



National  
Academy  
for Social  
Prescribing

# CONNECTED TO THRIVE

A vision for social prescribing  
for children and young people's  
mental health and wellbeing



March 2025



# About The National Academy for Social Prescribing

The National Academy for Social Prescribing (NASP) is a national charity that champions social prescribing. We support and connect people, communities and organisations so that more people across the UK can enjoy better health and wellbeing.

## How to cite this report

National Academy for Social Prescribing (2025). Connected to Thrive: a vision for social prescribing for children and young people's mental health and wellbeing.

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This report was made possible by the generosity of our funders, The Sam West Foundation and The Linbury Trust.

Registered charity number: 1191145

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## Foreword

Children and young people's mental health is at crisis point. Around one in five young people in England has a diagnosable mental health problem, and teenage life satisfaction rates are among the lowest in Europe.

What's more, when children and young people look for support, it is too often hard to find. NHS services have expanded rapidly over the last few years, but they can't keep pace with the growing number of referrals, often resulting in long waiting-times and high thresholds for treatment.

There are welcome initiatives like Mental Health Support Teams in schools and the proposed Young Futures hubs, but as a society we clearly need to do more to intervene early and address the root causes of the crisis.

While the factors behind mental health problems are complex and multiple, one of the most promising approaches at an individual level is social prescribing.

"Social prescribing" essentially means connecting people to activities, groups or services that can improve their health and wellbeing, based on their circumstances and preferences. For adults, this might involve a GP referring a patient to a Social Prescribing Link Worker, who can listen to them and help them develop a personalised plan. Link Workers might help someone who is lonely to join a group where they can meet new people or help someone who can't sleep because of money worries to get free debt advice.

In other words, their role is to understand what matters to each person, and connect them to effective support. Social prescribing is a non-medical approach, which recognises that health and wellbeing problems are strongly linked to social factors.

Social prescribing has been successfully rolled out in the NHS since 2019, and the results for adults are very encouraging. However, it is far less advanced for children and young people - and the model is very different.

During our research, it became apparent that across England there are some amazing social prescribing programmes for children and young people, but that these are the exception rather than the norm.

In some cases, specialist Link Workers work in GP teams or for local charities, or as part of projects supporting specific groups of young people, including in hospitals and schools. In many other cases, youth workers, school staff and others take what we describe as a "social prescribing approach", even if they do not use that language.

More generally, there are a vast number of activities, groups and services within communities that make a difference to children and young people with mental health needs and their families - using physical activity, music, creativity, nature, or providing

practical support for complex issues around money, housing or addiction. However, they are often not well enough joined up to the NHS or to each other. Funding for these activities can also be short-term and fragmented.

As the health system moves from treatment to prevention and towards more care being available in and through communities, we need to do much more to join the dots between services. We need to do this in a personalised way, which asks children and young people “what matters to you?” not “what’s the matter with you?”

That is why, over the last year, the National Academy for Social Prescribing has consulted widely with charities, youth organisations, NHS teams, local authorities and researchers. We have explored the evidence for what’s working well for children and young people mental health; clarified needs, gaps and barriers in the provision of activities and services; and agreed the opportunities and collective actions required to achieve a step change in support through social prescribing. This has culminated in a strong consensus for this vision for the future.



**Charlotte Osborn-Forde**  
Chief Executive  
National Academy for Social Prescribing



## Executive Summary

Over the last few years, there has been growing interest in the potential for social prescribing to support children and young people's mental health. In 2024, with support from The Linbury Trust and The Sam West Foundation, the National Academy for Social Prescribing (NASP) convened a steering group with NHS England, national youth and mental health charities and leading academics in the social prescribing field. We agreed to work towards the following goal:

*To improve mental health and wellbeing for children and young people, through better, more accessible support to connect with their communities, and be active, creative and have fun.*

*This would be enabled through a joint vision for children and young people's social prescribing for mental health and wellbeing, which shapes national policy and practice.*

Since then, we have undertaken extensive consultation with youth, family and mental health organisations, NHS Integrated Care System leads, local authorities, Social Prescribing Link Workers, service managers, academics, and organisations across the arts, heritage, nature and physical activity sectors.

We have found pockets of amazing work that are helping to transform children and young people's lives, support young people back to school or into employment, and equip them with the skills to look after their own mental health and support their friends.



These social prescribing projects are being delivered in a range of settings: including alongside specialist mental health services, through youth and voluntary organisations, and supporting children and their families when undergoing treatment in hospital. However, these approaches are often siloed and not part of a wider system.

Based on our consultation, our joint vision is for a comprehensive and connected social prescribing system for children and young people across England by 2035. In order to make this a reality, we need to:

## **1. Embed children and young people's social prescribing in national strategies and partnerships**

- a. **Include social prescribing in national strategies** - including the NHS 10-year plan, the Young Futures programme, Get Britain Working, the national Youth Strategy and future plans for Family Hubs.
- b. **Establish a cross-sector Children and Young People's Social Prescribing Partnership** to advise on policy and strategy, harnessing the expertise of youth and mental health organisations and working with a range of Government departments.
- c. **Create a national youth advisory group for social prescribing**, to work alongside the partnership to co-create policies and programmes.

## **2. Grow the workforce**

- a. **Ensure that every area has a specialist Children and Young People's Link Worker**, as part of a neighbourhood health service, working as part of a multidisciplinary team. Specialist Link Workers should also be available to support children and young people in hospitals.
- b. **Ensure more professionals who work with children and young people are equipped to take a "social prescribing approach"** - i.e. to offer young people or families a personalised approach and connect them to services, activities and groups in the community, based on their personal circumstances and preferences.



### 3. Support the development of high-quality social prescribing programmes and systems

- a. **Introduce a national accredited training programme for specialist Children and Young People's Social Prescribing Link Workers.**
- b. **Establish training modules in the social prescribing approach, accessible to other roles that work with children and young people (e.g. youth, education and justice roles).**
- c. **Develop standards and guidance to support the children and young people's social prescribing workforce** - including a competency framework, information standard and handbook.
- d. **Create a new National Learning Collaborative for children and young people's social prescribing to lead and facilitate this work and share evidence and best practice.**

### 4. Invest in social prescriptions for children and young people

- a. **Ensure long-term investment in community-based activities and services designed to support young people's mental health, free at the point of access.** This could include implementing the recommendations of the Future Minds report to reverse cuts to local authority funding for youth services and public health, and taking a shared investment approach for social prescribing programmes.
- b. **Support organisations delivering social prescriptions through investment and training and exploring trusted provider initiatives.**

### 5. Build awareness

- a. **Launch a campaign to increase awareness and understanding of social prescribing among professionals working with children and young people (medical and non-medical), highlighting the value for mental health of personalised care and connecting with communities.**
- b. **Support campaigns aimed at young people and parents, which highlight the benefits of connecting with communities, being active, being creative and making a difference for children and young people's mental health.** These campaigns should include practical information on how to access community support.

In order to implement this approach, the National Learning Collaborative would initially work closely with a small number of Integrated Care Systems (ICSs) to innovate, test and evaluate what works. This would ultimately lead to all 42 ICSs taking a system-wide approach to children and young people's social prescribing by 2035.

### Key elements of a system-wide approach to children and young people's social prescribing

- A wellbeing measurement programme introduced across all schools to provide understanding of children and young people's wellbeing and inform targeted prevention and early intervention.
- Children and young people (with particular attention to those from marginalised groups) involved in social prescribing at all stages, from strategy to service commissioning and delivery.
- Specialist Children and Young People's Link Workers/Connectors available in every neighbourhood, offering social prescribing services as part of a primary care multi-disciplinary team to young people with mild-moderate or emerging mental health concerns.
- Children and Young People Link Workers/Connectors or other youth roles upskilled to carry out similar functions based in different settings in the community - such as within youth and family hubs, schools, secondary care and online.
- All organisations working with children and young people (including all schools) understanding the positive impact that groups and activities can have on mental health and wellbeing, and equipped to take a personalised approach and connect young people to relevant support.
- A rich, inclusive, trusted, accessible and sustainable offer of "social prescriptions", which accept referrals and can support children and young people through targeted prevention and early intervention, as well as young people accessing primary and secondary care.
- A strong and diverse workforce.

This report was made possible by the generosity of our funders, The Sam West Foundation and The Linbury Trust.



# Social Prescribing for Children and Young People's Mental Health and Wellbeing

## Context

Over the last few years, there has been growing interest in social prescribing as part of the mental health system for children and young people. Pioneering projects have demonstrated the benefits, a national Youth Social Prescribing network has been established<sup>1</sup>, and universities are assessing the impact through a range of studies<sup>2</sup>. Policy reports, including the Commission on Young Lives' Hidden in Plain Sight report<sup>3</sup> and the Barnardo's Missing Link report<sup>4</sup>, recommended national programmes for children and young people's social prescribing. In 2024, the Health and Social Care Committee called for a national strategy for social prescribing, focused specifically on children and young people.<sup>5</sup>

The National Academy for Social Prescribing (NASP) secured funding from The Linbury Trust and The Sam West Foundation to lead on the development of a joint vision for social prescribing for children and young people's mental health. In 2024, we convened a steering group with NHS England, national youth and mental health charities and leading academics in the field, and agreed to work towards the following aim:

*To improve mental health and wellbeing for children and young people, through better, more accessible support to connect with their communities, and be active, creative and have fun.*

*This would be enabled through a joint vision for children and young people's social prescribing for mental health and wellbeing, which shapes national policy and practice.*

We focused on children and young people aged 5-25, although we recognise the potential of social prescribing to support perinatal and early years mental health.

Since then, we have undertaken extensive consultation with more than 50 youth, family and mental health organisations, as well as NHS Integrated Care System leads, local authorities, Social Prescribing Link Workers, service managers, academics, and organisations across the arts, heritage, nature and physical activity sectors.

This consultation has helped us to understand what is happening now and what the challenges are, and to develop a vision for the future.

Alongside this vision, we have created a separate report on training and development for children and young people's social prescribing.<sup>6</sup>

## Why children and young people's mental health and wellbeing?

The mental health and wellbeing of children and young people in England has shown concerning trends in recent years:

- **Prevalence of mental health problems.** In 2023, approximately 20% of children and young people aged 8-25 in England were found to have a probable mental health condition. The rate has stabilised after rising significantly from 2017 to 2020. Mental health issues such as anxiety, eating disorders, and depression remain common, with eating disorders particularly prevalent among teenage girls.<sup>7</sup>
- **Income and mental health.** Children from lower-income households are disproportionately more likely to struggle with their mental health. Those with probable mental health conditions are less likely to afford extracurricular activities or social outings.<sup>8</sup>
- **Happiness Levels.** Recent surveys show declining happiness among children regarding school, appearance, and overall life satisfaction. Girls report lower happiness levels compared to boys, and the UK ranks among the lowest in Europe for adolescent life satisfaction.<sup>9</sup>
- **Bullying and Online Harms.** Children with mental health issues are significantly more likely to face bullying, both online and in person.<sup>10</sup>
- **Social activity and mental health.** Young people with probable mental health conditions were less likely to take part in the following activities than those without: exercising (8.7% compared with 26.6%); spending time in green space (20.1% compared to 34.0%); and taking part in groups or clubs (52.7% compared with 80.0%).<sup>11</sup>



The factors affecting children and young people's mental health are complex and multiple. However, the data above suggests that there is a correlation between income and mental health, and a correlation between social activity and mental health.

In other words, children and young people with mental health problems are more likely to live in lower income households; and less likely to be taking part in activities and groups that could potentially benefit mental health.

Evidence also suggests that access to specialist mental health services remains challenging:

- **Referrals and waiting lists.** Nearly one million young people were referred to NHS Children and Young People's Mental Health Services (CYPMHS) in 2022-23. However, 28% of these referrals were still on waiting lists at the end of the year, and 40% of referrals were closed without the child receiving support. Some children waited over two years for help.<sup>12</sup>
- **Geographical disparities.** Access to services varies widely across regions, with average waiting times ranging from four days in Southend to nearly 150 days in Sunderland.<sup>13</sup>

While the number of children and young people supported by CYPMHS has grown year on year, too many referrals do not result in timely support.

## What is social prescribing?

***"A means for trusted individuals in clinical and community settings to identify that a person has non-medical health related social needs and to subsequently connect them to non-clinical support and services within their community by co-producing a social prescription, to improve their health and wellbeing and strengthen community connections"*** - internationally accepted definition of social prescribing.<sup>14</sup>

Many things that affect our health and wellbeing cannot be treated by doctors or medication alone - like loneliness, debt or stress due to financial pressures or poor housing. Social prescribing connects people to non-medical support to address these issues and other unmet needs.

The most commonly understood way for adults to access social prescribing is through the active support of a Social Prescribing Link Worker. A GP or health professional can refer someone with health and wellbeing needs to a Link Worker. Link Workers work closely with people to understand their needs and provide specialist support to connect them to activities, advice or information. This could involve, for example:

- Helping someone who is isolated to join a befriending group, an art class or a community gardening project, based on what works for them
- Connecting someone struggling with financial stress to a service that helps them manage debt or claim benefits



- Supporting someone with dementia to join a dementia choir, enabling them to maintain a sense of social connection
- Working with someone with high blood pressure to take up a form of exercise that they're comfortable with.

There are also a wide range of other health roles and community roles that play a similar “connecting” function with adults as part of their work. These range from volunteer connectors to support workers to faith leaders and beyond. We describe these roles as taking a “social prescribing approach”, even if they do not use that language.

## Social prescribing in England

Social prescribing has existed in some parts of England for decades but was enshrined as a key component of national health policy in England in 2019, with the publication of the NHS Long Term Plan. The National Academy for Social Prescribing (NASP) was founded in the same year.

The 2019 GP contract enabled Social Prescribing Link Workers to be employed in Primary Care Networks through the Additional Roles Reimbursement Scheme (ARRS). Since then, more than 3,500 Link Workers have been appointed across England, receiving over 2.6 million referrals.

There have also been a range of other national social prescribing initiatives, including the cross-Government Green Social Prescribing programme<sup>15</sup>, the Active Travel and social prescribing trials<sup>16</sup>, and NASP's Thriving Communities<sup>17</sup> and Power of Music programmes.<sup>18</sup>

Social prescribing has also been increasingly recognised internationally, with more than 30 countries around the world operating social prescribing programmes.<sup>19</sup>



## Social prescribing for children and young people

Social prescribing for children and young people aims to improve their mental health, emotional wellbeing and overall development by connecting them to community-based resources, activities, and support networks. It is gaining traction as an innovative approach to complement traditional health and social care services.

Social prescribing for children and young people can:

- Provide holistic support: addressing physical, emotional and social needs, focusing on prevention and early intervention.
- Empower young people: encouraging self-management, resilience, and social engagement.
- Reduce feelings of isolation by fostering a sense of community.
- Reduce pressure on health services: seeking social solutions for social issues, and therefore diverting cases from GPs and healthcare professionals where appropriate.

Evidence for the effectiveness of social prescribing among children and young people is emerging, with studies focusing on mental health, physical health, and social development. More generally, a wide range of research shows that community engagement and group activities can reduce feelings of isolation and anxiety while building resilience and confidence.

Children and young people's social prescribing is in its infancy compared to the adult model and requires a different approach. The adult model is largely delivered via primary care: people tend to go to their GP, who refers them on to a Link Worker, who connects them to relevant activities and services.

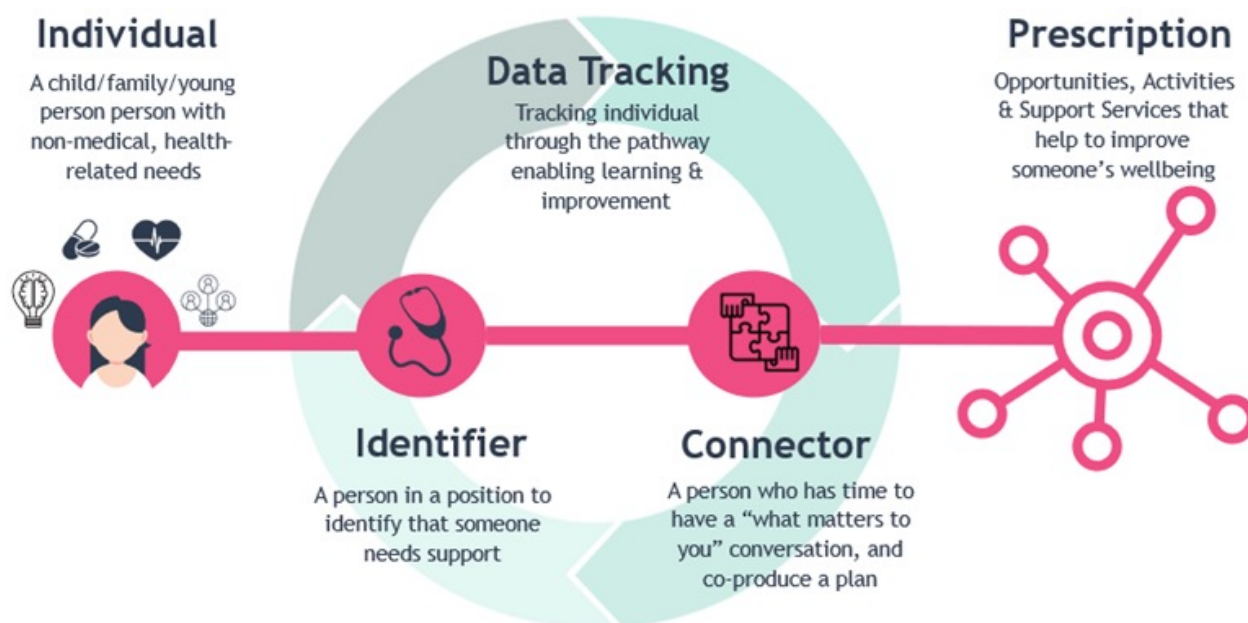
With children and young people, it is important to provide support where children and young people already are, rather than expecting them to go to their GP. This means working with organisations that children and young people trust, as well as schools and families. Pioneering programmes have also been developed for children and young people undergoing treatment in hospitals.



The key elements of children and young people's social prescribing are:

- **Referrers/Identifiers** - people who identify the child or young person's needs and refer them on to social prescribing. This might include school nurses, GPs, healthcare providers, or community services. Self-referral can also be a route for young people and families.
- **Connectors - Social Prescribing Link Workers and wider roles that work with children and young people within communities.** These connecting roles receive referrals and then assess the needs of children, young people and families and connect them to relevant community resources.
- **"Social prescriptions"\*** - Activities and resources in communities that can support children and young people. These must be age-appropriate and relevant. They could include, for example, projects in youth clubs, arts therapy, physical activity groups or mentoring programmes. These include tailored programmes for young people who are struggling with their mental health, or for disadvantaged or marginalised groups.

*\* In this report, we refer to "social prescriptions" to mean groups, activities and other forms of community support that children and young people may be referred to in order to support their mental health. We recognise that providers may be unlikely to use this language.*



In order for social prescribing to work well, there needs to be:

- **Multi-agency collaboration:** health services, schools, social services, family hubs, youth justice, job centres and charities need to work closely together to deliver seamless support.
- **Monitoring of outcomes:** with an emphasis on tracking improvements in wellbeing, school attendance, behaviour, and social skills and building a wider evidence base.



## Different approaches

At present there are a number of differing approaches to children and young people's social prescribing, which include:

- Social Prescribing Link Workers/connectors within primary care, embedded within a multi-disciplinary team to support children and young people's mental health. These roles can help play a 'step-up' and 'step-down' role with CYPMHS, supporting children and young people with probable mental health problems, as well as children and young people who are being discharged from these services. One example of children and young people's Link Workers embedded in primary care is The Well Centre in London.<sup>20</sup> Referrals to these roles may come from within the health system (e.g. from a GP) or through a wide range of other routes.
- Social Prescribing Link Workers/connectors working within youth and family organisations, often supporting children and young people with emerging mental health problems. Examples include national voluntary sector organisations such as Barnardo's<sup>21</sup> and local place-based voluntary organisations like Linking Leeds<sup>22</sup> and Chesterfield Community Football trust I Thrive programme<sup>23</sup>. In many cases, these Link Workers provide ongoing support to young people and run activities, as well as playing a connecting function. Referrals to these roles often come from schools or communities, but may also come from the health system.

- Specialist Social Prescribing Link Workers/connectors working with specific cohorts of young people. This includes Link Workers supporting children and young people in hospital (for example in the Great North Children's Hospital<sup>24</sup> and in projects in Sheffield, Manchester and Alder Hay); working with children and young people who are not in education or employment (for example in Greater Manchester via the Healthy Hyde programme<sup>25</sup>); and specialist Link Workers embedded in schools (for example, in East Sussex through the Make Good Trouble team<sup>26</sup>).

Link Workers are funded through a range of mechanisms, including the NHS Primary Care Additional Roles Reimbursement Scheme (ARRS), local authority public health budgets and funding from charitable trusts and foundations.

There are also many other roles that play a connecting role, sometimes as well as identifying young people who may need support - including, for example, many school nurses and youth workers. These roles take a "social prescribing approach". In other words, they take a personalised approach to supporting children and young people, understand what matters to them, and help them connect to a range of available activities, groups and services that may benefit their mental health.

There are also a huge range of community-based activities, groups and services in communities that support children, young people and families, helping them to be mentally fit and feel supported and connected in their community. These range from prevention approaches like Movember's Ahead of the Game<sup>27</sup> to early intervention programmes like Advantage<sup>28</sup>, Rejuvenate<sup>29</sup> and Safety Nets<sup>30</sup> and the Wave project working alongside CYPMHS services. Some programmes are aimed a wider range of young people, while others are designed for specific cohorts young people who are struggling with their mental health.



## Academic evidence

There is a wealth of academic evidence which shows the value and impact of social prescribing for adults.<sup>31</sup> It can support mental health and wellbeing, reduce loneliness, improve social connection and provide benefits for people living with a range of health conditions. NASP's evidence reports show that it also provides a social and economic return on investment and can reduce pressure on the wider NHS.<sup>32</sup>

There is also well-established evidence on the positive impacts of physical activity<sup>33</sup>, green spaces<sup>34</sup> and involvement in cultural activities<sup>35</sup> for children and young people's wellbeing. The evidence base for social prescribing specific to children and young people is emerging and often studies are small-scale.<sup>36</sup> However, existing evidence suggests positive impacts including reductions in loneliness<sup>37</sup> and improvements in mental health.<sup>38</sup> A Social Return on Investment study of young people's social prescribing in Sheffield estimated a return of £5.04 in social and economic value for every £1 invested, which is above average if compared to adult social prescribing.<sup>39</sup> Studies of social prescribing for children in hospital settings also suggest potential benefits.<sup>40</sup>

There is a growing interest in this area, and a number of academic institutions in England and internationally are researching the impact that children and young people's social prescribing can have in different contexts - including for children and young people on CYPMHS waiting lists, social prescribing in primary and secondary schools, and Green Social Prescribing.

In addition, The Social Biobehavioural Research Group have launched their new guide, [Social Prescribing in Child and Adolescent Mental Health Services](#)<sup>41</sup>, which can support those working in CYPMHS to develop and scale social prescribing services. The guide is based on learnings from their [Wellbeing While Waiting \(INSPYRE\)](#)<sup>42</sup> study, investigating how social prescribing could help young people waiting for mental health services.



## The Big Conversation: questioning, listening and exploring

In order to understand the current landscape for children and young people's social prescribing, and to enable the development of a joint vision, we undertook an extensive period of consultation with national youth, family and mental health organisations, Integrated Care System Children and Young People and Personalised Care leads, local authorities, Children and Young People's Link Workers, service managers, academic researchers, cross-sector partner organisations and the NHS Youth Advisory Network.

The consultation included:

- A series of one-to-one meetings with national organisations across the youth sector, family support sector, and children and young people's mental health and wider health sector, to discuss views, involvement and ideas.
- A series of one-to-one meetings with children and young people's social prescribing delivery providers to understand current practice and key learnings.
- A national survey with children and young people's Link Workers.
- A session with the NHS Youth Advisory Group in September to gain feedback on their knowledge, understanding and views on social prescribing.
- Conversations with key academics in the field of social prescribing to understand the landscape around academic research related specifically to children and young people's social prescribing.
- A "Big Conversation" stand at the International Social Prescribing Conference. 148 comments were captured around key questions: "How can social prescribing support children and young people with their mental health and wellbeing?" and "How can we support children and young people's social prescribing to grow?"

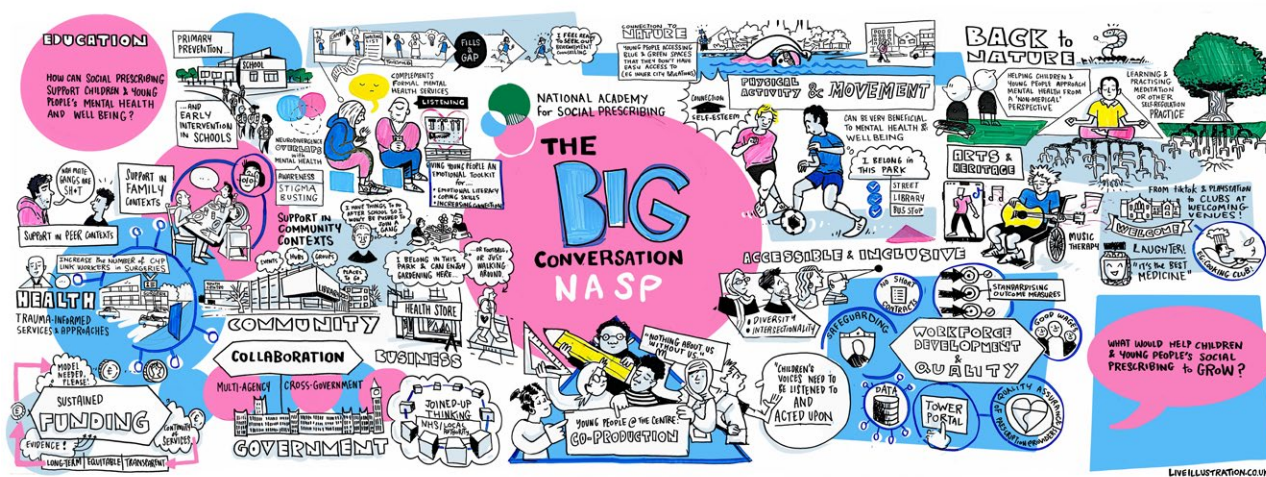


During the same period we also conducted a training review, which involved:

- Two focus groups with children and young people's Social Prescribing Link Workers, involving teams from across Greater Manchester and from East Riding in Yorkshire.
- Consultation with a group of leading UK academics currently working within the field of social prescribing to explore: (i) delivery of children and young people's social prescribing in their settings; (ii) their awareness of training and development opportunities specifically for Link Workers relating to service delivery and the Link Worker role (as opposed to wider types of training such as Mental Health First Aid or Trauma Informed Practice); (iii) what training relating specifically to children and young people's social prescribing was also available for the wider workforce.
- Interviews with the author of the national Children and Young People's social prescribing toolkit, two Integrated Care Boards (Sussex ICS and Healthier Together, Bristol North Somerset and South Gloucestershire (BNSSG) ICS), two providers of the L3 Community Health and Wellbeing Worker Apprenticeships, Training 2000 and Buttercup Training and a range of stakeholders including providers, charities and national youth organisations. A desk-based review of current available social prescribing training was also undertaken.

From September 2024, following the initial consultation, we began to take the emerging core components for the growth of children and young people's social prescribing on a "roadshow" to gain further input and feedback from many of the organisations. We used their input to shape our vision further to enable social prescribing to grow and further develop.

Thank you to all the people and organisations who met us and contributed to this work.



## Findings and Proposals: five core components to develop Children and Young People's Social Prescribing

Based on the learning and listening from our extensive consultations, we know that to maximise the positive impact of social prescribing on the mental health and wellbeing of children and young people, we must build on the best practice that is already happening and ensure it becomes part of a more holistic system.

We have found some amazing work happening in pockets to transform children and young people's lives, supporting young people back to school, into employment and equipping them with the skills to look after their own mental health and how look out for their friends. These include creative programmes delivered alongside specialist mental health services, through youth and voluntary organisations, and supporting children and their families when undergoing treatment in hospital. However, these projects can be siloed, and they are the exception not the norm.

There is an appetite from across a large number of national partners including NHS England to develop a connected social prescribing system that supports children and young people to thrive.





There is also an appetite to explore a diverse service model in which socially prescribed activities are integrated within mental health services, and a step up/ step down service established by organisations working together as a collaborative.

Our joint vision is for a comprehensive and connected social prescribing system in every area where children and young people and their families have accessible support to connect with their communities, be active, creative, make a difference and have fun.

Five core components emerged that are critical to the development of high-quality, comprehensive and connected children and young people's social prescribing for mental health and wellbeing:

They are:

- 1. Embed children and young people's social prescribing in national strategies and partnerships**
- 2. Grow the workforce**
- 3. Support the development of high-quality programmes and systems**
- 4. Invest in social prescriptions for children and young people**
- 5. Build awareness**

In order to implement this approach, a new National Learning Collaborative would initially work closely with a small number of Integrated Care Systems (ICSs) to innovate, test and evaluate what works. This would ultimately lead to all 42 ICSs taking a system-wide approach to children and young people's social prescribing by 2035.

## Component 1: Embed children and young people's social prescribing in national strategies and partnerships

There is a huge amount of enthusiasm for children and young people's social prescribing, with a **cross-sector consensus** on the crucial role it can play in **prevention, early intervention and in supporting wellbeing and good mental health** in primary and secondary care.

It is also recognised that there are **multiple other benefits to social prescribing**, including having the potential to improve children and young people's future outcomes in terms of health, education, employment and ability to positively contribute to society. Supporting children and young people with their mental health and wellbeing can improve school attendance, reduce the risk of children and young people taking part in criminal activities, help young people find meaningful work, and reduce the need for NHS services.

Due to these multiple benefits, **social prescribing is relevant to a range of Government departments** - including but not limited to the Department of Health and Social Care, the Department for Education, the Department for Work and Pensions, the Home Office and the Department for Culture, Media and Sport. There is a real opportunity to embed social prescribing into cross-government initiatives including the Youth Strategy, Young Futures Programme, The Opportunities Mission (ensuring mental health support in every school), Family Hubs programme and the Get Britain Working policy. It should also play a key role in the new NHS long-term plan.



**It is crucial to build on the expertise of the youth and mental health sectors** in working with children and young people in a person-centred way. Many organisations have decades of experience and know what works: any national approach to social prescribing should be based on what is already working well. However, despite the cross-sector interest, there is currently no central partnership driving and developing children and young people's social prescribing and interlinking with emerging cross-Government policy.

Finally, **children and young people need to be at the heart** of developing any new strategies or services. They are not a homogeneous group and will access services and support in different ways, so a one-size-fits-all approach will not meet their needs.

## **Recommendations**

**Include social prescribing in national strategies.** These could include:

- The NHS 10 year plan and new service models for NHS CYPMHS.
- The Opportunities Mission - so that social prescribing is embedded within schools, improving wellbeing and attendance of students (both primary and secondary)
- Get Britain Working - so that social prescribing supports young people who are not in employment or education to find meaningful work
- Young Futures Programme - so that young people have access to social prescribing approaches through Young Futures Hubs.
- Family Hubs - so that social prescribing supports children and families, giving them the best start in life.
- National Youth Strategy - embedding a social prescribing approach and ensuring the development of high-quality social prescription activity for children and young people.
- Children and Young People's Wellbeing Bill - ensuring that there is a universal wellbeing measure to ensure young people's needs are understood

**Establish a cross-sector Children and Young People's Social Prescribing Partnership** to advise on policy and strategy, harnessing the expertise of youth and mental health organisations and working with a range of Government departments.

**Create a national youth advisory group for social prescribing**, chaired and led by young people. This would work alongside the partnership to co-create plans and programmes. This approach can be based on other successful models, such as the NHS's well-established Youth Forum and Youth Advisory Network.



## Component 2: Grow the workforce

Children and young people's Social Prescribing Link Workers can be based in Primary Care Networks as part of multi-disciplinary teams. They can play an important role in supporting children and young people who are struggling to cope, and can also support young people as they leave more specialist mental health services.

However, primary care is not necessarily the most common source of social prescribing referrals for children and young people; referrals can come from local authorities, schools and other community organisations as well as self-referrals and recommendations from friends and peers.

Link Workers can also be successfully embedded in other places that children and young people access and feel comfortable in - including youth clubs and schools or even online. This enables them to focus on targeted prevention and early intervention. This approach can be found in different settings, including hospitals, schools and youth organisations.

More widely, a large number of organisations have roles that take a “social prescribing approach.” In other words, they employ staff who provide a ‘connecting’ function as part of their role - finding out what matters to children and young people and helping them to access or co-create appropriate support. This approach can be found in many different settings including schools, colleges, family hubs and youth hubs. For example, in Greater Manchester the Association of Colleges in conjunction with StreetGames delivered a pilot exploring a social prescribing approach.<sup>43</sup>

We propose the expansion of social prescribing for children and young people, so that it is embedded and connected across all levels of a place-based system.



## Recommendations

**Ensure that every area has a specialist Children and Young People's Link Worker.** These roles should be trained to offer support to young people with mild-moderate or emerging mental health concerns, as part of a neighbourhood health service. It is crucial that they are part of a multi-disciplinary team, in order to ensure that they have appropriate support and can take a step-up, step-down approach with CYPMHS. Specialist Link Workers should also be available to support children, young people and families in hospitals.

**Ensure more professionals who work with children and young people are equipped to take a "social prescribing approach"** - i.e. to offer young people or families a personalised approach and connect them to services, activities and groups in the community, based on their personal circumstances and preferences.

This should be included as a requirement in future plans for Young Futures hubs and Family Hubs, and other similar services.

**A remote support offer should be available for young people who need it.** Remote approaches to social prescribing, involving a personalised conversation with a Link Worker or equivalent role, should be available for those who need it or who prefer to access social prescribing in this way.



## Component 3: Support the development of high quality social prescribing programmes and systems

Our training and development review, published alongside this vision, highlights the urgent need to develop appropriate training and support for children and young people's Link Workers, service managers, commissioners and the wider workforce.

Our full report has been published alongside this vision, but its findings include:

### Link Worker Training and Development

- Routes to becoming a Link Worker vary greatly; backgrounds include settings where youth working skills have been developed.
- A competency framework for Children and Young People's Link Workers would be beneficial to account for roles being non-clinical and therefore not standardised through qualification and registration in the same way that allied health professionals are.
- Regular supervision sessions, appraisals and personal development planning should all be available to Link Workers as well as access to communities of practice.
- A Link Worker employed through ARRS funding and working within primary care may be the only person doing that role locally, and may not always be understood by colleagues, with the risk of feeling isolated. Where Link Workers are employed or hosted by voluntary organisations, they are more likely to work with colleagues who also work with children and young people.

### Service Managers and Commissioners

- There can be a marked difference between primary care settings and the voluntary and community sector in the confidence and experience of service managers. The voluntary and community sector tended to have higher levels of confidence and saw working with young people as core business, with established and successful ways of working.
- Service managers described not always knowing what training and development would be suitable for Link Workers. They supported the idea of a journal or workbook to accompany new Link Workers through the initial stages of employment.
- Commissioners who have enabled services have made use of the national Children and Young People's Social Prescribing toolkit and have found it a useful aid to establishing services.
- Adapting adult social prescribing competency frameworks and information standards would give commissioners and managers greater clarity on what provision should look like.



## Wider workforce

- Although there are some models of provision at scale to support children and young people's mental health - including a collaboration between the Anna Freud Centre, Charlie Waller Trust and National Children's Bureau - there is a gap in knowledge and understanding of children and young people's social prescribing.
- Developing the understanding of children and young people's social prescribing across the wider workforce has the potential to be a route towards embedding social prescribing approaches.
- The increasing complexity of working to support children and young people - related to mental health, the cost of living crisis, poverty and the Covid-19 pandemic - means that it is important to ensure clear capabilities and competencies are identified to deliver social prescribing approaches both to mainstream and marginalised groups.

They key recommendations from the review are:

- Develop appropriate Children and Young People's social prescribing training differentiated for Link Workers and the wider workforce
- Develop a Children and Young People's Workforce and Competency Framework
- Develop a Children and Young People's Social Prescribing Information Standard
- Develop a Link Worker Handbook to support their first six months in the role
- Consider what support is given to protecting Link Worker wellbeing
- Develop training to support the use of the National Children and Young People's Social Prescribing Toolkit<sup>44</sup>
- Explore linking to existing trainer networks and providers to embed social prescribing approaches in a preventative way at scale.



In order to support this work, we propose that a National Learning Collaborative or Centre should be established. A National Learning Collaborative could:

- Standardise guidelines, frameworks, and training for social prescribing, ensuring equitable access and outcomes and share practice and support spread and scale.
- Offer training programs for healthcare workers, Link Workers, educators, and community organisations to enhance their capacity to deliver effective children and young people's social prescribing.
- Drive research initiatives, evaluate programmes, and create a repository of evidence-based practice to guide policy and implementation.
- Act as a hub to facilitate partnerships, share resources, and encourage cross-sector collaboration.
- Ensure that interventions are age-appropriate, inclusive, and co-designed with children and young people to reflect their voices and preferences.
- Identify, adapt, and disseminate innovative models nationwide to reduce disparities and improve access based on learning emerging from the system-builder scheme.

The national Learning Collaborative would be governed by the national cross-sector Children and Young People's Social Prescribing Partnership, working closely with a national youth advisory group for social prescribing (see Component 1).

## Recommendations

**Introduce a national accredited training programme for specialist Children and Young People's Social Prescribing Link Workers.** This would build on the NHS England Workforce Development Framework<sup>45</sup>, and would focus on engaging children and young people and specific cohorts facing inequalities.

**Establish training modules in the social prescribing approach, accessible to other roles** that work with children and young people (e.g. youth, education and justice roles).

**Develop standards and guidance to support the children and young people's social prescribing workforce** - including a competency framework, information standard and handbook.

**Create a new National Learning Collaborative or Centre** for children and young people's social prescribing to lead and facilitate this work and share evidence and best practice.

## Component 4: Invest in “social prescriptions” for children and young people

Every neighbourhood should have a range of high quality and inclusive opportunities for children and young people to be creative, physical and social, to connect with nature, to make a difference and to have fun. It is crucial that these opportunities are designed with young people, to ensure that their provision remains relevant and inclusive. This includes young people from marginalised groups.

There are already a wide range of longstanding and excellent programmes for young people’s mental health delivered by local, regional and national organisations across different sectors - including local charities, the youth sector, arts, heritage and nature organisations and sports organisations. These organisations have skills and knowledge in delivering tailored programmes that have been co-designed with children and young people and provide supportive environments to enable them to thrive.

However, some providers of these activities are under threat: local authority youth funding has fallen sharply since 2010, and funding for activities that could support young people’s mental health can be short-term, fragmented and hard to access. This creates problems for service delivery, continuity and parity.

The link between mental health and poverty is also clear, with young people in low income families more likely to have poor mental health and less likely to be able to access groups and services that can be protective for mental health. Social prescriptions must be free at the point of access, with additional funding to support equipment and transport arrangements.

As well as concerns about funding, providers also told us about a lack of connectedness and the struggle that they face in navigating their local health system. For some voluntary organisations, exploring commissioning opportunities was seen as a difficult and complicated. Some organisations also spoke about the need for training and development opportunities and guidance to understand developing high-quality activities and appropriate referral pathways.

Trust between referrers, connectors and providers could also be a challenge. Partners across the health, youth, justice, community and education settings recognise the value of informal, community and neighbourhood groups, but rightly want to ensure any provision that they connect a child or young person to is safe, effective and offers a positive experience. Many felt a trusted provider scheme would be beneficial.

An excellent example has been developed in the Nottingham Green Social-Prescribing Pilot<sup>46</sup>, where a trusted provider scheme has been developed to build effective, high quality social prescriptions through collaborative partnerships between referrers, connectors and prescription providers.

Central directories of social prescription providers are generally not available in an area and gathering information often relies on individual Link Workers/connectors to network and investigate what is available and ensure its quality. There is enthusiasm to find a successful way for providers to be able to promote what they do in a central place in order to make referrals easier and services more accessible, but there is caution around having a central directory due to it quickly getting out of date.

Other suggestions have included networking or marketplace events for providers and community workers. Evidence from community-led social prescribing research<sup>47</sup> also emphasised the importance of Link Workers working with existing voluntary sector networks and community development initiatives.

Organisations providing social prescriptions also wanted to ensure that young people referred to them were appropriate for the activity they delivered. Some welcomed the idea of maturity frameworks for providers and access to training and development, particularly in relation to mental health.

## Recommendations

**Ensure long-term investment in community-based activities and services designed to support young people's mental health, free at the point of access.** National and regional stakeholders should come together to increase investment in every area but targeted at places with the largest inequalities. The aim of the investment would be drive a consistent and sustainable offer, focused on investing in existing community-led groups and services.

This could include implementing the recommendations of the Future Minds report to fund Young Futures hubs in every local authority area; and increasing local authority public health and youth services funding to 2015/16 levels.<sup>48</sup>

NASP has also recommended Shared Investment Funds for social prescribing, managed by Integrated Care Boards, designed to address inequalities. These funds could include specific funding for children and young people's initiatives.<sup>49</sup>

**Support organisations delivering social prescriptions through investment and training and explore trusted provider initiatives.** These initiatives should be based on existing schemes and networks where appropriate.

## Component 5: Build awareness

For our vision to become a reality, there is a need to raise the profile of social prescribing across professionals who work with children and young people (including school nurses, family hub workers and youth workers). Through our consultation, it became apparent that awareness is currently minimal.

There is also a need to raise awareness at Integrated Care System (ICS) level. When we asked commissioners and leads from half of England's ICSs to evaluate their current work on developing social prescribing for children and young people on a scale of 1-10, the average score was 2. Yet the score was 8 when asked about ambitions to develop it in future.

Increased awareness can lead to more frequent and appropriate referrals and the development of community services, groups and activities that meet children and young people's needs. In addition, it can foster a shift towards person-centred care, empowering professionals to address children and young people's emotional, social and practical needs.

It is also essential that young people and families recognise the mental health benefits of groups, activities and services that may be "prescribed". More generally, public campaigns could help to empower young people to do things that are likely to be positive for their mental health - including highlighting the potential benefits of connection, physical activity, learning, noticing and making a difference (i.e. the Five Ways to Wellbeing).

### Recommendations

**Launch a campaign to increase awareness and understanding of social prescribing among professionals working with children and young people** (medical and non-medical). This would highlight the value of personalised care and connecting with communities - and it would include raising awareness among medical professionals and Integrated Care Boards.

**Support campaigns aimed at young people and parents**, which highlight the benefits of connecting with communities, being active, being creative and making a difference for children and young people's mental health. These campaigns should include practical information on how to access community support.

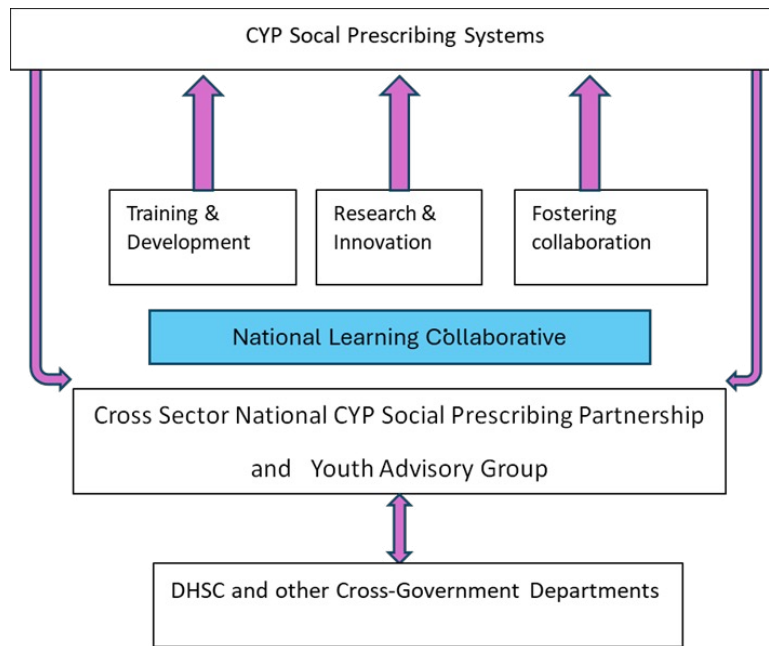
## Towards a joined-up system

We have found examples of excellent social prescribing projects and similar approaches across the country. However, these projects are often not well enough connected. As a next step, we propose that the proposed National Learning Collaborative should initially work closely with a small number of ‘system builder’ Integrated Care Systems, which would innovate, test and evaluate what works. This would ultimately lead to all 42 ICSs taking a system-wide approach to children and young people’s social prescribing by 2035.

Key components for these systems could include:

- A wellbeing measurement programme introduced across all schools to provide knowledge and understanding of children and young people’s wellbeing and inform targeted prevention and early intervention support (such as that developed by #Beewell)<sup>50</sup>
- Children and young people (with particular attention to those from marginalised groups) being involved and informing social prescribing at all stages from strategy to service commissioning and delivery.
- Specialist Children and Young People’s Link Workers/Connectors based in every neighbourhood offering social prescribing services as part of a primary care multi-disciplinary team to young people with mild-moderate or emerging mental health concerns.
- Specialist Children and Young People Link Workers/Connector roles or other youth roles upskilled to carry out similar functions based in different settings such as within the community, youth and family hubs, schools, secondary care and online.
- A social prescribing approach in which all organisations working with children and young people (including all schools) understand the positive impact that groups and activities can have on mental health and wellbeing, and are equipped to take a personalised approach and connect young people to relevant support.
- A rich, inclusive, trusted, accessible and sustainable offer of social prescriptions, which accept referrals and can support children and young people through targeted prevention and early intervention, as well as young people accessing primary and secondary care.
- Children, young people and their families understanding the positive impact that socially prescribed activities can have on mental health and wellbeing and being confident to self-refer.





Social prescribing for children and young people is in its infancy, and it is a postcode lottery across the country. Some young people are able to access specialist children and young people's Link Workers, and activities and groups that support their mental health. Others have no access at all.

Where we have seen social prescribing in practice, it is effective and valued by children and young people and has changed their lives. We recognise that the size and scale of what is needed is large and will not happen overnight; but we are optimistic about the future, as there is already a movement of organisations at national, regional and local level wanting to work together and unleash the power of social prescribing for children and young people.

It is not about starting from scratch. We need to harness learning, upscale, share and build on the small but strong foundations of what has emerged over the last five years, as well as the long-standing experience of the youth sector and community organisations.

Now is the time to connect the dots and unleash the power of children and young people's social prescribing.

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