



SOCIAL PRESCRIBING

////// IN PRACTICE ////

**INSIGHTS FROM A 3-YEAR FUNDED PILOT
PROGRAMME IN FOUR ENGLISH SITES**

ABOUT STREETGAMES

StreetGames is the nation's largest sport for development charity, harnessing the power of sport to improve the lives of young people living in disadvantaged communities throughout the UK. Our work helps young people and their communities to become healthier, safer and more successful, and to break down the inequalities of access that prevent disadvantaged young people from reaping the benefits of sport. In short, StreetGames' work:

- changes sport
- changes communities, and
- changes lives.



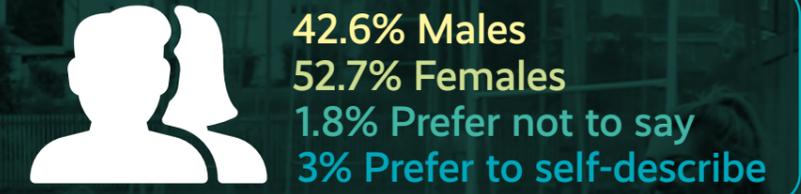
ABOUT LOCALLY TRUSTED ORGANISATIONS

We work in partnership with over 1,400 Locally Trusted Organisations (LTOs). Together, these organisations make up the StreetGames network. Each LTO is self-determining, independently managed and independently funded. Most are charities, legally-constituted community groups or Community Interest Companies. LTOs have multiple primary purposes and very few exist solely to promote sport: they are youth clubs, community safety projects, housing associations, local authorities, and community centres. Each LTO enjoys an enviable reach into its neighbourhood, with many acting as the 'lifeblood' of their community. They have 'earned their spurs', won the right to make a difference and are able to reach both groups and individuals that others find 'hard to reach'. They understand what works and what's still needed to create further change on their patch. Together with these LTOs, StreetGames works to establish effective practice and replicate these successes, both at scale and at pace. The collective power and credibility of the network enables unparalleled access to young people in over 4,000 neighbourhoods. Each organisation in the network upholds industry standards for safeguarding, insurance, health and safety, as well as equalities and diversity.

StreetGames utilises an approach known as 'Doorstep Sport', a largely non-competitive take on physical activity that prioritises fun - as opposed to a more 'skills and drills'-based approach often encountered at mainstream sports clubs. About 70% of Doorstep Sport participants are not involved in organised sport or physical activity outside of school or FE College.



HEADLINE STATISTICS FROM THE PILOT



////// 2 YEAR EVALUATION COMPLETED //



MEMBERS OF THE SOCIAL PRESCRIBING YOUTH NETWORK

£510k SPENT

£5.04 RETURN ON EACH £1 SPENT

BACKGROUND

Long before the COVID-19 pandemic affected all our lives, hundreds of thousands of young people in our poorest communities were struggling. They were struggling with poorer physical and mental health, compared with their wealthier peers. They also experience higher rates of victimisation, neglect, poor education, unemployment and food poverty. COVID-19 has exacerbated pre-existing health and social inequalities. In 'Build Back Fairer', Professor Sir Michael Marmot has shown how poverty and social deprivation result in infant mortality, the early onset of life-limiting disabilities and premature mortality (early death). If we can act early, to offset and even turn around social deprivation, we will be improving health and saving lives.

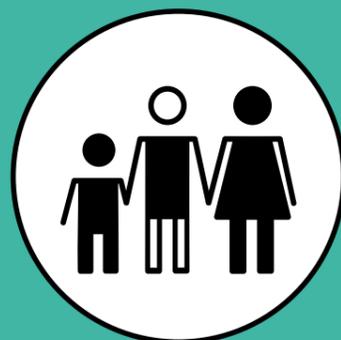
In every community, there are services and activities set up to meet a range of social, physical and emotional needs. Some are statutory but the majority are run on a shoestring by the voluntary and community sector. The organisers have very little time and virtually no money for advertising, so most of their promotion is by word of mouth. The young people who find their own way to these groups, value them enormously. They trust the people running them and seek many kinds of help: from ways to get active and healthy, to meeting new people, to getting advice with debt or difficult relationships, or even help into their first job.

