- Children’s Outcome Research Centre - Who we are ([corc.uk.net](http://corc.uk.net))
- Stort Valley Healthcare overview of Children and Young People social prescribing service <https://www.stortvalleyhealthcare.com/services/youngpeople/> and YouTube film <https://www.youtube.com/watch?v=F8257vSmgJk>
- NASP The National Academy for Social Prescribing | NASP ([socialprescribingacademy.org.uk](http://socialprescribingacademy.org.uk))
- Social prescribing page NHS England <https://www.england.nhs.uk/personalisedcare/social-prescribing/>
- The Missing Link: social prescribing for children and young people <https://www.barnardos.org.uk/research/missing-link-social-prescribing-children-young-people>

People’s Social Prescribing  
Self-Assessment Tool:

# Additional information and resources to help you

- Children and Young People Social Prescribing Evidence review: <https://socialprescribingacademy.org.uk/media/lrif2emh/evidence-review-the-impact-of-social-prescribing-on-children-and-young-peoples-health-and-wellbeing.pdf>
- Barriers and facilitators to social prescribing in child and youth mental health: perspectives from the frontline <https://link.springer.com/article/10.1007/s00787-023-02257-x>
- Social prescribing for children and young people - Snapshot survey: <https://socialprescribingacademy.org.uk/media/ovvek3j2/summary-of-children-and-young-people-survey-findings.pdf>
- Commentary piece on Children and Young People social prescribing: [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(22\)00248-6/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(22)00248-6/fulltext)
- Overview of Wellbeing While Waiting: <https://bmcpneurology.biomedcentral.com/articles/10.1186/s12888-023-04758-0>
- The women and children's creative health handbook is a free resource <https://www.improvingme.org.uk/about-us/news/women-and-childrens-creative-health-handbook-wellbeing-by-design/> developed to increase a focus on prevention and health creation
- Choices Project overview - <https://arc-swp.nihr.ac.uk/research/projects/cyp-choices>

- NASP evidence base [Children and young people's social prescribing - NASP evidence | NASP \(socialprescribingacademy.org.uk\)](https://socialprescribingacademy.org.uk/social-prescribing-nasp-evidence)
- GSP Toolkit [toolkit green-social-prescribing-toolkit.pdf \(socialprescribingacademy.org.uk\)](https://socialprescribingacademy.org.uk/toolkit-green-social-prescribing-toolkit.pdf)

