

The Missing Link

*Social Prescribing for Children
and Young People*

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Believe in
children
 Barnardo's

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Executive Summary

Approximately one in five GP appointments in England are for non-clinical issues.¹ Social prescribing services connect people to local, non-clinical services in their area to support their health and wellbeing. Referrals to social prescribing services can be made by both GPs and other healthcare professionals, as well as schools, housing associations and other community organisations.² Examples of the type of support provided include:

- group activities such as crafting and cinema clubs to reduce loneliness;
- walking groups to improve low activity levels and reduce the effect of long-term conditions;
- outdoor activities and exercise including gardening or swimming to reduce anxiety and improve wellbeing.³

If social prescribing was applied across England, it could reduce the need for GP appointments by 2.5-3% annually, this would save 2.8-3 million appointments, reducing pressure on GP services considerably.⁴

Development of social prescribing is a key pillar of the move towards Universal Personalised Care, which increases choice and empowers people to better manage their health and wellbeing.⁵ However, current models of social prescribing are focused on adults while services for children and young people are largely underdeveloped. Commissioning and Link Worker training is largely focused on adults, and there is no dedicated funding or Government strategy for children and young people's social prescribing.

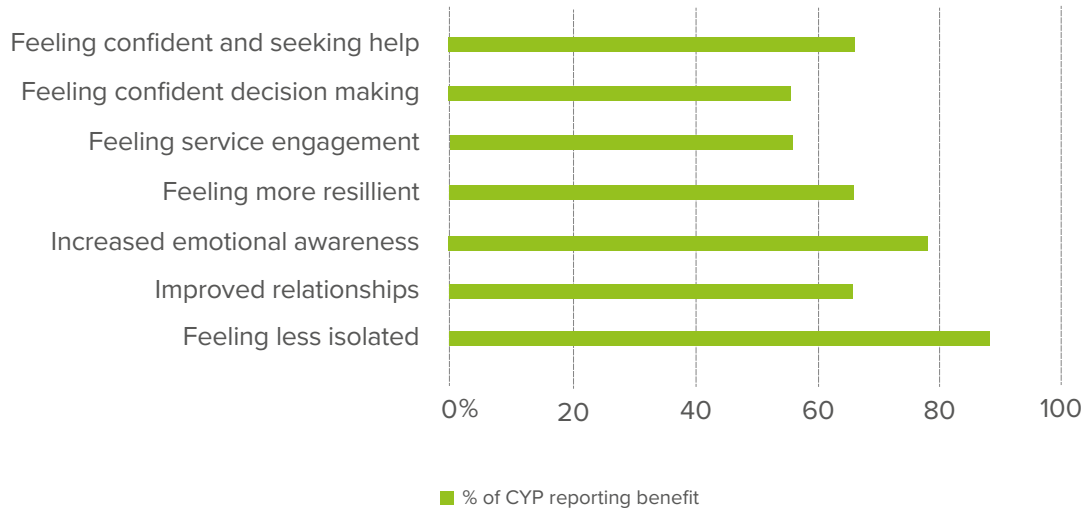
Children and young people have different routes to referral to social prescribing services, require different community interventions to adults and have different support needs to access services.

This report combines a review of the current evidence for social prescribing in children and young people with new evidence from Barnardo's LINK social prescribing services in Cumbria. While social prescribing offers potential benefits across a range of physical and mental health needs, Barnardo's services and the wider evidence base are largely centred on mental health. Therefore, this report's evidence and recommendations are focused on the potential for social prescribing as a preventative and early intervention for children and young people's mental health.



Figure 1

% of children and young people reporting various benefits of the Barnardo's LINK Cumbria social prescribing service between August 2020 and October 2021.



Approximately 1 in 6 children, and 1 in 4 young people have a probable mental health disorder, with impacts on health, development and education that can last a lifetime.⁶ Despite increased investment in services, children and young people's mental health only receives around 1% of all health and care funding.⁷

Our research shows that social prescribing is an effective early intervention for children and young people experiencing a range of symptoms including anxiety, social isolation, and low mood. Of a sample of 44 children and young people using the Outcomes Rating Scale to measure the impact of the service between October 2022 and June 2023, 66% made a statistically significant improvement.

Barnardo's interviews with children, young people and parents using our LINK Cumbria social prescribing service identified the positive impact of the service:

"LINK has been a huge help for me. My anxiety was awful, I wouldn't leave the house or talk to people, my attendance was awful, I couldn't bring myself to go in. It's had such a positive impact on my life, I can do stuff now, my attendance picked up, I can go outside. It's sad to know that others in my position don't have access. I never thought I'd come this far, from where I was to a college place."

Barnardo's Service User

This is supported by an external evaluation of Barnardo's LINK Cumbria social prescribing service, including 13 interviews with children, young people, and parents between September 2020 and October 2021, which identified several benefits from the service.⁸ (See figure 1).

Services are also cost effective. Barnardo's cost-benefit analysis **demonstrates a return to the state of £1.80 for every £1 invested** due to reduced need for more intensive mental health support as less children and young people reach crisis point.

While social prescribing is an effective intervention for children and young people, there are multiple barriers to creating a sustainable and scalable model. Our interviews with commissioners, managers, practitioners, referrers, children, young people, and parents revealed:

- challenges funding social prescribing services sustainably, difficulties raising awareness of services and inappropriate referrals;
- a lack of reliable and accurate outcomes measures;
- a fragmented and underfunded community services landscape which restricts the ability of social prescribing services to identify suitable local interventions for children and young people.

Recommendations

Barnardo's recommends a cross-Government national Strategy for Children and Young People's Social Prescribing, working with stakeholders to take a strategic approach that includes;

- Reforming social prescribing funding to include training and professional development for Link Workers, to cover management costs, and to support additional service costs not included in current models, including transport, premises, and the additional support that Link Workers provide for children and young people;
- Working with stakeholders to develop referral criteria so that referrers in health, school and the wider community understand the role social prescribing can play in improving outcomes for children and young people;
- The development of outcome measures for children and young people that demonstrate the health, wellbeing, education and societal benefits of social prescribing as an example of personalised care;
- Support for Integrated Care Systems and local authorities to provide funding for voluntary, faith and community organisations providing youth services that children and young people can be referred to as part of a social prescription;
- A focus on 'green and blue' social prescribing as a key component of social prescribing and improving children and young people's mental health outcomes.



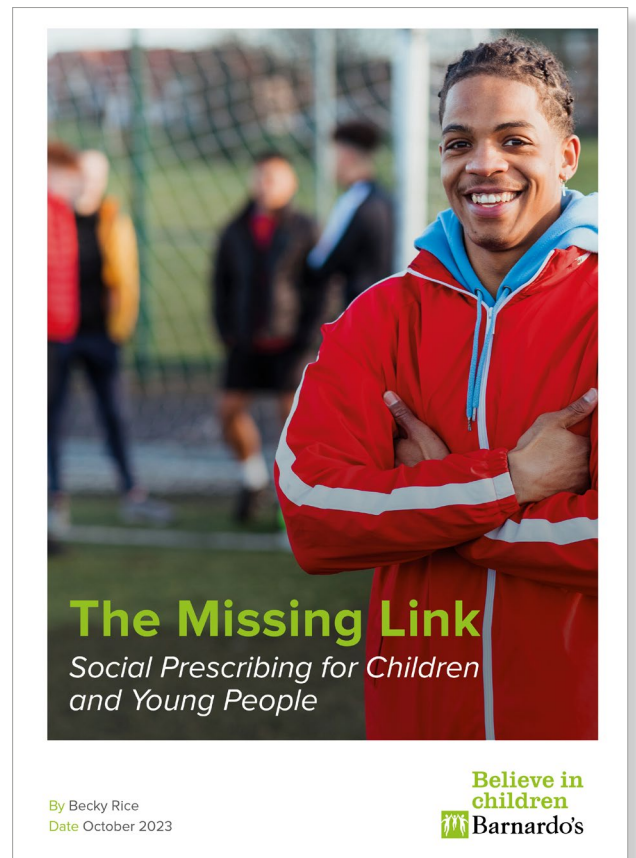
About this report

Barnardo's conducted a desk literature review of published evidence regarding social prescribing, supported by discussions with organisations providing social prescribing services, integrated care systems, and academics across the four nations of the UK.

Barnardo's LINK social prescribing service provided referral and outcomes data and supported the development of a cost-benefit analysis.

We used evidence collected from Barnardo's practitioner surveys and interviewed or received evidence from commissioners, referrers from GPs, schools and colleges, Link Workers, children and young people, and a parent.

We are grateful to everyone who has contributed towards this work, particularly Sammy Fitton-Marshall, Bethan Nicholson, Fay Preene, Sarah Williams and the children, young people and parent who took part from Barnardo's LINK Cumbria service.



Chapter one: social prescribing for children

What is social prescribing?

Social prescribing is an approach that connects people to activities, groups, and services in their community to meet the practical, social, and emotional needs that affect their health and wellbeing.⁹ Examples of the type of support provided by social prescribing services include;

- group activities such as crafting and cinema clubs to reduce loneliness;
- walking groups to improve low activity levels and reduce the effect of long-term conditions;
- outdoor activities and exercise including gardening or swimming to reduce anxiety and improve wellbeing.¹⁰

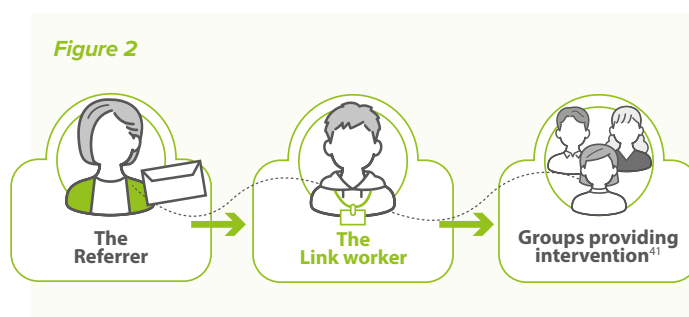
Approximately one in five GP appointments in England are for non-clinical issues.¹¹ Social prescribing recognises that health and wellbeing is determined by social, economic, and environmental factors and that clinical interventions are not always effective at addressing people's needs.¹² Social prescribing empowers people to manage their health and wellbeing and access community services with confidence. If social prescribing was applied across England, it could reduce the need for GP appointments by 2.5-3% annually, this would save 2.8-3 million appointments, reducing pressure on GPs services considerably.¹³ The pressures on GPs are well-documented – since 2015, there has been an average rise of 19% in the number of patients seen by GPs.¹⁴

Social prescribing services are designed to support people with a wide range of needs. These include mild or long-term mental health problems, social isolation, and multiple long-term conditions. Social prescribing can support people who frequently attend either primary or secondary health care with non-clinical health or social issues.¹⁵

Social prescribing as a model has evolved from the informal, non-clinical services that communities offered for many decades.¹⁶ There are a range of social prescribing models, but all rely on community-based services. Increasingly, the role of the 'Link Worker'¹⁷ is recognised as key to assessing the needs of an individual referred and to offer support, as well as the creation of a social prescription.

Link Workers empower people to take control of their health and wellbeing, working with service users to set goals and ensure that the interventions prescribed as part of social prescribing are appropriate. This results in sustainable and meaningful change.¹⁸

A successful social prescribing service requires a well-established set of roles and support for:



Link Workers can support people to access multiple means of support including financial and welfare advice, local arts and creative pursuits, groups providing sports and physical activity and connection to local nature spaces.¹⁹

Social prescribing for children and young people

Children and young people are currently considered a specialist group within social prescribing. This means that in comparison to adults, social prescribing in this group is underdeveloped with fewer services available. However, early evidence suggests that

when effectively positioned within a wider network of support, social prescribing is an effective preventative and early intervention service for children and young people with mild or non-clinical mental health problems.²⁰

Figure 3

Social prescribing should sit within a wider network of mental health and wellbeing support for children and young people.



Evidence is building regarding the benefits of music, arts, social groups²¹ and physical activity for children and young people's development, health, and wellbeing.²² It is also well-established that connecting with nature can have a positive impact on children's health and wellbeing as well as cognitive performance.²³ Link Workers need access to community services and spaces that can offer children and young people choice of a range of interventions depending on their preferences and needs.

Early evidence evaluating social prescribing services for children and young people suggests that services have the potential to help address inequalities in access to activities that support healthy development and wellbeing.²⁴ Pilot project evaluations also demonstrate some reduced use of primary care services and suggest that investment is likely to result in long-term savings to the state through reduced service use, improved mental health and wider social and welfare benefits.²⁵

The policy context for social prescribing

Health policy is devolved in the UK, with each nation adopting a different approach to children and young people’s mental health. However, there are shared challenges in providing preventative and early intervention services. These include a lack of consistent offer for children and young people and a fragmented approach that results in limited access to early help and inappropriate referrals to specialist services with long waiting lists.

Equally, across the four nations, social prescribing schemes have been running informally under a variety of names and models for delivery for many years. Each nation is at a different stage in formally establishing social prescribing for children and young people.

While this report examines service development and examples largely with an English context, with transferrable recommendations, the policy context and specific nation recommendations will be detailed across the four nations.

Social prescribing in England

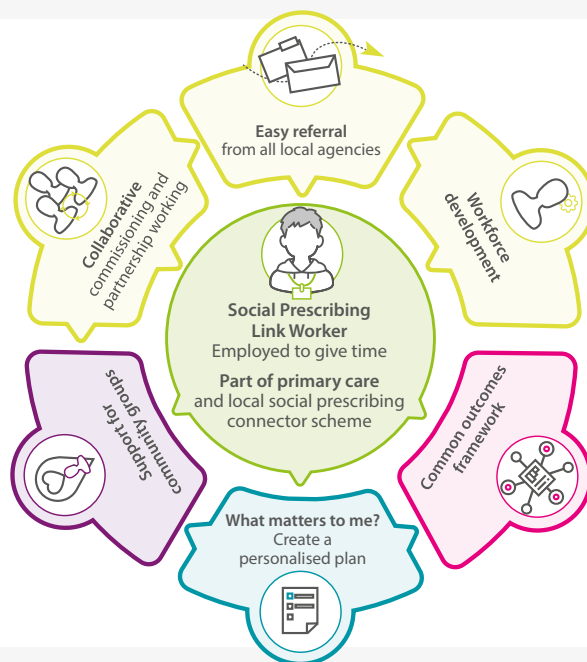
A Link Worker-led social prescribing model in England was first adopted under the NHS Long Term Plan in 2019. The plan outlines the importance of moving towards personalised care, empowering patients to take control of their health and wellbeing and recognising that a one-size-fits-all approach to treatment does not work for everyone. In this context, social prescribing is a key feature of NHS work to deliver universal personalised care.²⁶

However, policy development to date has largely focused on adults and children are not mentioned in the context of social prescribing in the Long Term Plan, except in reference to young carers.²⁷

Current NHS England guidance is all age and includes principles of social prescribing as part of universal personalised care.²⁸ The NHS’ model for social prescribing service design,²⁹ does not accurately reflect all the challenges associated with service development and sustainability for children and young people. Organisations providing social prescribing for children and young people have responded to this by producing their own guiding principles and practise resources.^{30 31}

Figure 4

Model of social prescribing and the components of a successful all age scheme. Taken from NHSE, 2020; Social prescribing and community-based support.



There have been some signs of the growing recognition of the importance of social prescribing for children and young people. For example, NHS England has recently included provision for 0-25s in their social prescribing draft quality improvement tool for Integrated Care Systems.³²

The Long Term Plan commits funding support for up to 5,000 Link Workers by 2024.³³ There are currently an estimated 3,200 Link Workers in England, mainly delivering social prescribing with adults.³⁴ Recognising the valuable contribution of social prescribing services to the health and care landscape, in June 2023 the NHS published a Long Term Workforce plan committing to social prescribing and expanding the total number of Link Workers to 9,000 by 2036/37.³⁵

Funding for Link Workers is provided to Primary Care Networks (PCNs), groups of GP practices working in partnership with local organisations to provide integrated care to populations of on average, 50,000 people.³⁶ Funding social prescribing through PCNs allows GP practices and partner organisations to design and commission the best service for their area based on existing schemes and community assets.³⁷ Most funding is provided through the Additional Role Reimbursement scheme. However, this funding can cover multiple roles and is not ring fenced for social prescribing.

Since the Health and Care Act 2022, PCNs have been working in cooperation with and overseen by Integrated Care Systems (ICSs), responsible for strategic planning, commissioning, and funding for populations of between 500,000 and 3 million people.³⁸ ICSs are responsible for commissioning services that meet local need, improve population health and address health inequality, with an important role in working with PCNs, community and voluntary partners.³⁹ ICSs are playing an increasing role in part or sole funding of social prescribing services, through funding Link Workers and community organisations available on prescription.

Social prescribing in Scotland

Social prescribing is developing under various models in Scotland. In 2016 the Scottish Government committed to develop and implement 250 Link Workers known in Scotland as Community Link Workers.⁴⁰ Development of the role involves mainly working with adults to tackle health inequalities, improve health and wellbeing and reduce pressure on general practice.⁴¹ Services for children and young people are less developed.

Community Link Workers are based within primary care and act as social prescribers, linking patients to community-based activities. Many services allow direct self-referral from patients. Services accept varying routes to referral, and work with local community organisations, utilising community assets.⁴² However, service development and social prescriptions are not currently aimed at, or suitable for children and young people.

Outside of the Community Link Worker programme, there is a varied picture of social prescribing schemes including SPRING social prescribing.⁴³ SPRING is a partnership between Scotland and Northern Ireland community organisations, delivering social prescribing services across a network of 24 community led health organisations. SPRING organisations support adults with a potential population of 1.5 million people. Currently, these services do not support children and young people with their mental health or social needs.

The Scottish Parliament acknowledged the role of social prescribing for children and young people in 2019 with a parliamentary inquiry and report 'Social Prescribing for Sports and Physical Activity'.⁴⁴ Barnardo's found that the report could have done more to recognise the importance of providing accessible and appropriate services for children and young people.⁴⁵

The report recognised the value of social prescribing for all age groups and recommended that social prescribing be expanded to address disparities in physical activity and health outcomes across Scotland. Children, young people, and the spaces they occupy were identified as key social prescribing stakeholders, and vital to reducing health inequality.

Social prescribing in Wales

The Welsh Government has made three commitments in relation to social prescribing since 2017:

1. To carry out evidence mapping by Public Health Wales Observatory Evidence Service;
2. To develop a systematic process for gathering and sharing social prescribing activity and best practice;
3. To hold regional and national events to develop and share learning in relation to social prescribing.

In 2022 the Welsh Government consulted on the development of a national framework for social prescribing. At the time of publication (October 2023) the evidence submitted is currently under review. The consultation discusses an All-Wales model for social prescribing that can be applied to all ages and creates a recognisable and consistent service for professionals and the public. The model also includes the concept of a trusted adult to support children and young people to access social prescribing services.⁴⁶

However, Barnardo's is concerned that the measures in the current consultation alone are not enough to ensure that social prescribing is truly accessible for children and young people. The framework misses the role of professionals in education settings in referrals and requires more detail on the role of a trusted adult and wider assurances around safeguarding for children and young people.⁴⁷

Social prescribing in Northern Ireland

The benefits of social prescribing in Northern Ireland are widely recognised. The Department of Health published a mental health strategy in 2021 describing social prescribing as a resource for promoting health and wellbeing and committed to expanding access.⁴⁸ Services are offered for adults, with particular recognition of the role of social prescribing in supporting older adults. However, design and delivery of social prescribing for children and young people is less developed and often unavailable.