It is easy to see how important that kind of help might be and the transformative impact it can have at a key point in an adolescent's life. But some of our most vulnerable young people, those who need timely help most, simply don't find their own way. They may have already experienced so many setbacks in their lives that they have no confidence that help is available. **That is where social prescribing and youth social prescribing in particular come in.**

A young person in need can be referred by a teacher, a GP, a school nurse, a community safety officer or any other frontline professional to a dedicated Youth Link Worker. The Youth Link Worker will spend time, often over several weeks, getting to know the young person. There is no agenda. Their conversations will be about what matters most to that young person. Together, they will identify sources of support in the local community. The Youth Link Worker will refer the young person on and stay in touch to make sure they are OK.

That is the model for the Youth Social Prescribing Pilot Programme, funded by the Department of Health & Social Care and initiated by StreetGames in September 2018. The Pilot Programme ran in four English sites for 30 months, until March 2021. The four sites are Brighton & Hove, Luton, Sheffield and Southampton. This 'Insights' report includes a summary of the pilot project and key findings from the evaluation undertaken by the University of East London.

<https://repository.uel.ac.uk/item/88x15>



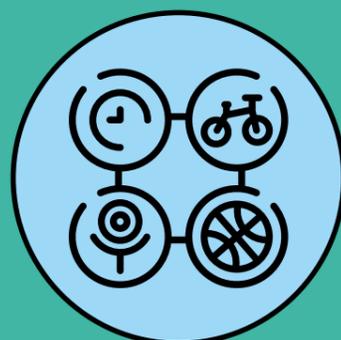
INDIVIDUAL
OR FAMILY



REFERRERS



LINK WORKER



ACTIVITIES &
SERVICES

COVID-19

Each of the four pilot sites, on which we have based this report, were up and running before the pandemic. When lockdown came, they adapted. Face to face meetings switched to online, phone calls and texts. This continuation, while warmly welcomed by young people who had assumed everything would close, presented its own problems: our poorest young people, and therefore those most in need, had limited data, no monthly contracts and, suddenly, limited access to public wifi sites on which they previously depended.

The type of support requested also changed. Young people talked to their Link Workers about being less active, irregular sleep patterns, fear of bringing COVID-19 back into the household they share with older, more vulnerable generations, lack of routine and daily structure, and increased stress and tension within the family unit – all having an impact on their mental health and wellbeing. 1 in 5 lost their jobs, without the option of furlough.

Local VCSE organisations, that pre-COVID were accepting referrals from the Youth Link Workers, also responded creatively and collaboratively. While maintaining their one to one work with the most vulnerable young people, they also became involved in food bank, transport and welfare services for the wider community.



ABOUT THE SOCIAL PRESCRIBING YOUTH NETWORK

The Social Prescribing Youth Network (SPYN) enables front-line organisations, commissioners, researchers and policy makers, at local and national levels, to collaborate. SPYN is free to join and publishes free resources to help with designing, implementing and evaluating local schemes. SPYN's structure includes:

- A 'free to join' mailing list offering a quarterly newsletter, early-bird training offers, funding collaborations and research opportunities
- A 'pay as you go' managers' group offering peer support, 1:1 expert advice, training discounts and templates
- An Expert Advisory Group of invited individuals from the fields of public health, primary care, youth service, education, commissioning and research that provides a platform for developing and disseminating the latest evidence

To join SPYN or find out more, please email spyn@streetgames.org and follow us on [Twitter](#)



THE FOUR PILOT SITES: ACTIVITY SUMMARY

LEAD ORGANISATION	ACTIVE LUTON	SHEFFIELD FUTURES	YMCA DOWNSLINK (BRIGHTON & HOVE)	NOLIMITS SOUTHAMPTON
BRIEF DESCRIPTION OF MODEL	Active Luton employs a Link Worker who receives referrals from a range of sources and supports young people to access mainly physical activity and emotional health sessions. Active Luton also runs a Social Prescribing scheme for adults.	Sheffield Future's Link Worker is based primarily at the Door 43 Wellbeing Café in the city centre but also works out of different locations. The service complements and adds value to the organisation's newly developed Youth Information Advice Counselling and Support (YIACS) service. Plans are in place to open up four new wellbeing cafés based in schools & colleges.	YMCA Downslink's Link Worker operates from their own central office, community centres, and outreach sites including home visits across Brighton and Hove. All referrals come through a single Brighton and Hove Wellbeing Service website and are then triaged to the appropriate service.	The NoLimits Link Worker receives referrals and supports CYP with a number of sessions. Across all of their services, NoLimits carries out an initial assessment and triages CYP to the appropriate service.
MAIN TARGET GROUPS	Open to all CYP in Luton but targeting age 11-18 (mean age =15) with high levels of anxiety and/or loneliness.	CYP with emotional health problems, age 11-24 (mean age = 17), who live in Sheffield.	CYP who are socially isolated or at risk of social isolation, age 11-21 (mean age = 15), particularly those who do not attend school and/or do not engage with social activities.	CYP with emotional support and/or physical/mental disabilities, age11-24 (mean age =16).
RECEIVING REFERRALS FROM	CAMHS (40%) friends/family (35%). Also GP surgeries, social services, youth offending service and schools.	Schools/college (27%) Self-referrals (9%) friends/family (14.9%) GP surgeries (21%) Adult and social care (11.9%).	GP (63.6%) friends/family (18.2%). Also schools and CAMHS.	In-house (38%), Also GPs, public health nurses, schools/ colleges, and CAMHS (14.3% each).
SELF-REFERRALS ACCEPTED	Yes	Yes	Yes	Yes
MEANS OF REFERRAL	A range of methods including prescription pads, electronic referral forms, dedicated phone line and website. All referrals are sent to a central secure 'Active Luton' nhs. net address where it is triaged and sent to the correct Link Worker or alternative service.	A single 'Professional Referral Form' is in use across the City, which is completed and sent by email to the SP service. There are also existing referral routes from CAMHS and AMHS. Some young people also self-refer through the well-being café.	A single online, wellbeing portal accepts all referrals; these are triaged centrally and passed on to the Link Worker or other service as appropriate.	Leaflet and referral form followed by telephone call to assess suitability for the scheme.
REASONS FOR REFERRAL OR SELF-REFERRAL	Physical inactivity, emotional ill-health and lifestyle changes are all equally common reasons (26.5% each).	Mental health (44.8%), social isolation (17.9%) and lifestyle change (10.4%). Also social welfare advice, financial advice, employment or training/education (4%).	Mental health (29.2%), isolation/loneliness (22.9%), lifestyle change (16.7%).	Mental health (38.5%), social isolation/loneliness (21.2%) self-care (7.7%) and employment (7.7%).
ROLE OF LINK WORKER (LW)	LW provides outreach to CYP at home, school or in the neighbourhood. Face to face consultations with CYP alone and/or with parent/carer. Through MI and behaviour change techniques (COM-B), LW engages, motivates and empowers the CYP to make changes to lifestyle and/or access other support and funding.	One LW is based with the YIACS team but travels to well-being cafés and can provide outreach. LW may also accompany CYP to other organisations, at least in the initial stages of support.	LW works with CYP at home or in school (outreach). The LW meets the parent/ carers typically at the initial meeting. The LW can also spend time with CYP flexibly and can provide basic help such as accompanying the young person to activities and places they would otherwise feel too anxious to go to alone.	LW has four sessions with each young person (initial assessment, review twice and closing), although this varies with need. LW also works generically, supporting other services within the same organisation.
FREQUENCY AND LENGTH OF LW:CYP SESSIONS	Sessions last typically 40 minutes. CYP are entitled to 12 weeks of support and funded access to local services. LW uses a quiz and starts conversation by looking at CYP's own interests. Contact between LW and CYP also takes place by text.	Typically 4-5 sessions take place over a period of 2-3 months with fortnightly appointments lasting 1 hour. Second and third sessions were often longer than the first at around 80 minutes.	Very flexible but typically 4-8 sessions of around 1 hour. Referral to assessment takes approximately 2 weeks. Typically one session per week at the beginning and then bespoke.	Typically four sessions of one hour each but more if required.
ONWARD REFERRALS TO	Physical Activity, drama, music/singing, uniformed groups, weight management, smoking cessation, drug and alcohol support, youth services, mental health charity, homeless service.	YIACS service, youth clubs and groups, substance misuse support, careers guidance, finance advice, sexual health, relationship information & support, volunteering.	Young carers, healthy lifestyle service, homeless service, counselling, refugees/asylum seekers support, youth clubs, English language classes, youth advice centre, counselling, domestic violence support.	Mental health charity, learning disabilities support, Young Carers, COSMO (children of substance misusing others), healthy living service, weight management, smoking and alcohol cessation, physical activity.
CASE LOADS OCT 2018 - DEC 2019	CYP seen by LW: 96 Onward referrals: 72	CYP seen by LW: 117 Onward referrals: 68	CYP seen by LW: 63 Onward referrals: 37	CYP seen by LW: 24 Onward referrals: data not available

EVALUATION REPORT SUMMARY

DATES: SEPTEMBER 2018 TO SEPTEMBER 2020

AUTHORS: BERTOTTI, M., FROSTICK, C., SHARPE, D. AND TEMIROV, O., FROM THE UNIVERSITY OF EAST LONDON

Main Report: <https://repository.uel.ac.uk/item/88x15>

METHODOLOGY

To explore the impact of the pilot projects and capture learning, the Institute for Connected Communities at the University of East London undertook an evaluation using a mixed-methods approach which included the following:

- 'Before and after' surveys covering general health, wellbeing, physical activity, loneliness and use of health and social care services
- In-depth interviews and focus groups with key stakeholders, including service-users, link workers, health professionals and commissioners
- A cost-benefit analysis, also known as a Social Return On Investment (SROI)

It should be noted that the evaluation period of 24 months, from September 2018 to September 2020 included the first COVID-19 national lockdown period. Also, due to operational challenges at the Southampton site, the data analysed in the evaluation is from the three other sites only.

IMPACT

- 53% of participants were female and 43% were male, the rest 'prefer not to say' and 'prefer to self-describe'. This compares with adult social prescribing schemes where men make up only 30% of total participants, indicating that youth social prescribing is a highly acceptable and effective way of getting early support to young men.
- Mental wellbeing improved significantly, particularly for those who had the lowest levels at baseline
- Loneliness declined for the group most in need
- Participants said they felt welcomed by the Youth Link Workers who contributed to improving their sense of autonomy, reduced their sense of 'stigma' around mental health challenges, and filled a gap in mental health service provision by providing almost immediate access to non-clinically based emotional support
- Transport and, in some cases, costs presented barriers to accessing signposted services
- Participants were sometimes 'in the dark' about what to expect and felt more information about the service would be helpful

- Youth Link Workers found they needed to weave solutions that balanced the needs expressed by young people with the input from parents and carers and the responsibilities of other agencies such as schools and CAMHS; this makes the role more complex than that of a Link Worker working with adults but no less important or impactful
- The COVID-19 pandemic resulted in a shift from face-to-face interaction to text messaging and telephone calls
- The economic evaluation showed a social return on investment of £5.04 for every £1 spent, making it even more valuable than most adult schemes
- GP consultations and A&E attendances declined significantly over the period