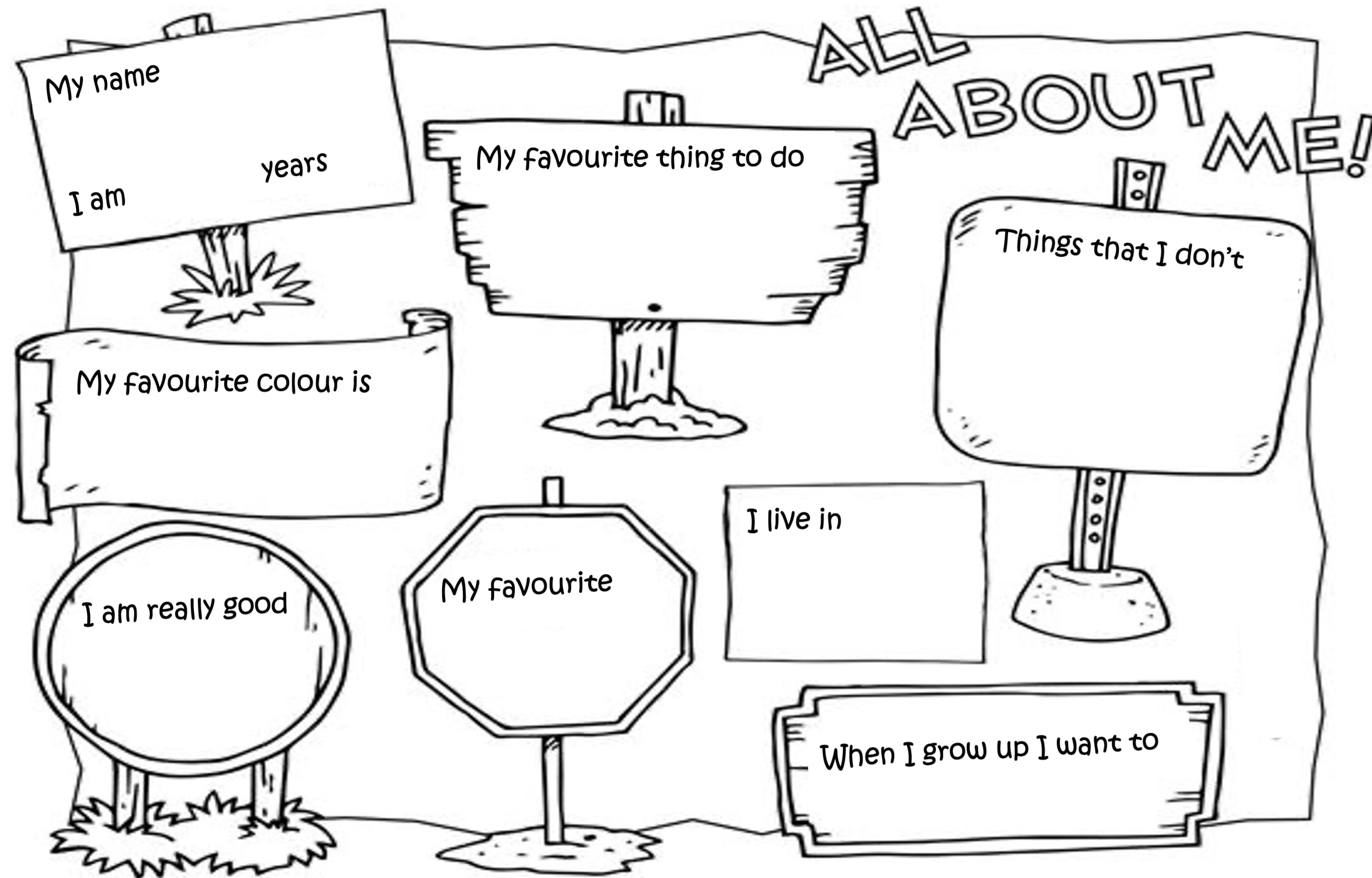
## All age information

- Blue Social Prescribing – what is it? <https://www.wwt.org.uk/our-work/projects/blue-prescribing> & <https://www.gov.uk/government/news/marine-and-coastal-areas-linked-with-better-health-and-well-being>
- Physical activity – a review (all age) <https://shura.shu.ac.uk/30301/1/social-prescribing-physical-activity.pdf>
- Arts and Culture – reviews and research [https://www.researchgate.net/publication/358983087\\_The\\_health\\_benefits\\_of\\_arts\\_cultural\\_and\\_community\\_engagement\\_A\\_short\\_guide\\_for\\_link\\_workers](https://www.researchgate.net/publication/358983087_The_health_benefits_of_arts_cultural_and_community_engagement_A_short_guide_for_link_workers) & [https://www.researchgate.net/publication/358983060\\_COVID-19\\_mental\\_health\\_and\\_the\\_role\\_of\\_arts\\_and\\_cultural\\_engagement\\_A\\_review\\_of\\_new\\_evidence](https://www.researchgate.net/publication/358983060_COVID-19_mental_health_and_the_role_of_arts_and_cultural_engagement_A_review_of_new_evidence) & <https://www.who.int/europe/publications/item/9789289054553>
- Social Prescribing Network (SPN) – all age - <https://www.socialprescribingnetwork.com/>

People's Social Prescribing  
Self-Assessment Tool:

# Appendices

## Appendix 1 - Children's version of an action plan



People's Social Prescribing  
Self-Assessment Tool: