



National
Academy
for Social
Prescribing

CHILDREN AND YOUNG PEOPLE'S SOCIAL PRESCRIBING

Training & Development Review



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About The National Academy for Social Prescribing

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Introduction

This report was commissioned to collate an overview of the current training and development available in relation to children and young people's (CYP) social prescribing. It was made possible thanks to funding from The Sam West Foundation and The Linbury Trust.

Definitions

Due to the language of CYP social prescribing still emerging in many places, for the purposes of this report it was thought helpful to define some key terms used throughout.

Social prescribing approach(es) - the use of key elements of social prescribing, such as a 'what matters to you?' conversation, person-centred commissioning and planning, engaging young people in codesign and coproduction or developing peer support.

CYP Social Prescribing Link Worker - Social Prescribing Link Workers connect people to community-based support, including activities and services that meet practical, social, and emotional needs impacting on their health and wellbeing. CYP Link Workers may be employed within primary care or voluntary, community or social enterprise (VCSE) settings.

Social prescribing intervention - Social Prescribing Link Workers receive referrals and work with young people, to build a trusted relationship and support them to access activities which support their health and wellbeing in a way that they are comfortable with. This is based on a 'what matters to you?' conversation and working with the young people to find out where they are at in their journey.

Youth worker - anyone working to support children and young people in the community, not just those who hold recognised Joint Negotiating Committee (JNC) youth worker registration.

Wider workforce - people engaged in or who want to engage in youth work activities, who identify supporting young people as an important part of their role but are not employed within mainstream health services.

Methodology

To gather a current and accurate picture of training and development relating to CYP social prescribing the following methodologies were used.

Two focus groups were held with CYP Social Prescribing Link Workers. One was a cohort from across Greater Manchester, the other was a team who cover the East Riding of Yorkshire.

A national survey of CYP Link Workers was undertaken by NASP in Summer 2024 and within this survey was a question which asked the Link Workers what training and development they have undertaken whilst in their roles.

A group of leading UK academics currently working within the field of social prescribing were asked to answer three questions relating to:

- (i) delivery of CYP social prescribing content in their settings
- (ii) their awareness of training and development opportunities specifically for Social Prescribing Link Workers relating to functionality of 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 CYP social prescribing was available for the wider workforce.

Interviews were held with:

- Liza Jarvis, the author of the National CYP social prescribing toolkit
- two Integrated Care Boards
- Sussex Integrated Care System (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
- a range of stakeholders including providers, charities and national youth organisations.

A desk-based review of current available social prescribing training was also undertaken.

Link Worker Training and Development

Routes to Entry

Routes to becoming a Link Worker vary greatly. Backgrounds include, but are not limited to: education (teaching and pastoral roles), mental health and wellbeing services, or a background where youth working skills have been developed. These incorporate both paid and voluntary roles. The foundations of youth working skills are key to effective link working: the social prescribing approach can be relatively quickly upskilled in, but the underpinning knowledge, approaches and passion to work with young people have shown to be the most important qualities for the Link Worker to be effective in their role. In turn, Link Workers report an increased sense of job satisfaction when they are able to provide a flexible, personalised offer to meet the needs of children and young people.

“I think most young people expect you to have an agenda when you work with them, but as a Link Worker, I can really help them focus in on what’s important to them, not me or who I’m working for.”

CYP social prescribing Link Worker, Greater Manchester

The National Youth Agency (NYA) identifies through its youth workforce survey¹ that many youth workers enter into roles as a volunteer or move into youth work from linked professions without a recognised qualification. This means that up to 75% of people working to support young people are classed as “unqualified”, not seeking to gain a recognised qualification/JNC registration until much later in their career when they have secured more permanent roles where a youth work qualification may be required, for example within a Local Authority. This means that the CYP workforce has a rich tapestry of skills, knowledge and experience within it. However, with ever tightening budgets, access to training and development - especially larger, longer and therefore more expensive courses - becomes more challenging. Taking this into account alongside the data from the NYA survey, it may be that other ways of accessing and evidencing training and development by Link Workers need to be considered. Link Workers said they found smaller pieces of training to be more accessible and likely to be approved by employers. NHS England has also identified there is a need to capture learning and development in different ways and has compiled a range of materials to support this in its Portfolio of Evidence documents².

Link Worker roles are non-clinical, therefore they are not standardised through qualification and registration in the same way other allied health professionals are. A competency framework for adult Social Prescribing Link Workers has been developed, but as the CYP role begins to mature, there is an increasing difference in adult and CYP Link Worker roles. The adult competency framework³ is a good starting point for the CYP model but needs to be reviewed and adapted to be applied to CYP roles. Training providers who deliver to the Level 3 Community Health and Wellbeing Worker

Apprenticeship Standard⁴ stated that they would like to have clearer messaging and standardisation around what should be taught in relation to CYP social prescribing and that a CYP competency framework would aid this.

Underpinning all CYP social prescribing are the statutory responsibilities of safeguarding. It is everyone's responsibility to safeguard children and young people. All organisations that work with or come into contact with children should have safeguarding policies and procedures to make sure that every child, regardless of their background or circumstance, is equally protected from harm. Everyone working or volunteering with children has a responsibility to keep children safe and should understand what they need to do, what to look out for and how to respond appropriately to concerns. This should remain a mandatory and fundamental part of the Link Worker role.

Continuous Professional Development for Link Workers

Linked to the adult competency framework are 12 modules of e-learning⁵ which are available for Link Workers via the E-Learning for Health Portal and through the Personalised Care Institute (PCI). One of the modules is for CYP social prescribing. It gives a high-level overview of what some of the core elements of CYP social prescribing are and is well received by Link Workers who have accessed it. The module takes about 30 minutes to complete and is free to use, making it accessible for people. However, those completing it were keen to find further information. The most widely referenced resource to support CYP social prescribing is the National Toolkit for CYP social prescribing⁶, authored by Liza Jarvis and co-produced by the South West Integrated Personalised Care Team and StreetGames. However, this toolkit does not have any training developed to support its use or implementation.

Employers should support Social Prescribing Link Workers in their continued professional development (CPD), allowing them dedicated time and where necessary allocating funding. However, funding and workload were consistently identified as the main barriers to CPD. Regular supervision sessions, appraisals and personal development planning should all be used as opportunities to focus on individual Link Worker needs to progress and/or meet the competencies for the role, as well as future career aspirations. The NHS England Workforce Development Framework⁷ identifies that Link Workers themselves, their supervisors and employers have collective responsibility for CPD.

Case Study

East Riding of Yorkshire - Yorkshire Health Partners

The CYP social prescribing team at Yorkshire Health Partners are funded through Humber and North Yorkshire Integrated Care Board. They have developed a number of best practice ways of working, which include a development pathway from apprentice Link Workers through to senior Link Workers, regular one-to-one and group supervision, weekly team meetings and caseload monitoring, combined with ongoing support for staff wellbeing.

As described in the case study from East Yorkshire, there are now apprenticeships which specifically recruit Social Prescribing Link Workers. Although mostly focused on adult models, there was feedback from the apprenticeship providers that CYP has been raised as an area of interest more recently. They felt that there is a lack of information pertaining to CYP models of social prescribing, especially around family approaches, and they see this as an area for development in the future.

The apprenticeship training accessed by the team in East Yorkshire was highly praised, delivered as a blended curriculum (face-to-face and online). It promoted best practice and was a supportive and positive experience. This was matched with the support of the delivery team during the training period, which ensured the apprentice had opportunities to shadow the fully fledged Link Workers and also take part in the group supervisions and team meetings. This approach, however robust, is certainly the exception rather than the norm. As much as there is a wealth of CPD available to Link Workers, career progression for Link Workers is limited.

Desk-based research uncovered a wide array of training and development opportunities that could support Link Workers in their role. When interviewed, the National Youth Agency (NYA) described the offer of CPD available through their training academy, from basic through to advanced CPD. They have a diverse range of courses to support people working with CYP and cover many of the topics a Link Worker may need additional knowledge around. These include working with vulnerable or targeted groups, and understanding neurodiversity, online harms, trauma-informed practice, and budget management. However, when speaking to Link Workers, they reported that they found it hard to find good quality training which could support their work. It was felt that it was very much on them to find courses and that there wasn't any clear guidance on what was considered good training or development.

Figure One below shows what training Link Workers have accessed. Data was collated from 43 respondents to a national NASP survey of CYP link workers.

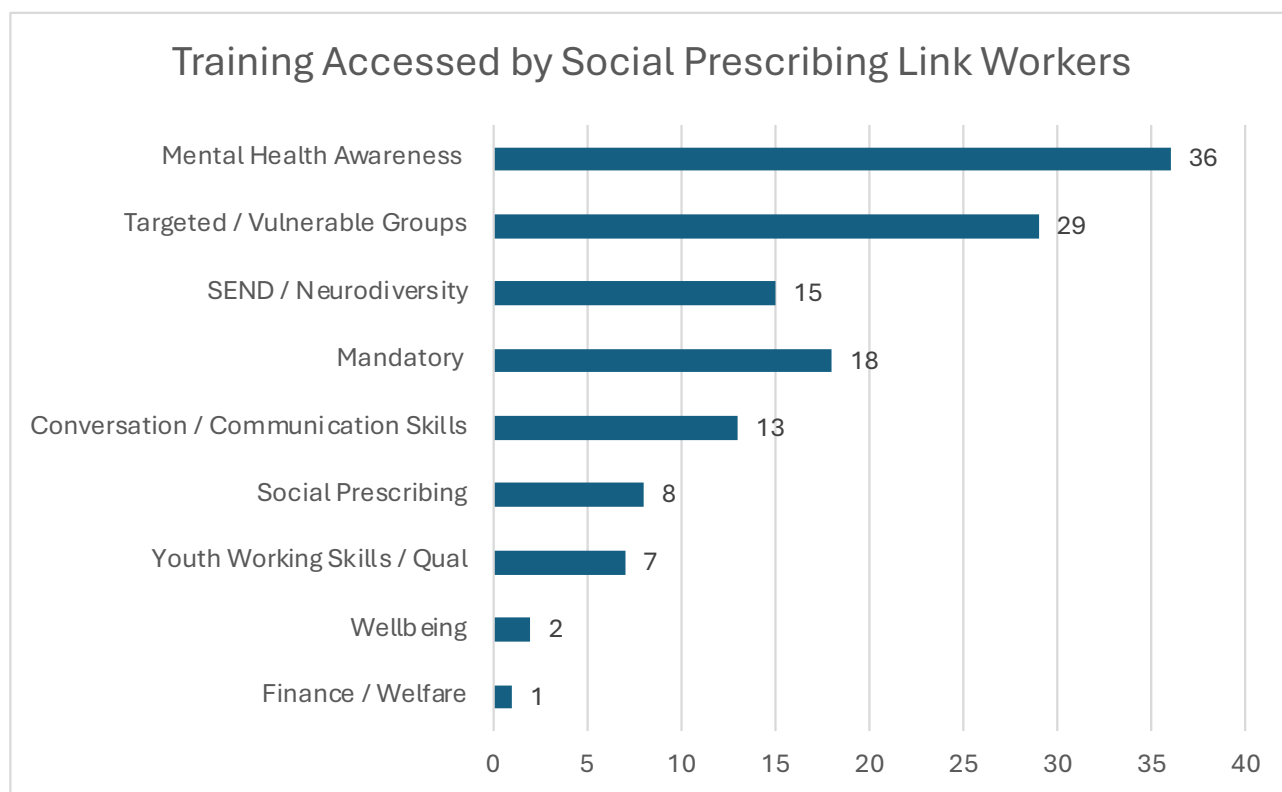


Figure 1: Data from NASP national survey of CYP Link Workers, 2024

When asked what training and development Link Workers would like to have access to, there were some common themes that emerged. Link Workers felt that they would like to have access to communities of practice, to connect with other CYP Link Workers and discuss, learn and share with peers. They felt their roles were not always understood by colleagues and this led to pressures on workload as there are not always clear boundaries around referral criteria (or contraindicators to referral), suggesting a lack of understanding of social prescribing and the role of the Link Worker in the wider workforce. They also felt that the first few months in post were challenging. CYP social prescribing is an emerging field, and Link Workers described feeling isolated and unsupported when coming into the role. The idea of a companion journal or a 'what to expect in your first six months as a CYP Link Worker' was welcomed as a concept. Although many of the Link Workers were aware of the CYP toolkit, they felt that they needed something to precede this and walk them through the early stages of developing the role.

Link Worker Wellbeing

As well as developing their skills and competencies to support young people, CYP Link Workers should also be supported to develop and sustain their own wellbeing. Many people we spoke to explained that they entered into the social prescribing workforce out of a want to help young people and to make a difference. This is also evidenced by the NYA youth sector workforce survey, which reports that 70 per cent of staff state a desire to work with young people as their reason to entering the workforce and 61 per cent wish to give something back.

Passion for the work done by CYP Link Workers is evident across all conversations which have contributed to this report. However, passion for a job does not mitigate the risk of professional burnout. In fact, a study carried out by the Harvard Business Review describes how passion for work can become a “vicious cycle”⁸:

“When our passion is at its peak, we become full of vitality, but we are less likely to notice the toll that extra exertion takes on us, and so we become unable to detach from work and engage in the rest we need to avoid exhaustion. We found that employees who reported being particularly passionate were least likely to take a break, even when explicitly asked to do so, likely burning them out in the long term”

Harvard Business Review, 2023

This data, combined with the widely reported increase in complexity and severity of CYP mental ill health and higher thresholds to accessing support through Child and Adolescent Mental Health Services (CAMHS), means CYP Link Workers are dealing with increasingly complex caseloads and managing higher levels of risk. This is understandably a risk for the long-term resilience of the CYP social prescribing workforce. In our focus groups we heard that CYP Link Workers have at times felt “overwhelm(ed) from the workload”. Link Workers also described a “lack of safe spaces to have (timely) conversations with colleagues/supervisors”.

CYP social prescribing is not yet commonplace across England or the UK. In many areas, if a Link Worker is employed through the Additional Roles Reimbursement Scheme (ARRS) funding and working within primary care, they may be the only person doing that role and can feel isolated. Where Link Workers are employed or hosted by VCSE organisations, they tend to report fewer feelings of isolation as they are more likely to work with colleagues who also have a CYP specialism.

In its 2024 report, *The Missing Link*⁹, Barnardo’s make specific reference to Link Worker training, concluding that funding models fail to recognise the additional training needs related to CYP provision, including safeguarding, working with children, young people and families or ongoing professional development. They make the recommendation

of reform to social prescribing funding models to include training and professional development for Link Workers. They also describe the need to work with stakeholders to understand the training and supervision needs of Link Workers, to inform the development and implementation of new training modules and give consideration to the benefits of creating a professional qualification.

In line with other findings, Barnardo's also highlight that increased training and professional development for Link Workers could support the recruitment of skilled multidisciplinary teams. This would enable teams to have the ability and flexibility to adapt to the local needs of children and young people, which is recognised as a key approach in the Principles of Social Prescribing for Children and Young People document¹⁰ and the CYP social prescribing toolkit.

Service Managers and Commissioners

The amount of data collected specifically pertaining to service managers and commissioners for this report was limited. However, learning from previous project management and delivery in a number of national pilots and test and learn sites have provided insight.

Service Managers

There can be a marked difference between primary care settings and VCSE settings in the confidence and experience of service managers. The VCSE sector tended to have higher levels of confidence and saw working with young people as core business, with established and successful ways of working.

Primary care can be more hesitant with CYP engagement, struggling to adjust to CYP-specific service delivery and in some cases being resistant to implementing changes which allow an increase in accessibility for CYP. This is not the case in every setting. The situation across the country is inconsistent and there are examples of highly evolved CYP provision with services being led by youth voice and delivered in unconventional ways (such as the Health Spot primary care provision, which works out of the Spotlight Youth Centre in Tower Hamlets, London¹¹).

Service managers described not always knowing what training and development would be suitable for Link Workers to access. Some said it was more likely that the Link Workers would bring information to them about possible courses to go on rather than them sourcing training on behalf of the Link Worker. They supported the idea of a journal or workbook to accompany new Link Workers through the initial stages of employment where prompts were included for service managers to consider what support it would be appropriate to put in place for CYP Link Workers.

This demonstrates a need for training which supports the implementation of CYP social prescribing in primary care settings for service managers, distinct from and separate to the needs of Link Workers.

Commissioners

The inconsistency in delivery of CYP social prescribing across the country is naturally linked to inconsistencies in commissioning locally. If this is due to a lack of awareness or understanding of CYP social prescribing it would suggest the need to create greater awareness of CYP social prescribing with clear and consistent messaging to reduce the postcode lottery which currently exists.

Commissioners who have enabled services have made use of the national toolkit and have found it a useful aid to establishing services. The maturity matrix within the toolkit allows commissioners to understand and plan for service development. Therefore the Toolkit could be adopted more widely as an aid to successful commissioning.

The Social Prescribing Information Standard¹² is one way in which adult social prescribing can benchmark its provision. CYP services are out of scope for the standard. However, as with the adult competency framework, the adult information standard could be revised and adapted for CYP. The Professional Records Standard Body (PRSB), who host the standard, cite CYP services as out of scope because they recognise that “their (CYP) particular needs have not been addressed”. However, they state: “it may work or be usable with supplementary information where required.”

When commissioning services, it is necessary to consider the models of delivery that may be used. There are examples across the country of services using digital platforms, face-to-face and remote social prescribing. All models have their own nuances, benefits and potential challenges and will therefore need Link Workers to be adequately trained to allow for safe service provision across the range of chosen delivery models.

Local population data is a key driver for commissioners. Sources for this may include Joint Strategic Needs Assessments (JSNAs), the Department of Health and Social Care’s Fingertips data or data related to Primary Care Core20PLUS5¹³.

Core20PLUS5 is an approach to reducing health inequalities for children and young people and is a key NHS England approach to support the reduction of health inequalities. Core20PLUS5 defines a target population cohort and identifies ‘5’ focus clinical areas requiring accelerated improvement.

Core20 is the most deprived 20% of the national population as identified by the national Index of multiple deprivation (IMD). The PLUS population groups include, but are not limited to:

- ethnic minority communities
- inclusion health groups
- people with a learning disability and/or autism
- coastal communities with pockets of deprivation hidden amongst relative affluence
- people with multi-morbidities and protected characteristics.

Specific consideration should be taken for the inclusion of young carers, looked after children/care leavers and those in contact with the justice system. Then finally five clinical areas of focus are identified:

- asthma
- diabetes
- epilepsy
- oral health
- mental health.

Where services are commissioned to support any identified target population, consideration should be given to the recruitment and subsequent training and development needs of Link Workers to ensure they have the right skills and competencies.

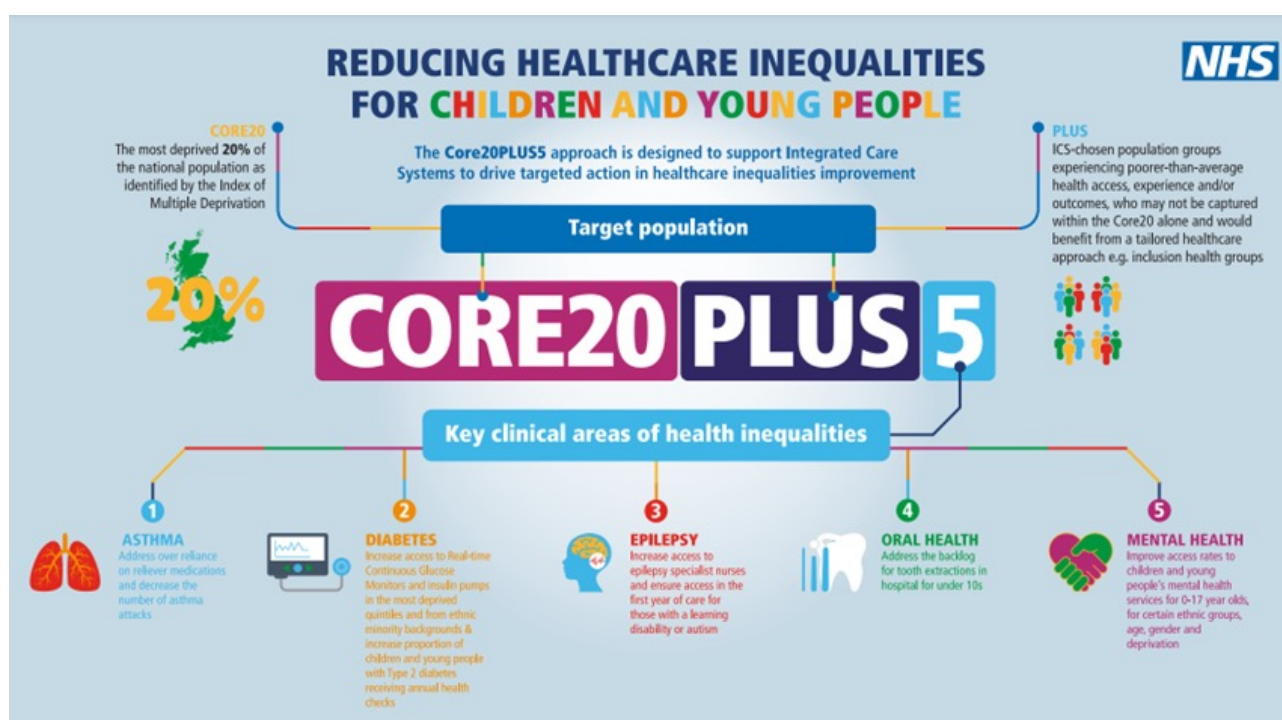


Figure 2: NHS England Core20PLUS5 CYP Model

Case Study: Commissioning CYP social prescribing approaches

NHS Sussex Integrated Care Partnership Pilots are delivering three test and learn projects, although these are not described as social prescribing. During the interview these were identified as some of the social prescribing approaches being tested:

1. Addressing data sharing issues across primary care and education systems.
2. Testing the use of Personal Health Budgets to support young people to access meaningful / supported activities.
3. VCSE sector working with Police and Schools to reduce minor convictions with young people.
4. Long Term Health Condition management of Diabetes for CYP linked to CORE20PLUS5.
5. Youth Voice - Developing a strategic approach to youth voice and engaging with "youth consultants" (16-24 years old) contributing to co-production.

Wider Workforce

The National Youth Association (NYA) states that 4,000-5,000 more youth workers are needed nationally, highlighting a clear gap in provision of support for CYP. Within their workforce strategy¹⁴, NYA describes a workforce which sees people with the right skills doing the right things where needed. To achieve this, there is a recognition that more routes into this workforce are needed.

Case Study: Wider Workforce CYP Mental Health Training

In November 2022, The Anna Freud Centre, in partnership with Charlie Waller Trust and the National Children's Bureau (NCB), was commissioned by NHS England to develop and deliver mental health training for the wider children's workforce in three pilot areas. The intention was to design and test the impact of training that positioned mental wellbeing as "everyone's business" in a similar way to safeguarding. This might maximise the role that those in the wider children's workforce can play in supporting the mental health of children, young people and their families.

Comprising three modules, the training piloted very well across the test sites with high retention rates across the pilot courses and high levels of satisfaction reported by attendees.

In response to the positive pilot, NHS England stated:

"We aim to increase education and training in children and young people's mental healthcare to ensure the workforce has the appropriate knowledge and skills to support early intervention. This is in line with the NHS Long Term Plan priority areas.

"We want to support an increase in access to high-quality children and young people's mental health services, so that by 2023/24 an additional 345,000 children and young people (aged 0-25 years) can access support by NHS-funded mental health services and school-based mental health support teams"

In its recent report, *The Unusual Suspects*¹⁵ the Royal Society for Public Health (RSPH) engaged with the wider public health workforce. Though this engagement, they found a highly diverse group made up of a range of professionals who carry out functions in health protection, health promotion and prevention. They estimate that up to 7.75 million people could be part of the wider public health workforce.

RSPH found that in many cases public health approaches are already embedded into their work. They also identified that additional support would allow them to go further with this. Their findings suggest that people want access to better training, and to be

empowered to deliver and consider public health in their work. They highlight that this must be through accessible and recognised routes into educational pathways and packages of training to ensure that a career in public health is possible and attainable to all, including young people from a diverse range of backgrounds. With this in mind, and for the purposes of this report, as we consider the breadth of opportunity that CYP social prescribing has, this wider workforce has the potential to be a possible route towards the embedding of CYP social prescribing approaches, with existing training such as Making Every Contact Count (MECC) being one way in which a wider workforce is mobilised.

Through their 'Big Conversation', conducted across summer 2024, NASP has identified a number of key youth sector organisations who have verified that social prescribing approaches could be a significant contributor to creating better access to help and support for CYP. Organisations spoken to through the Big Conversation recognised an opportunity for the use of social prescribing approaches to be adopted into ways of working for many workers who regularly connect with CYP.

Case Study: Make Every Contact Count (MECC) for Mental Health¹⁶

MECC for mental health is a training programme to upskill frontline non-specialist workforce in primary and community care settings to become more health promoting. This is done by using a MECC approach, whereby they are able to integrate purposeful mental health conversations into everyday conversations with the public.

An independent evaluation of the MECC for Mental Health training was conducted using data from over 400 participants collected through questionnaires, interviews, focus groups and observations of training sessions. Participants reported that training addressed psychological safety and normalised mental health conversations, reducing stigma and raising awareness. They also stated that the training facilitated better referrals and conversations through increased awareness of external services and resources available.

On average, those who have accessed the training reported seeing 91 patients or service users per fortnight who would benefit from talking about their mental health and wellbeing, meaning the training programme could have an influence on over 77,000 interactions every month. The training expanded beyond health and community care, providing essential skills for brief mental health conversations in a variety of settings across the wider public health workforce and aligns with the government's prevention first approach to health.

Whilst there remains the need to continue to challenge the inequity in CYP social prescribing nationally, there are also many examples of good practice to demonstrate the potential impact of embedding social prescribing approaches. In Greater Manchester, the Association of Colleges (AoC) funded a pilot study to test social prescribing in eight colleges by embedding social prescribing approaches.

The pilot report¹⁷ states: “An important part of ensuring delivery was of the highest quality and to develop the long-term sustainability of social prescribing in the colleges, was to capacity build through the staff teams who were directly delivering social prescribing by giving them access to appropriate training opportunities”.

Association Of Colleges Social Prescribing Pilot

In both phases one and two of the pilot, there were two stages of implementation. Firstly, there was a focus on training and development of colleges’ staff to build knowledge and capacity. This was also a way to ensure the sustainability of the programme after the pilot project finished. The core training module was the ‘Introduction to Social Prescribing for Children and Young People’. This aimed to ensure there was a consistent understanding of the principles behind social prescribing, its use and the potential benefits to the health and wellbeing of students.

There was also a further training offer, consisting of a menu of options including:

- Youth Mental Health First Aid
- Engaging Young People
- 5 Ways to Wellbeing
- How to Deliver Fun-Sports and Activities.

This offer was aimed at building staff’s confidence and skills in prescribing activities for students. The aim was also to support staff to understand when it may be helpful and appropriate in the college setting to prescribe and at what point when necessary to refer on to additional help and support. 135 staff attended training from across the eight college sites.

There should be an acknowledgement of the increasing complexity of working to support CYP, not just in relation to mental health, but also in relation to compounding and interrelated issues such as the cost of living crisis, poverty and the COVID-19 pandemic. We have heard from many who speak of the need to support the whole family to enable CYP to focus on their mental health and wellbeing after the family situation is improved overall. Complex cases bring with them increased risk for CYP themselves, the trusted adults working to support them and the organisations undertaking the work. It is therefore important to ensure clear capabilities and competencies are identified to deliver CYP social prescribing approaches. These should allow for appropriately trained

staff to undertake the work as well as ongoing support for staff wellbeing, as highlighted in the Link Worker section of this document.

When considering the wider workforce development, we should consider service provision for those who are less likely to be seen or heard from in the provision of healthcare. Marginalised groups and people with protected characteristics may need to be consulted with separately to ensure services are being developed in a way which reduces the challenges and barriers for these individuals and communities. The Centre for Mental Health Young Changemakers report¹⁸ draws focus on provision of support for young Black and racialised young people, and highlights the need for appropriate training and development to improve the lives of these young people.

“The Department of Health and Social Care and NHS England should collaborate with racialised communities to create racially equitable mental health advice, information, and support as part of the full implementation and resourcing of the Patient and Carer Race Equality Framework (PCREF). As part of this, NHS England and professional bodies must ensure that the mental health workforce, including Mental Health Support Teams, reflects the communities it serves while actively promoting values of anti-racism, diversity and inclusion. This should include efforts to encourage young Black people to join the mental health workforce. Additionally, cultural competency and antiracism training should be mandatory for all practitioners.”

Centre for Mental Health Young Changemakers report

Conclusion

Key learning from this report highlights the wealth of good practice available to draw on and learn from across the country. It also highlights significant gaps in the support available around standardised recruitment and support of Link Workers once in post.

There is a lack of understanding of CYP social prescribing at scale. Consistent, standardised language and messaging around this would enable more confidence among those who can make CYP social prescribing a reality in places and neighbourhoods across the country, whether through interventions or wider approaches.

There seems to be strong potential to develop relationships with trusted providers to enable signposting to high quality training and development for Link Workers and the wider workforce. This could be with existing trainer networks and provider offers such as RSPH MECC for Mental Health Training, the Personalised Care Institute, and the National Youth Agency Academy, which would maximise reach and embed interventions and approaches at scale.

Clear and consistent messaging around CYP social prescribing is vital. Standardised best practice messaging for those delivering content relating to CYP social prescribing such as the apprenticeship models would ensure understanding and clarity around intervention. Approaches are being built into workforce development.

Recommendations provided aim to acknowledge the work to date in this field. Rather than reinvent the wheel, the aim is to build on what is already good, such as the National CYP Social Prescribing Toolkit, and enhance the support available to CYP Link Workers and the wider workforce by the addition of some key elements which are currently missing.

Recommendations

1. Development of appropriate CYP social prescribing training differentiated for Link Workers and the wider workforce
2. Development of a CYP Social Prescribing Competency Framework
3. Development of a CYP Social Prescribing Information Standard
4. Development of a Link Worker Handbook to support their first six months in the role
5. Consideration of what support is given to protecting Link Worker wellbeing
6. Development of training to support the use of the National CYP Social Prescribing Toolkit
7. Explore linking to existing trainer networks and providers to embed social prescribing approaches in a preventative way at scale.

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Appendix 1:

Mapping of Accredited Training for CYP Link Workers

Training	Accredited / Awarding Body	Level	CYP Specific	CYP Included	Duration
Community Health & Wellbeing Worker Apprenticeship	Yes - National Apprenticeship Standard / Ofqual	Level 3	No	Some but not consistently	12 months
Certificate in Social Prescribing	Yes - RSPH / Ofqual	Level 3	No	Some but not consistently	12 months
Certificate in Professional Development (Youth Work)	Yes - NYA / Several Different	Level 4	Yes	Yes	
e-learning for Health Social Prescribing Learning for Link Workers	No	N/A	One module of 12	One module of 12	6- 8 hours for all 12 modules
Social Prescribing Link Worker	Internal Accreditation by Association of Link Workers	Level 5	No	No	100 hours

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