SUMMARY OF CONCLUSIONS

1. Social prescribing appears to be particularly effective in supporting the most disadvantaged groups of young people, and those who experienced the lowest levels of personal wellbeing
2. The gender profile of the young people involved in the pilot was far more equal than has typically been found amongst adult social prescribing programmes, suggesting it has significant value as an early intervention for both males and females.
3. Statistically significant increases were recorded in personal wellbeing, mental wellbeing and physical activity, while loneliness declined
4. Stakeholders, including commissioners and health professionals, concluded that youth social prescribing was filling an important gap in local service provision
5. Most providers were able to adapt to the challenges presented by COVID-19 and lockdown arrangements
6. For young people, the most welcome aspects were the informality and 'no pressure, no agenda' approach from their Link Worker, the buddying system to help them get involved in activities, ease of access and the sense of autonomy the whole process gave them.
7. For Youth Link Workers, working in partnership with parents, families and other youth services and agencies, including schools, was challenging and rewarding in equal measure
8. For commissioners, the significant return on investment (SROI), at £5.04 for every £1 spent, was very favourable, especially when compared with an average SROI of £2.30 for adult schemes

KEY INGREDIENTS FOR SUCCESS

Based on the learning from the UEL Evaluation and additional data from practitioners, commissioners and researchers, collected via the Social Prescribing Youth Network, the key ingredients for success may be summarised as follows:

FIND THE GAPS

Youth Social Prescribing works best as a safety net for children and young people who are falling through the gaps between targeted services because their needs are not sufficiently severe or complex to make them eligible, or the targeted service does not have the capacity to respond quickly.

DEDICATED LINK WORKER

Whether the Link Worker is employed solely to work with young people or as part of an all-age service, it is vital that they have the skills, experience and enthusiasm for building developmental relationships with children, families and adolescents.

PROTECT THE VCSE

The services and activities needed by young people, to which the Link Worker can signpost their clients, are normally delivered by the Voluntary, Community & Social Enterprise Sector. Finding ways to fund and sustain these services, and develop new ones as required, is essential.

CO-PRODUCTION

Involving young people at all stages of planning, design, delivery and evaluation will maximise the effectiveness of the scheme and build a sense of autonomy. It is also consistent with community-centred health intervention research.

JOINT COMMISSIONING

Youth Social Prescribing has the potential to address multiple priorities and contribute to a broad set of outcomes for young people, including but not restricted to physical and mental health, social welfare, community safety, education and employment. For this reason, it makes sense for any local scheme to be commissioned jointly by more than one statutory service.

WHAT'S DIFFERENT?

Many places will have had an adult social prescribing scheme in place for some time. No two schemes are identical. There are variations in funding, referral routes, referral reasons, targeted beneficiaries, Link Worker employment arrangements, signposting, onward referrals and monitoring - to name a few. However, based on a generalised picture of adult social prescribing, these are the differences we have observed for youth social prescribing:

Referrers into the scheme come from multiple professions and backgrounds; while referrals are still made from within the NHS, the majority of youth referrals come from education, youth services, youth justice and CAMHS, reflecting where young people's help-seeking behaviour take place

The Link Worker's role is more complex when working with under 16s who are not fully autonomous; the involvement of family, carers, and school is inevitable

Safeguarding is familiar territory to many organisations, who work with young people and/or vulnerable adults on a regular basis but not to all; the organisers of adult social prescribing need to consider this

Youth social prescribing can be a powerful agent for change at different stages of a young person's life and can result in better outcomes in education, employment, health and wellbeing, community safety and housing; with multiple stakeholders, it is easily co-commissioned

Cuts to universal and some targeted services have resulted in higher than normal thresholds and waiting times, with many young people falling through the gaps; youth social prescribing can be set up as a safety net to prevent that happening

"I listen to her and talk to her, erm...it just makes me happy when I'm liking talking to someone who I can trust, it helps a lot."
(Young person)

"I feel like, if you've come to this place in the first place you've probably got something that you want to talk through that might take time it resolve so it's not just, fix it, it's a good kind of place where you can keep coming back."
(Young person)

"I think sometimes mental health can be, I know I shouldn't use the word embarrassing but it can sometimes feel like that and that's very much, not a stigma there because they have the well-being café and that kind of thing. So, I would say that's been brilliant"
(Young person)

"Yeah he was just in the like reception, so just cos I knew he was there. And I knew he'd be there at the end just to talk so, it was good."
(Young person)

"I tried my best to be independent so I was going on my own and that morning I text him and I was like, 'I can't do it.' So he rang me and then he was like, 'Oh I'm free this afternoon I'll come with you.' So I met him here and he walked all the way down and that was really good, because it just put me in a more positive mind set when I got in there. And I did do it on my own, but the fact that he was just there, and I knew he was waiting outside for me, just made a massive difference."
(Young person)

"...it's just like, like take action on things whereas like if you compare it to CAMHS it's just like talking and not really coming up with anything new."
(Young person)

"He's really friendly, he's up for anything and yeah he's not judgemental or anything like that. Yeah he's good."
(Young person)

"When you come for the first time they need to make it obvious that you're in the right place and that they're not trying to send you back out the door. No, you've come to the right place, this is what you want yes, here you are. And then the next time around they're like happy to see you again and not like, 'Oh it's you again.'"
(Young person)

"This is not about saying that we don't need CAMHS or whoever anymore, but it's about saying that we need to make sure that the people that are accessing those services are the ones that really need it, that can access it swiftly and effectively in a timely manner. And that actually for some people, a social prescription approach would be the absolute best and that's enough."
(NHS official)

"Well she just, she helped me through a lot. She like helped me get on a bus which I was struggling to and then she helped me to go to Young Carers, she just helped me through a lot."
(Young person)

"I'll always offer the option to, just go along to whatever group it is or whatever activity it is, just to check it out, become familiar with the environment, with the staff, with you know the other people and see the other people who actually access. Sometimes we might even go when a group isn't running but you just go to see the venue and speak to the staff themselves who deliver the groups to find out more information."
(Link worker)

"We're able to work with the social prescribers who can support the people to attend our activities and also recommend activities that that young person would most benefit from. So, I just think really, I think it's been a real benefit for us and within the whole team we've all gone, 'Oh what an amazing service. We've needed this for years and years and years.'"
(VCSE sector stakeholder)

The area that is used as well within our building was designed by the young people themselves, so it's a very young person friendly, they feel very comfortable in that environment."
(Link worker)

"It's like, I feel like I can talk to (her) about like, anything kind of thing cos she's nice."
(Young person)

"The major plus for us is the fact that it's an outreach model so we can erm...have a wider reach in the community which is a huge plus for us as a service."
(Link worker)

RECOMMENDATIONS

NATIONALLY

- Continue the process of testing and learning from youth social prescribing schemes around the country; providing a network that enables schemes to learn from each other and pool ideas and resources will help with this
- Explore further the 'interface' between youth social prescribing and other children and young people's services, including CAMHS, education, social care and youth justice, in order to understand and build on the synergies between them
- Prioritise the funding and sustainability of VCSE services for young people on which youth social prescribing depends

LOCALLY

- Choose between providing a dedicated Youth Link Worker service alongside your adult social prescribing service, or adapting your existing service to make it genuinely 'all-age'
- Involve young people at all stages of your scheme development, delivery and evaluation
- Avoid the temptation to over-plan; it may be better to get going and adapt as you learn from experience
- Start by building the social prescribing scheme around the availability of existing services and activities; as the scheme develops, and new needs emerge, you can introduce new, community-led activities accordingly

NEXT STEPS

Youth Social Prescribing is a growing movement. Schemes are in place across the country and internationally with new schemes launching all the time. To support this growth, we advocate for:

A cross-governmental strategy, that harvests the multiple health, social and economic benefits of social prescribing at all transition points from 0-25

A reversal of the cuts in funding to both public and voluntary sector youth services, to create a foundation for young people's future health, wellbeing and prosperity

A national taskforce, available on call, to assist new areas to design, set up and evaluate their own scheme

Further dissemination of evidence, good practice and case studies



WE WELCOME ALL ENQUIRIES - PLEASE CONTACT US:



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Resources