Organisations in Northern Ireland are partnered with those in Scotland to form the SPRING network. The SPRING network works with over 18s in Northern Ireland, working with 60 GP practices and the five Health and Social Care Trusts across the country.⁴⁹

Voluntary and third sector organisations in Northern Ireland also offer a digital directory linking people to services in and around Belfast. Activities in the directory include targeted services for children and young people, women, LGBTQ+ people and older adults.⁵⁰



Barriers and facilitators for social prescribing

Among all ages, service users experience barriers to accessing social prescribing, and adhering to prescriptions, with additional challenges for children and young people.

All age social prescribing service reports and evaluations have found women and white British populations overrepresented within social prescribing services and are more likely to adhere to their social prescriptions.⁵¹ There is limited evidence reflecting these outcomes for children and young people. However, barriers to access and engagement likely apply across families, requiring a whole family approach to understanding those barriers.⁵²

Obstacles to engagement with social prescribing services include lack of information about the service, difficulties engaging with the language of social prescribing and misunderstanding the role of the voluntary sector in delivering health care interventions.⁵³ Parents and carers also need to view interventions as appropriate and agree to support children and young people to take part.⁵⁴

Link Workers need to be embedded in communities and be able to build trust and frame social prescribing in a way that increases service acceptability, accessibility and is viewed as appropriate.⁵⁵ In part, this requires clear referral criteria and expectation setting around the service offer.⁵⁶

For children and young people receiving interventions, adherence is dependent on Link Workers making a holistic assessment of children, young people and family's obstacles to participation. Potential barriers include any cost implications of taking part in interventions and the transport arrangements required to take part.⁵⁷ Some families may face difficulties with the timing of interventions or receiving regular communication from Link Workers due to language or technology barriers. Interventions may need to be adapted to deliver personalised care.⁵⁸

For many children and young people, taking part in prescribed activities can create feelings of nerves or anxiety around attending, particularly for those experiencing confidence issues because of social isolation or anxiety. Support from a Link Worker is often needed to support attendance and ongoing engagement with social prescriptions.⁵⁹

The Link Worker role is also key to ensuring that the interventions prescribed to children and young people are personalised to their needs and preferences.⁶⁰ Link Workers are able to both build trusting relationships with children and young people and coordinate organisations offering services as part of a social prescription to ensure that they provide appropriate safeguarding.⁶¹ This requires an understanding of locally available services, where gaps in provision are, and what support services may need to provide appropriate support.⁶² In this way Link Workers act as a vital single point of access for referrers, children and young people and the organisations offering social prescriptions.

Social prescribing needs to sit within a network of support for children and young people and is less likely to be successful where there are limited offers of clinical support.⁶³ In this instance, social prescribing services can receive inappropriate referrals from organisations seeking any form of mental health and wellbeing support for children and young people. This leads to increasing pressure on Link Workers to work outside the boundaries of the service. When effective, social prescribing acts as a non-clinical early intervention, with Link Workers, referrers and other services engaged with children and young people's mental health able to share and use data regarding referrals, safeguarding issues, and outcomes.⁶⁴

Given its focus on working within communities, codesign and production are particularly important principles of social prescribing. Engaging potential service users and referrers as knowledgeable assets in service design, delivery and evaluation creates sustainable engagement, identifies obstacles to participation early and codesigns interventions that overcome them.⁶⁵ Including children, young people, and families in service design can help to create familiar, consistent and non-medicalised language around social prescribing, ensure services are marketed toward target groups and gain support and trust from local community services and leaders to create a recognisable face of social prescribing.⁶⁶

Digital social prescribing



Digital social prescribing refers to social prescribing that is facilitated using digital technology. Digital support can make up part of a wider social prescribing offer or act as a standalone service offering online interventions and signposting.⁶⁷ Examples of digital social prescribing offers include online directories of local services and contact information, online courses to support wellbeing and activities including support groups.⁶⁸ Digital offers can be codesigned with children and young people and rolled out at scale, accessible to all with additional face to face support where appropriate.⁶⁹

Digital prescribing can benefit participants through reducing wait times, providing information without referral or appointment and therefore reduced waiting times for support. However, digital interventions often lead to less adherence, difficulties using tools and a feeling of lack of authenticity in participation. Digital interventions that aren't tailored to participants counters the aim of social prescribing to provide personalised care.⁷⁰

Appropriately designed digital social prescribing can create more choice for children and young people in how they receive support as well as improving awareness of local services, increasing participation, and allowing children, young people and families to access information and intervention on their own terms.

However, digital social prescribing cannot be a standalone solution, particularly in cases where service users lack access to technology or health literacy. Furthermore, digital social prescribing may face more barriers to acceptability than face-to-face support, particularly given lack of public trust in data privacy and confidentiality.⁷¹

A whole family approach

As previously noted, social prescribing for children and young people requires engagement from the whole family to ensure the intervention is seen as a viable option, promoting adherence. Such an approach can ensure that the referral is considered acceptable, reduce barriers to participation and empower families to take control of their health and wellbeing.⁷²

Barnardo's leads a consortium of small charities working with the Health and Wellbeing Alliance, exploring a whole family approach to social

prescribing.⁷³ Working with the whole family is not always appropriate, particularly in cases where children and young people are seeking autonomy from their family, or relationships are strained. However, whole family approaches can help social prescribing services reach underserved groups from different backgrounds and cultures, can lead to sustainable adherence during and after interventions, improve engagement with other statutory services and strengthen families' connections with each other and the local community.

Figure 4 – Barnardo's whole family approach to social prescribing for children and young people.

The work of the consortium identified five key aspects to developing a culturally aware, whole family approach to social prescribing.



Barnardo's and social prescribing

Barnardo's delivers the largest voluntary sector social prescribing service for children and young people in England. The Cumbria LINK service has supported over 500 children and young people aged 5-19 since March 2020. The service is funded by four Primary Care Networks (PCNs) with additional funding from Barnardo's. The service was designed to respond to a growing need for children and young people's mental health services in primary care.

In addition, Barnardo's has partnered with PCNs and an Integrated Care Board to produce a social prescribing service in Lancashire. The service is funded via local PCNs with a short term top up from the ICS.

Barnardo's social prescribing model is codesigned and produced with children and young people, working with local schools to ensure that service provision reflects local need. The service works with children and young people with a variety of complex needs.

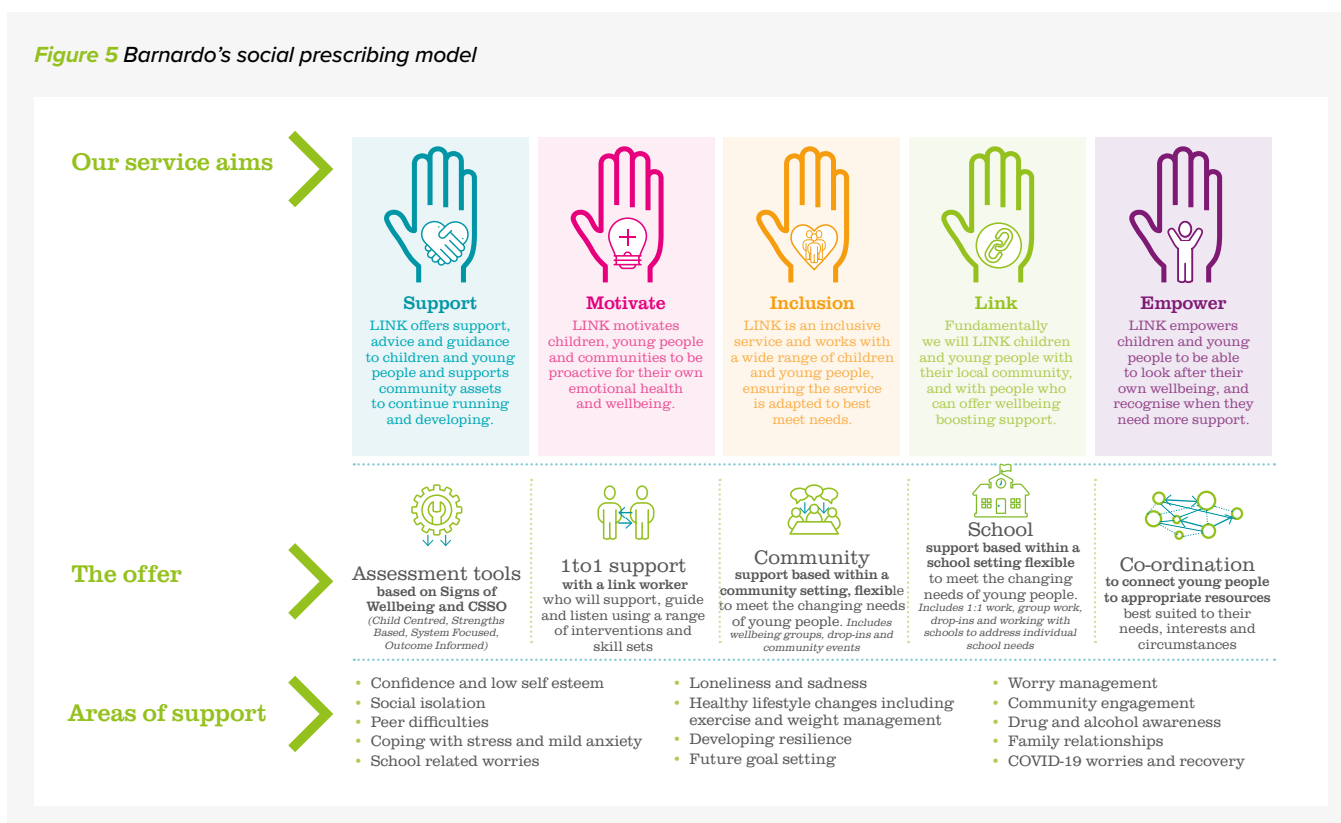
Support is provided in multiple formats including regular assessments, 1:1 and group sessions and drop-in clinics. LINK is a personalised service, children and young people spend time with their Link Worker, putting together a programme of interventions that works for them and establishing goals. The LINK

service is embedded in the community to develop relationships with clinical partners, referrers, and community-based organisations. There are multiple referral routes including GPs, schools, and self-referral.

The interventions delivered by LINK are tailored to each child or young person, in consultation with them. Initial assessments and sessions are focused on understanding the holistic circumstances for children and young people and goal setting. Link Workers both refer to and deliver interventions with children and young people regularly reviewing their progress and experiencing of receiving support.

Examples of interventions with children and young people include role play to discuss anxiety, walks, craft days, and cinema clubs. The service works with groups in the community including LGBTQ+ organisations and sports clubs to support children and young people to access spaces including through providing transport, attending with them, and helping to break down any specific barriers to participation. In many cases, Link Workers are also providing additional services in communities including summer schools and outdoor activities.

Figure 5 Barnardo's social prescribing model



Chapter two: social prescribing for children

The state of children and young people's mental health

Children and young people's mental health is in crisis. One in six children aged 6-16 and one in four young people aged 17-19 has a probable mental health disorder⁷⁴ equating to around 1.4 million people.⁷⁵

While children and young people's mental health has been worsening for several years, the impact of the Covid-19 crisis and resulting increase in demand is leading to increased pressure on Child and Adolescent Mental Health Services (CAMHS), primary care and within wider services including schools. These pressures are exacerbated by the ongoing cost-of-living crisis.⁷⁶

Increased investment in specialist CAMHS services has not kept pace with the scale of demand. The pathway to support is fragmented, with a limited number of early intervention services based in schools and communities. Provision varies locally and nationally, including availability of school nurses, Mental Health Support Teams, school counsellors and youth workers. The number of referrals to CAMHS is increasing along with waiting times, and fewer children and young people are being accepted for treatment.⁷⁷

In the financial year running from 2021/22 there were 734,000 referrals to English CAMHS services. Of these, one in five children and young people entered treatment within four weeks, the average wait was 40 days and almost one in three had their cases closed before being treated.⁷⁸

Long waits and limited support services are leading to an increasing number of children and young people reaching crisis, presenting in Accident and Emergency departments, and needing inpatient care.⁷⁹

Primary care is increasingly stretched, as more children and young people present with complex mental health and wellbeing needs.⁸⁰ With limited referral options for GPs, and long wait times for support, there is a growing trend in antidepressant prescriptions for children and young people who had not received alternative therapies or specialist treatment. This is against clinical guidance and suggests GPs are struggling to offer alternative support.⁸¹

How did we get here?

More than one in four children and young people are currently living in poverty which can have lifelong implications for their health and wellbeing,⁸² including an increased risk of developing a mental health condition.⁸³

The cost-of-living crisis is affecting thousands of families and pushing more children and young people into poverty or deeper poverty.⁸⁴ Healthy child development, physical and mental health are being affected as children and young people grow up in colder homes,⁸⁵ with less access to healthy and nutritious food, reduced social activity and increased social isolation.⁸⁶ The crisis is impacting children and young people already affected by austerity and the effects of poverty, with British children up to 7cm shorter than Western peers.⁸⁷

Analysis from Barnardo's frontline staff supporting children, young people, and their parents has revealed the impact the cost-of-living crisis is already having on child health. In a YouGov survey for the report "A Crisis on Our Doorstep", one in three parents believed their child's mental health had deteriorated due to the cost-of-living crisis and a quarter reported that their child's physical health had worsened.⁸⁸ This was supported by a February 2023 survey of Barnardo's practitioners in which 87% reported that children and young people's mental health has deteriorated in the past 12 months.⁸⁹

The cost-of-living crisis is adding to existing pressures on children and young people after the Covid-19 pandemic. The isolation children and young people experienced from school, social circles, communities, and nature spaces is having an ongoing impact on time spent outdoors and extracurricular activity.⁹⁰ Children and young people are increasingly reporting unhappiness or concern about their health and wellbeing, as well as higher levels of loneliness.⁹¹

Access to community assets including primary health care, transport, nature spaces and extracurricular activities varies according to household income, demonstrating the overlap between the cost-of-living crisis and recovery of activities that support wellbeing post pandemic.⁹²

Against this backdrop, children, young people, and their families are navigating a complex and fragmented mental health system. Prevention and early intervention services for children and young people suffer from a lack of investment. Over the ten years between 2010/11 and 2020/21, investment in early intervention support by councils in England fell 50% from £3.8bn to £1.9bn.⁹³

Some service development has taken place. At a national level, England has invested in school support through Mental Health Support Teams (MHSTs). However, MHSTs only cover 35% of children and young people, with current plans to reach around 50% leaving gaps in support.⁹⁴ There is a recognised 'missing middle' in support for children and young people unable to self-manage their mental health and wellbeing needs but who do not meet referral criteria for CAMHS or who are reaching crisis point during long waits.⁹⁵

Practitioners survey

Barnardo's conducts a quarterly survey of our practitioners to identify current and emerging issues for children and young people accessing Barnardo's service.

In February 2023, 485 practitioners responded to Barnardo's survey.

87%

of practitioners reported **an increase** in children and young people experiencing **issues with their mental health and wellbeing.**

Only **8%**

of practitioners believed that children and young people **don't have enough access to sport, leisure and creative activities to support their wellbeing, with 82% believing children and young people lacked access and opportunity.**

93%

of practitioners believed that expansion of social prescribing services for children and young people **would have some or a big positive impact on their health and wellbeing.**



What do children and young people want from services?

As part of the development of this report, Barnardo's spoke to parents, children, and young people with experience of using mental health services to understand what works well for them, and what they would like services to look like.

Children and young people emphasised the importance of early help before needing CAMHS support. Many recognised that CAMHS was not an appropriate service for them but were concerned that their condition could deteriorate, and they would need specialist support if early intervention services were not available:

"I know that the same for me is for others. Not everyone is at the level of CAMHS, but they still need support. If they don't have it, they will end up needing CAMHS."

Barnardo's Service User

Others described the importance of flexible interventions, and feeling as though they were able to build a relationship with practitioners to provide support that is personalised to their needs:

"I like being able to speak to the same person every time. Sometimes it's hard to talk to different people and services every time. I like being able to see someone as many times as I need, as often as I need to. I know everyone is different and has different needs, so it should be that they get what they need."

Barnardo's Service User

Ensuring provision was not time-bound was also highlighted as a key feature in receiving effective support by parents:

"Why should there be a limited amount of service for children? You can't put a time limit on how long it takes to support a child. That shouldn't ever happen. Because then your back to square one and back bouncing around the system until they are in adult services."

Parent of a Service User

Finally, children, young people and parents were concerned that interventions for mental health weren't always appropriate or personalised to need. Others mentioned difficulties experienced after receiving a short-term intervention with no further support or follow up:

"... Getting to the bottom of the problem, rather than handing you a form, giving you six sessions and then discharging you."

Parent of a Service User

"We need time to figure out what we need with someone, not a tick box exercise."

Barnardo's Service User

Chapter three: the benefits of social prescribing and barriers to implementation

Social prescribing improves mental health outcomes for children and young people

Social prescribing services are offered to children and young people with a variety of mental health and social needs. Barnardo's analysed the common reasons for referral, age at referral, and rejection rates for 565 children and young people referred to Barnardo's LINK service from March 2020 to May 2023.

The most common reasons for referral to Barnardo's LINK service were anxiety and low mood.

Common referral categories

- Anxiety
- Low mood or withdrawal
- Emotional regulation
- Self-harm or expressing a desire to self-harm
- Significant life events including bereavement, a family member in prison, a family member experiencing illness, trauma
- Bullying, school pressures or exclusion
- Unexplained physical symptoms
- PTSD
- Phobia

The average age at time of referral was 15, with a range of 6 to 19 and an average acceptance rate of 90%. The most common reason for a rejected referral was due to the severity of a child's condition, these referrals were signposted to other services in agreement with the child/young person and family. The LINK service works closely with other mental health providers throughout Cumbria, including Mental Health Support Teams (MHSTs) and Child and Adolescent Mental Health Services (CAMHS) to both accept referrals and ensure appropriate signposting. This coordinated approach ensures adequate step-up and step-down services are available for children and young people and prevents them from falling through gaps or bouncing around the mental health system seeking support. Many referrers did not consider a signposting as a rejected referral.

"We make a referral and know that the service gets them to the right place. We aren't specialists in mental health at the end of the day so having someone coordinate what that young person needs is invaluable."

Social Prescribing Referrer (school)

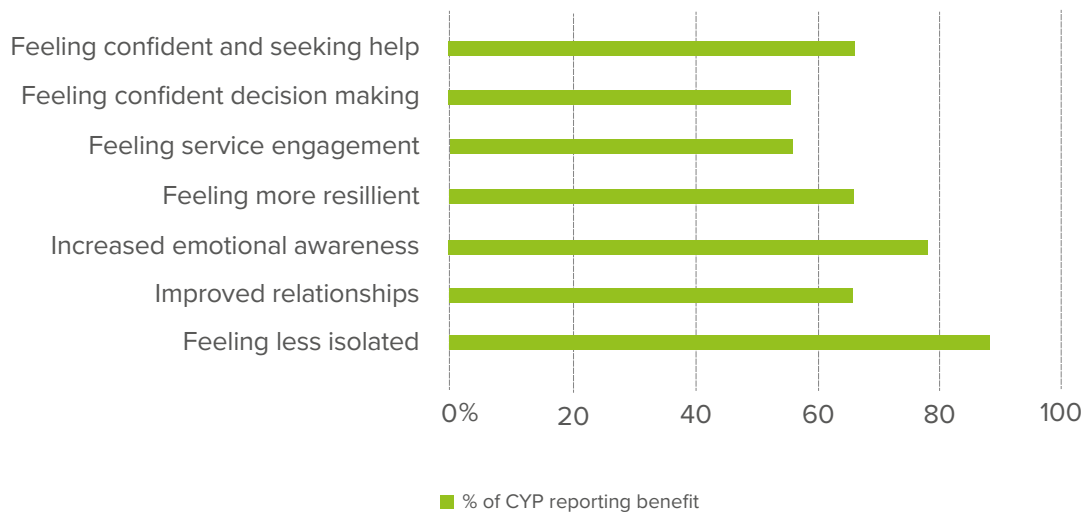
"I make a referral and then often I might not see that child or young person again. I am reassured that the right thing will be done for that child or young person without them bouncing around the system."

Social Prescribing Referrer (GP)

The LINK service takes a multipronged approach to evaluating outcomes of interventions. Each session with a Link Worker is evaluated to inform the relationship with a Link Worker and ensure coproduction throughout. Children and young people's outcomes are also measured according to their goals, and surveys of service outcomes.

Figure 6

% of children and young people reporting various benefits of the Barnardo's LINK Cumbria social prescribing service between August 2020 and October 2021.



Practitioners and service managers noted that outcomes measures do not always capture the full benefit of social prescribing. Some described the difficulties of using tools designed to measure clinical improvements for children and young people with non-clinical needs. Others noted that wider community and social benefits of social prescribing are difficult to measure. In response, the service regularly personalises its measurement tools to each young person using the service. Over the last 12 months, the most commonly used outcomes measures were the Outcomes Rating Scale (ORS) and Child Outcomes Rating Scale (CORS)⁹⁶, helping Link Workers and children and young people to measure and visualise progress.

Barnardo's evaluated ORS and CORS outcomes measures for 44 children and young people using the LINK Cumbria service. Of the 44 closed cases, 66% made a statistically significant improvement with the rest of the cases experiencing a smaller improvement or no change.

These findings are supported by an external evaluation of Barnardo's LINK Cumbria social prescribing service which interviewed 13 children, young people, and parents from September 2020 to October 2021, and identified several positive outcomes.⁹⁷ Children and young people reported

that the support from Link Workers when accessing social prescribing improved their emotional awareness and made them more resilient. It also increased their confidence to seek help when needed and led to more positive experiences when using statutory services.

Many Link Workers and referrers described difficulties measuring the wider health and social benefits of social prescribing, or the impact that their work has on families.

"I can sit with a young person and show them their progress, but it doesn't measure the other things we have noticed like the autism referrals, or the financial signposting."

Barnardo's Link Worker

"I think we really don't capture that additionality that comes from what the Link Worker does. I hear stories of Link Workers providing food vouchers, Christmas presents, getting the heating switched back on. It's a massively underappreciated aspect of their work."

Social Prescribing Referrer (GP)

To supplement the outcomes measures collected to evaluate social prescribing, Barnardo's has also collected qualitative feedback from children and young people regarding their experiences.

“The sessions with you have been incredible and have really helped me control my anxiety and help others with it too. I feel a lot better after speaking about it. Thank you for all your help.”

Barnardo's Service User

“They were there for me, to listen and support me, and allowed me to realise just how many people really cared about me. It's not like having a therapist, it's like having a friend and wholeheartedly this might be one of the best experiences of my life.”

Barnardo's Service User

“I found the support really good and having you there to talk to honestly meant the world. I feel so much better than I did from when you first came, and I feel so much better with my mental health and myself in general – thank you so much for being there for me and helping me.”

Barnardo's Service User

“LINK has been a huge help for me. My anxiety was awful, I wouldn't leave the house or talk to people, my attendance was awful, I couldn't bring myself to go in. It's had such a positive impact on my life, I can do stuff now, my attendance picked up, I can go outside. It's sad to know that others in my position don't have access. I never thought I'd come this far, from where I was to a college place.”

Barnardo's Service User

Taken together, the evidence demonstrates the benefits that social prescribing services provide as an early intervention, non-clinical mental health service for children and young people. However, measuring the true value of social prescribing requires development of a national outcomes measure that captures the benefit of services, supported by a full cost-benefit analysis.



The cost-benefits of children's social prescribing

We conducted a cost benefit analysis that demonstrates a benefit of £1.80 for every £1 invested in the Cumbria LINK social prescribing service.⁹⁸ The analysis finds that social prescribing not only improves mental health and wellbeing outcomes but also reduces primary care appointments. A separate analysis by the Open Data Institute suggests that if social prescribing was operating at a national scale, and reducing GP appointments by 2.5-3%, this could save 2.8-3 million appointments annually.⁹⁹

Barnardo's analysis is based on the interventions and services delivered by Link Workers for children and young people referred with mental health problems. The analysis was unable to account for benefits of the service beyond those of improved mental health and wellbeing. The analysis therefore is likely to underestimate the benefits of social prescribing on education, families, and wider society, but provides valuable insight into the impact of services.

Social prescribing is flexible for children, young people and local service needs.

Referrers, children, young people, and parents found the flexibility of social prescribing vital to its success, echoing service evaluation from other providers.¹⁰⁰

“The social prescribing model allows us the freedom to do what's right for the child or young person and their family. I think it's making a massive difference, the stories that we have heard from children, young people, and their families about how the Barnardo's service has supported them through some really difficult times but also how they're moving on from the support they have had from the service with much more confidence and feeling empowered going forward with their lives.”

Social Prescribing Referrer (GP)

“It's a flexible offer. It's impressive actually, because why should there be a limited amount of service for children. You can't put a time limit on how long it takes to support a child. That shouldn't ever happen. Because then you're back to square one and back into the system until you're in adult services.”

Parent of Service User

“It was about we wanted, and seeing what worked for us, and for you (young person). Social prescribing is the only service where someone has taken a holistic view, they are all worth their weight in gold absolutely.”

Parent of Service User

“The fact I can talk to her (Link Worker) at any time is the best bit, it needs to be flexible around when you need it and where.”

Social Prescribing Service User

“It's important that its flexible. I know what we do together (young person and Link Worker) really helps me, but it won't help everyone.”

Service User

Social prescribing can increase community capital

Link Workers are embedded in the places they work, allowing them to develop an understanding of the services available locally, and where the gaps are. In this way, social prescribing services can improve community capital, defined as goodwill and trust in communities, through reducing barriers to community participation and connecting with children, young people, and families who experience the barriers to accessing services.¹⁰¹

Community capital has the capacity to improve mental health and wellbeing through fostering social connection and feelings of belonging. Improving access to community assets and spaces through social prescribing reduces social isolation, with the greatest benefits for those excluded from services. Social prescribing can in this way, help to mitigate the impact of the socioeconomic gradient and other inequalities on access to local support.¹⁰² This is most effective when Link Workers are able to assess and respond to local circumstances, and service gaps, and target populations accordingly.

“In some areas we have a problem of rurality, there is very limited transport and a lack of third sector and community activities to engage with. Things that might have been there are no longer available in our little market towns. Cities may have accessible youth centres, sports, and young people confident using transport but a lack of access to nature. The service has to respond to that.”

Social Prescribing Commissioner

“Many of our kids are streetwise, they know how to get on the bus or the train, but they lack local organisations or support. It’s probably what youth workers used to do. They lack spaces they can go and just be kids, or in nature, or try something new.”

Social Prescribing Referrer (GP)

Referrers discussed how well-placed Link Workers are to help navigate non-clinical services that health care professionals may not have otherwise known about.

“The Link Workers know exactly what is out there in the community, all the services and the voluntary groups that we (GPs) just don’t know about. They have the time to really assess what the need is and have the knowledge of what is out there and what the gaps are.”

Social Prescribing Referrer (GP)

Children and young people using social prescribing services identified several barriers to accessing local community assets, including lack of services or awareness of services, limited or expensive transport. Many praised social prescribing Link Workers for supporting them to address these issues and work with them to find the right intervention or develop an offer alongside them.

“I thought it was going to be difficult to access but it’s quite easy. They do their best to accommodate. I always get picked up, usually by (Link Worker), there is only one time that someone else picked me up. They always help me get somewhere and they bring me home when I am finished, or I have had enough.”

Barnardo’s Service User

“During the summer holiday they offer a variety of activities like craft days, activity days and doing stuff outside. They are trying to get kids with anxiety out of the house and link us to people who struggle with the same things. I have met a few people I am still in touch with and are friends.”

Barnardo’s Service User

Barnardo's Link Workers described coproducing and delivering interventions with children and young people, aimed at filling increasing gaps in community provision and creating community capital. While this was widely welcomed by children and young people as well as referrers, these interventions are beyond the current social prescribing service model. Social prescribing services need to sit within a wider network of youth services otherwise services cannot be sustainable or effective. Investment in social prescribing services must be accompanied by funding for VCSE and community services that provide social prescriptions for children and young people, including arts, sports, and nature based activities.

Social prescribing can reduce inequalities

Health inequalities are avoidable, unfair, and systemic differences in health between different groups of people. The term refers to the differences in access, experience, and outcomes of care, as well as the opportunities people have to live a healthy life. Differences may be caused by a variety of factors that intersect with other including socioeconomic factors (like child poverty), geography, protected characteristics, or social exclusion (for example homelessness).¹⁰³

Health inequalities are increasing in the UK, exacerbated by the Covid-19 pandemic and impact of the cost-of-living crisis on families struggling to afford essentials or provide health promoting activities to their children.¹⁰⁴

The ability of social prescribing to form a web of support around children, young people, and families, and to break down barriers to accessing community assets, has the potential to address the wider determinants of health, mitigate the impact of inequalities and reduce the socioeconomic gradient.¹⁰⁵ Evidence reviews suggest that social prescribing Link Workers ability to build trust and manage expectations can create accessible services for people with protected characteristics, creating support that better reflects local need, feels welcoming and promotes engagement with wider services.¹⁰⁶

Support can be targeted across the socioeconomic gradient to reduce its effect, with Link Workers acting to reduce barriers to participation for children and young people.¹⁰⁷

Many children and young people using Barnardo's social prescribing services described the importance of the service, providing or signposting to services they were previously unaware of, and facilitating access. Service users described a wide range of community interventions received as part of the social prescribing service including walking, summer schools, cinema clubs and crafting.

“LINK caters for everybody, there are lots of activities depending on what you want. They organised cinema trips, I like those sessions.”

Barnardo's Service User

Many described how activities were tailored to their needs, and supported them to want to engage.

“Because I am LGBT, there aren't people here who are like me, it's nice to go somewhere and not be judged. Even on a regular day you're scared of being judged. LINK is a space where everyone is a bit different and your accepted for being who you are, so I felt like I could go to the cinema club and meet people like me.”

Barnardo's Service User

“I think I feel less isolated. Before I started coming here I didn't have a lot of friends or talk to people. It was isolating to be at home all of the time without anyone to talk to. But now I am excited for the next activity, and I feel less stuck and alone.”

Barnardo's Service User

Barnardo's Link Workers also described their work on the wider determinants of health, supporting children, young people, and families to access holistic support by those experiencing financial hardship due to the cost-of-living.

“It’s about noticing, just going through the door and saying its cold, no one else is doing that. Who else is doing that for the kids. We need time to build the relationship, to notice things and to reflect. It allows us to be professionally curious. We can connect dots that others can’t.”

LINK Practitioner

“If we hadn’t had access to that fund (Barnardo’s crisis fund), I don’t know what we would have done, what those families would have done. We need access to that funding. I often think, what happens without it.”

LINK Practitioner

Link Workers frequently referred to their role as far wider than providing or signposting to community activities, supporting families to receive wider social and financial support.

“The community looks a lot different to when we started in 2020, there’s less to refer to and the need is greater and more complex. We have used the crisis fund (Barnardo’s cost-of-living fund) a lot, for some families repeatedly. If that hadn’t been there, we wouldn’t have had any other options. We notice the hidden children, hidden communities who are experiencing harsh times and are unheard or unseen. I worry about those who don’t have any options at all.”

Barnardo’s Link Worker

Case Study: Social Prescribing and the Cost of Living

Sarah, a Link Worker at Barnardo’s Cumbria LINK service described dropping off a Christmas hamper at the home of a child she supported and noticing that the house was cold.

Sarah spoke to the child’s Mum, Claire*, and found she had made a bed for her and two of the children in the living room as she could only afford to heat one room. Claire shared she was also struggling to pay for food and the washing machine was broken.

A few days later, Sarah called the family to check in and discuss applying for funding for a washing machine. Claire was tearful and said ‘I’m upset because I’m cold, I have no money to buy food or heating and I don’t know what I’m going to do’.

Sarah secured a cost-of-living payment for the family through Barnardo’s Emergency Cost-of-Living Fund providing funding for heating and a new washing machine.

Sarah dropped off £20 cash so Claire could top up the meter card and the family could access heating straight away and ALDI vouchers so Claire could buy food. Whilst Sarah was at the home Claire shared that she and her daughter were sharing a coat as they couldn’t afford to buy an extra one. Barnardo’s provided vouchers for the family so that Claire could buy warm clothing.

The impact this made for the family was huge. Claire now didn’t need to worry about how she was going to keep her children fed and warm. Claire said she felt relieved, like a weight had been lifted and LINK had made her Christmas.

*Mother’s name has been changed to protect confidentiality.



Social prescribing can support schools to increase attendance and support students' mental health and wellbeing

Barnardo's social prescribing service works with local schools and colleges, both as a part of school's wellbeing offer and as a base from which to deliver services.

School staff described social prescribing as a vital part of their response to growing mental health need among their student population. Many reported concern that they are increasingly relied on to deliver mental health support, without the training, skills, or time to offer support. Social prescribing services were widely supported as part of the solution, with Link Workers offering timely help for children and young people and support for schools in managing children and young people with a variety of needs.

“Waiting times for CAMHS are so long. GPs are saying go back to school, they can refer and support. This has its difficulties. We aren't trained in it. We need help... The Link Workers are invaluable, and I can't emphasise that enough, they are that safety net. It's an absolute blessing.”

Social Prescribing Referrer (School)

“Schools are more and more trying to facilitate and support mental health. We are so lucky we can signpost to LINK. But there's no getting away from the fact that we are an educational setting. We can offer support, but we can't go out of the realms of our capabilities, we aren't experts, it wouldn't be safe.”

Social Prescribing Referrer (School)

“As a school, our tools to support and improve attendance are limited. It's so helpful to have that independent person who isn't a teacher or parent and who can provide that holistic assessment and coordinate support.”

Social Prescribing Referrer (School)



Where social prescribing services work with, or are embedded in schools, they are able to provide an alternative route to non-clinical mental health support without having to go through a GP. Social prescribing services work with and alongside other school services including Mental Health Support Teams (MHSTs) to offer flexible nonclinical support tailored to children and young people's needs. Services can refer into each other and coordinate interventions.

Link Workers can provide an accessible service for students through offering appointments during the school day and within the same building. They build trust with children and young people and coordinate communication between families, school, and other services, taking a holistic approach to identify the cause of mental health problems and driving improved attendance.

Social prescribing requires investment in Link Workers and communities

Barnardo's social prescribing services are part-funded by Additional Role Reimbursement schemes with additional funding from Barnardo's, temporary grants, or pooled Integrated Care System (ICS) short term funding pots.

Additional Role Reimbursement Scheme and Social Prescribing

Additional Role Reimbursement is part of the GP contract, allowing Primary Care Networks to use funds to increase capacity through recruiting to several possible roles, one of which is social prescribing Link Worker. Additional Role Reimbursement is designed to increase the variety of roles in primary care and boost the available local personalised care offer.¹⁰⁸

Funding available for roles allows an annual maximum reimbursement fund of £37,703 with an additional £2,400 annually for training.

The amount of available funding is weighted according to the population that the PCN covers. For PCNs using funding to subcontract social prescribing services, the funding covers 100% of a Link Workers' salary, plus an additional £2,400 per year to cover additional costs including ongoing training.^{109 110}



These commissioning arrangements create challenges in providing a sustainable and scalable social prescribing model. The use of Additional Role Reimbursement to fund Link Workers means that primary care networks can choose to use their funding for one of multiple roles, and children and young people's social prescribing may not be chosen for funding.

In some cases, pooled funding or top-up funding from short term grants has been used to fill gaps in funding for children and young people's services. However, the short-term nature of this funding limits the ability of Link Workers to deliver services or expand and regular new sources of funding need to be identified and applied for, increasing uncertainty, and limiting capacity.

“Currently we draw on funding from Barnardo's to support Link Workers to provide the service that's needed here. Without additional funding we can't offer Link Workers the skills they need to make the service work”

Barnardo's Manager

Furthermore, the scheme's current funding settlement fails to recognise the costs of establishing and sustainably providing social prescribing services for children and young people including management, intervention or support costs. The funding model also fails to recognise the additional training needs related to children and young people's needs, including safeguarding, working with children, young people, and families or ongoing professional development. This led Link Workers to feel as though they were unable to meet the needs of children and young people using the service.

“It costs more than the Additional Role Reimbursement funding to respond to the needs of the community and get the training in to make sure we can respond. The training means our staff are happy and have freedom to use their skills correctly and know when to refer on. But it costs more than just funding the salary with a bit extra for what? What would we prioritise?”

Barnardo's Service Manager

Barnardo's services reported a total funding shortfall of approximately £21,000 per Link Worker. This impacts on the scalability of social prescribing services, due to the challenges finding additional funding streams to supplement service cost, or long-term instability of funds.

This shortfall needs to be addressed in the funding available for social prescribing services as they expand. In 2019, NHS England committed to funding Link Worker roles within Primary Care Networks (PCNs) and since 2022 PCNs have a contractual obligation to provide access to social prescribing either through employment of Link Workers or subcontracting to partner organisations.¹¹¹

In addition to the Additional Role Reimbursement scheme model, local commissioners and partner organisations have produced a variety of private, public and charitable models. These include;

- Single commissioners of a voluntary, community or faith service (for example local authority, or primary care networks);
- Collaborative commissioning from multiple sources with complementary aims;
- Fully integrated funding from partners with pooled resources;
- In house delivery (for example by a local authority);
- Direct funding of selected interventions;
- Use of personal health budgets.¹¹²

In addition, in 2017, NHS England, the Department of Health and Social Care and Public Health England funded pilot social prescribing projects, supporting voluntary sector organisations to establish services through health and wellbeing programme grants.¹¹³

While none of the models listed has been evaluated for sustainability, collaborative approaches are the most effective in creating long-term investment and buy-in. With Integrated Care Systems playing an increasing role in commissioning personalised care services including social prescribing, there is an opportunity to create fully integrated services that both meet the needs of children and young people, Link Workers and the organisations providing interventions.¹¹⁴

Part of the financial pressure on social prescribing services is due to a lack of community groups and organisations to signpost children and young people to as a social prescription. Barnardo's services were filling this gap by developing activities and interventions for children and young people to attend.

“There’s nothing for our young people over summer, that was a gap we knew we had to try and fill, hence the summer club and the other activities.”

Barnardo's Link Worker

“We put on a range of activities that young people are asking us for. Sometimes we do craft activities, sometimes we have a room or a hall and some snacks. Somewhere they can come and meet us and hang out with each other.”

Barnardo's Link Worker

As social prescribing services provide activities and support for children and young people, Link Workers are going beyond the parameters of their role. Furthermore, with social prescribing services directly providing intervention, it becomes difficult to transition children and young people away from the service.

“They develop great services themselves for children and young people. The resource just isn't there otherwise. But it is an issue, how to confidently manage and transfer young people away from the service. We need the local networks in place that mean they are empowered to move on.”

Social Prescribing Service Commissioner

“There’s an expectation of a short waiting list. The more referrals they get though, that could creep up without some movement in the system.”

Social Prescribing Service Commissioner

While Link Workers took steps to support transition away from the service, there was an acknowledgement that a wider web of support was needed to support children and young people into community services, and prepare them for discharge.

“We measure at the beginning and end of each session that’s integral to it. I know it’s working, and the young person can see their progress. But moving on, I do see that we need to bring services to children and young people in a sustainable way. Using community assets and volunteers, I really see that as the future as our capacity builds to develop it.”

Barnardo's Link Worker

Lack of youth services providing support was not the only issue preventing social prescriptions. Link Workers, referrers and commissioners identified that children and young people need both a range of services and staff within those services who are trained and confident supporting children and young people with a social prescription.¹¹⁵ This includes responding to specific needs of children and young people, supporting them to access services, and providing the structure to help them engage. Staff need to feel confident that they are able to build a connection with children and young people and provide effective safeguarding.¹¹⁶ If organisations and Link Workers are unable to support children and young people to access the appropriate service or to safeguard them, social prescribing has the potential to inadvertently cause harm by referring.

“The big difference between children, young people, and adults is that you have to do more for children than signpost. It needs to be a safe place for the young person. We need to assess how they will access services; someone needs to know where they are and what they are doing, we need to know how to respond when things don't go to plan. There's lots of work to be done before someone can attend a service, it's not a case of just turning up at football.”

Barnardo's Link Worker

The Link Worker role for children and young people is therefore expanded compared to that of adults, going beyond current commissioning structures. The complexity of the Link Worker role, and autonomy of workers is recognised within NHS Agenda for Change pay scale¹¹⁷ but not always within training and professional development.

Link Workers need the skills to support children and young people

Standard training for Link Workers is comprised of online learning modules. However, this is a source of concern for many Link Workers concerned that they are unable to meet the needs of children and young people using services.¹¹⁸

Training for Link Workers

Social prescribing Link Workers receive training via an e-learning programme made up of 12 modules.

- Introduction to the social prescribing Link Worker role
- Developing personalised care and support plans with people
- Developing partnerships
- Introducing people to community groups and VCSE organisations
- Safeguarding vulnerable people
- Keeping records and measuring impact
- Supporting people with their mental health through social prescribing
- Social prescribing for children and young people
- Social welfare, legal support and money guidance
- Supervision
- Social prescribing and the armed forces community
- Culturally responsive practice

Additional training recommendations and options for Link Workers include modules in weight management, personal care and health coaching.¹¹⁹

Managers and practitioners reported ongoing training needs and clinical supervision as crucial to sustainable social prescribing and adapting to local need. Barnardo's social prescribing services use additional funds to ensure Link Workers receive ongoing clinical supervision and provide effective ongoing professional development. As a result, Link Workers felt confident in identifying how best to support children and young people, and when to refer to more specialist support.

Experience of delivering social prescribing

Link Workers and service managers described their experiences with social prescribing delivery and the impact it has had on their professional lives and on wider wellbeing.

Routes to becoming a Link Worker varied from those with an education background, those with a wider interest in mental health and wellbeing and experiences within other children and young people's mental health services.

Link Workers emphasised how the strengths of social prescribing for children and young people, translated into their own experience delivering services. Many described an increased sense of job satisfaction that came with providing a flexible service that can be personalised to meet the needs of children, young people, and their wider families.

“Strict session plans can be quite toxic. Every child is different and referral, they have different needs, we can work with what they want. Now I can't imagine doing anything else. In my old job we weren't even scratching the surface, they would have 6 sessions and be discharged, then bounce back to other services, and eventually CAMHS.”

LINK Practitioner

Practitioners also considered the impact that autonomy in designing and delivering interventions with individual young people had on their own development and career.

“It’s a more rewarding set up, it gives you more confidence in your own practise to develop what works for that young person. Helps you to build up your own toolbox to offer the right help.”

LINK Practitioner

“It helps that we work so well together and that the team is there to support. There are some things I am less experienced with, but I can refer to another member of my team, either to support the young person or advise me and I learn something new too.”

LINK Practitioner

Practitioners also discussed the benefit of flexibility in their offer on seeing real impact for the children, young people, and families they supported. The connectivity with families and wider services also featured in improving the ability to understand impact, take pride in work and know that the service was changing lives to an extent they hadn’t previously felt certain of.

“I couldn’t really engage with a parent or young person in the way I can here. My hands were tied in what I could offer, it was delivering a menu of stuff and for some families I didn’t know if it had an impact. I also couldn’t easily refer onto another service because there wasn’t the level of engagement.”

LINK Practitioner

“There was no time to get to know each young person in my past roles. Time is an important element of building a relationship and understanding what that child needs. Its more real.”

LINK Practitioner

Practitioners pointed to the importance of leadership in supporting them to develop autonomy and work with children and young people for the right amount of time, offering the most appropriate intervention.

“Culture starts with champions at a senior level in PCNs and Barnardo’s. We definitely feel trusted to just do what’s best for the young person. Feeling that, it creates a different atmosphere and morale within the team.”

LINK Practitioner

Staff were confident that they could develop their skills within social prescribing team, in an atmosphere that promotes autonomy and career development. Staff felt as though the difference they were making to children, young people and families lives made their professional lives more rewarding and this in turn impacted their personal lives.

“In other jobs I’ve just been surviving, and the kids pick up on that.”

LINK Practitioner



Managers described the importance of recruitment in creating teams motivated to support children and young people, and with a skill mix that supports children and young people with a variety of needs.

“The need is more complex than we ever anticipated, we act more as youth workers. Which now we know that works, and we adapt our recruitment approach.”

Social Prescribing Manager

“There’s the online training, and an apprenticeship, but they don’t cover everything. We look for someone for whom wellbeing is their guiding principle. Perhaps they are frustrated by not being able to deliver it in their current professional field. We can take that and fine tune it.”

Barnardo’s Service Manager

Increased training and professional development for Link Workers, can support the recruitment of skilled multidisciplinary teams, able to flexibility adapt to the local needs of children and young people.



Green and blue social prescribing should be part of children and young people's social prescribing services

Green social prescribing connects people to local nature, including both green and blue spaces.¹²⁰ Green spaces include parks, forests and playing fields. Blue spaces include rivers, lakes, and coastal waters.¹²¹ Examples of green and blue social prescribing activities include growing vegetables, urban farming,¹²² walking in nature spaces, outdoor swimming, or water sports.

Interacting with both green and blue nature spaces is important for health and wellbeing. Evidence suggests that the higher quality, and more local the space, the better the outcomes.¹²³

Natural England surveys of children and young people demonstrate the importance of nature to their lives. Nearly nine in 10 children and young people enjoy being outside and 86% described reflecting in nature during the previous week.¹²⁴ However, children and young people are increasingly concerned about the natural environment. Increasing numbers are concerned that adults are not doing enough to protect nature, 78% reported that looking after nature is important to them and 81% want to do more to look after it.¹²⁵

Barnardo's has carried out research with children and young people to understand their views in relation to climate and nature spaces. Children and young people found nature spaces valuable as a way of managing their mental health and disconnecting from pressures.¹²⁶

"Nature is a way for me to escape everything and just feel better."

Young person interviewed by Barnardo's

"Nature makes me feel calm because every aspect of it like the trees or the ocean is beautiful, so I get to escape from the stress of school."

Young person interviewed by Barnardo's

"It makes me happy. I come from a very green country (Pakistan), so it's a reminder of back home."

Young person interviewed by Barnardo's

Children and young people also described feeling disconnected from local spaces due to difficulties in access including lack of transport, feeling unwelcome, understanding the available groups to join and lack of confidence.

"I'm going to get stopped and searched in the park"

Young person interviewed by Barnardo's

"I feel like allotments are seen as an older person's hobby. They think if they see a young person turn up that we are there to mess it up."

Young person interviewed by Barnardo's

When integrated into wider social prescribing, green and blue social prescribing can provide nature-based interventions such as gardening and use nature as a setting for other therapeutic activities like talking therapies.¹²⁷ Link Workers can assess the suitability and benefit of green and blue activities¹²⁸ and help to increase children and young people's access to nature spaces.¹²⁹

Barnardo's practitioners reported using nature as a setting to deliver mental health assessments and intervention, recognising the value of nature in helping to develop trust and break down barriers to relationship building.

"Covid initiated it really. It made us so much more flexible in the way we deliver contact with children and young people. Going for a walk or messing around in the woods is so beneficial. One of the benefits of nature-based practice, is if they aren't looking at you, they will tell you more. It helps you understand the need and respond."

Barnardo's Link Worker



Link Worker and a young person's horse. Taken at the young person's farm, where they showed Link Worker around. The walks enabled the young person to discuss difficult feelings. The young person described their horse and caring for it as a great comfort.

There is increasing evidence that connecting with nature can have a positive impact on health and wellbeing as well cognitive performance.¹³⁰ When children and young people have a connection with local nature spaces, they are more likely to take part in physical activity,¹³¹ experience reductions in the body's response to stress¹³² and have reduced stress hormone levels.¹³³ Children and young people spending time in nature report better mental health and personal growth.¹³⁴

Children and young people who feel connected to local spaces are more likely to feel welcome in them as well as act as good custodians of spaces, valuing them and treating them with respect.¹³⁵ Many projects support children and young people to develop skills and interests that have lifelong benefit.¹³⁶ Some evaluations also suggest a relationship between regular time in nature and educational attainment.¹³⁷

Nature spaces can be a low cost, accessible option for children, young people, and families to take part in activities, feel connected and develop a sense of community ownership.¹³⁸ However, access to nature is not equitably spread among children and young people. Time spent outdoors follows the socioeconomic gradient, with children and young people living in poverty less likely to access spaces. Barriers to access are also experienced according to ethnicity, disability, gender, and geographical factors including urban or rural living.¹³⁹ Inequality in access to nature spaces was exacerbated during the Covid-19 pandemic when children and young people without access to gardens or local nature spaces were unable to gain the benefits. Recovery in access to nature has also been slowed because of the cost-of-living crisis, as families experience difficulties funding transport and activities.¹⁴⁰

Pilot projects for green and blue social prescribing demonstrate potential benefit for all ages when appropriately resourced.¹⁴¹ The Department for Environment, Food and Rural Affairs (DEFRA) have conducted a green social prescribing pilot, receiving over 6000 referrals¹⁴² and providing preventative and early intervention mental health interventions through increased access to green spaces and nature-based activities.¹⁴³ Other organisations including Barnardo's have been providing nature based activities to improve health and wellbeing to children and young people for several years. Embedding green and blue offers into social prescribing expands the available support for children and young people on a personalised basis and will have dual benefits for health and wellbeing, and for local community and nature spaces.

Green social prescribing pilot: **West Yorkshire**

The Department for Environment, Food and Rural Affairs (DEFRA) has taken steps to pilot green social prescribing and understand how interventions can fit into the wider health and wellbeing being landscape. The Department has funded nine social prescribing projects, a capacity evaluation, and surveys to understand perceptions of green social prescribing among health care professionals and the public.

One of the chosen pilot sites was West Yorkshire, funding specific projects and voluntary organisations to provide a range of interventions including hospital growing projects, nature walks, urban farms, tree planting and outdoor wellbeing activities. The projects aimed to improve mental health and wellbeing outcomes, while acknowledging the wider health benefits of access to nature.

Working with multiple communities and referrers, target groups were successfully recruited including refugee and immigrant communities, minoritized groups, carers and people referred from probation services.

Participants reported restorative and curative benefits of time in nature, improved social cohesion, improved relationships with nature and greater self-determination. Participants also increased their skill in growing, identifying and cooking nutritious food as well as improved management of local green spaces. Challenges delivering the project included the short term and inflexibility of the funding model, retention difficulties over a long period of time and in the case of bad weather and delays due to risk assessments for providing services outdoors.¹⁴⁴

Green Social Prescribing in **Scotland**

Access to blue and green spaces and the potential role of social prescribing in increasing access and confidence in using spaces is increasingly acknowledged in Scotland, from research to accessible maps of green and blue space provision.¹⁴⁵

Multiple organisations are partnering with health providers to expand access to nature, including the development of nature prescriptions with the RSPB. Trials with NHS Shetland led to an expanded programme across many areas of Scotland. The programme has shown benefits including improved wellbeing and a high sustained rate of participants continuing to use their nature-based prescription after formal support had ended.¹⁴⁶

Green social prescriptions are a potential tool for community Link Workers depending on the area and if services have been developed.¹⁴⁷ NHS Lothian's pilot of nature prescribing as part of the recovery from the Covid-19 pandemic found several golden threads to establishing nature based prescribing including creating a person centred service, focusing on health inequalities, creating system wide sustainability, having champions to make the case, and make services mainstream and widely accepted.¹⁴⁸ Nine out of 10 participants in the research reported that time in nature benefited their mental health.¹⁴⁹

B-Wild from Barnardo's

Funded by the Heritage National Lottery, B-Wild aims to provide practitioners supporting children and young people, with the ability to develop, deliver and manage therapeutic practise in nature. Staff receive in-depth training on translating their trauma-informed, relationship-based practice into an outdoor setting as well as on-going support.

B-Wild training uses emotional literacy, relationship and confidence building activities that integrate natural materials and natural surroundings. It allows practitioners to support children and young people to harness their curiosity and learn in a real-world context using different methods – play, sensory experience,

exploration, identification, classification. The diversity of learning methods allows young people to develop skills and have skills recognized that may not be so easily expressed in a classroom context.

Delivering services in nature leads to positive self-reported outcomes for children and young people including increased confidence, a more positive attitude towards learning, feeling better able to express their feelings, being more resilient. The project also increases children, young people, and families understanding of nature and supports them to improve their local nature spaces.

Case Study: B-Wild Lanarkshire

Barnardo's delivered a series of therapeutic sessions in nature to three children over the course of 5 days. These sessions culminated in a late night 'camp' experience.

The children who were identified as suitable for the project had experienced severe trauma due to substance use within their homes. One child was transitioning to high school, and workers felt this experience would increase her confidence and self-esteem before entering this new stage in her life. Another of the participants was extremely socially isolated, so the opportunity allowed her to develop new, positive friendships with like-minded peers. The final young person spent time outdoors regularly, however, was not doing so in a safe manner, damaging the natural environment and putting himself at risk. His worker felt he would benefit from learning the harm reduction messages around spending time outdoors. Each young person had their own learning styles and potential triggers, and staff members were aware of these before the first session.

The sessions promoted increased physical activity and improved mental health outcomes. These included a more positive attitude towards learning, positive engagement with peers, resilience, increased confidence in expressing feelings and socialising.



Young people engaging in B-Wilds camp experience.

Clear referral criteria support Link Workers to provide a holistic service

Multiple referrers described the benefit of Link Workers in coordinating services around children and young people to address holistic health needs. Referrers described the importance of Link Workers to ensuring children and young people receive the right support at the right time, preventing crisis or health issues in later life.

“Sometimes we don’t need to see less of a young person, we need more. They might have unmanaged diabetes or are acting as a young carer. Something we need to be able to support them with. In those cases, we want service use to increase as a result of seeing a Link Worker. It’s a strength of the service.”

Social Prescribing Referrer (GP)

“We can refer and trust that they will help directly or help us to coordinate other services. It means they don’t bounce around services. We can refer with peace of mind and know when they are discharged, it’s because they are ready to be.”

Social Prescribing Referrer (School)

Children, young people, and families found Link Workers helped them to navigate a complex mental health landscape and advocated for them to ensure they received the right personalised care.

“When (Link Worker) contacted us, it was like a lifeline. We had so many services who we were waiting to see, or had seen and been rejected, we were just desperate for help.”

Parent of Service User

“(Link Worker) had my back. She came and fought for me in places like school and helped me get an idea of what was out there for me. She was so good for me because she knows the system.”

Barnardo’s Service User

“She pulled everything together, badgered services and connected us with services we didn’t know about like LGBTQ+ places.”

Parent of Service User

Some referrers reflected on the importance of accessing and understanding referral criteria for social prescribing to ensure referrals are appropriate. Link Workers reported providing regular referral feedback to GPs to encourage them to make appropriate referrals and understand how well the service is working with patients with different needs.¹⁵⁰

“When a new service offers support with open referral criteria it could mean GPs lean on them inappropriately to make sure that child is seen by someone. It could be an inappropriate referral. I know examples of Link Workers having a discussion with the child and finding their needs are far more acute which is beyond what they are there to do.”

Social Prescribing Referrer (GP)

“We keep referring into the service and they make sure the right steps are taken for that young person. But if that keeps happening, that Link Workers are referring on again, it will impact on waiting lists, and it could take Link Workers away from their roles and into a triage role.”

Social Prescribing Referrer (School)

“I feel confident in referring but I think with a service is new in particular there needs to be regular and clear communication about referral criteria. The service needs to communicate an inappropriate referral too, not bounce the child back, but get back in touch with the GP and say here is the problem with this referral, and here’s what we have done.”

Social Prescribing Referrer (GP)

Without a network of support for children and young people, providing choice and meeting a range of needs, social prescribing services are liable to receive inappropriate referrals from GPs, schools and parents seeking any form of support. This leads to Link Workers spending large periods of time triaging referrals and attempting to link children and young people to alternative, often clinical support.

“The service needs to be part of a network of organisations. We need a big network of services to refer to, that are specialist to the need.”

Barnardo’s Practitioner

“There should be wider organisations. We need utilise community assets and third sector, but those services just aren’t funded.”

Social Prescribing Referrer (GP)

Referrers and practitioners described the importance of social prescribing in providing a flexible service capable of referring children and young people to other local organisations, while also expressing concern that without clear criteria, inappropriate referrals could reduce Link Worker capacity and put children and young people at risk. As a non-clinical intervention, social prescribing interventions cannot respond as the sole source of support to acute clinical need.¹⁵¹

Referral criteria can pose challenges for GPs, schools and colleges and other potential referrers, particularly when there are limited other early intervention services for children and young people. Guidance may need to be adapted, both to provide language that explains social prescribing services to the referrer, to explain alternative services, and to meet local need. Currently, NHS England guidance for professionals implementing social prescribing services does not offer any support in developing referral criteria.¹⁵² The National Institute for Health and Care Excellence (NICE) has endorsed an assessment tool produced to support referral decisions in older adults. While not applicable for children and young people, this guidance provides a basis from which children and young people’s criteria can develop.¹⁵³

Successful social prescribing services have clear referral criteria and make up a web of wider support for children and young people, including moderate and acute services that prevent inappropriate referrals. Social prescribing can coordinate nonclinical services that support children, young people, and families. This is a strength of the service and adds value to families attempting to navigate support. However, services should not be viewed as a triage system for all mental health support.



Chapter four: A vision for children and young people's social prescribing

Social prescribing provides effective prevention and early intervention support for children and young people, improving their mental health and providing the tools to empower them and increase their confidence managing their health and wellbeing.

Link Workers support children and young people with a range of needs impacting their mental health by providing early intervention and holistic support. Embedding services in communities and providing flexibility in session length and type ensures that social prescribing adapts to and meets local need.

Social prescribing relieves pressure on primary care, prevents children and young people with mild but complex needs reaching crisis point and connects them to community and nature assets. The service has the most profound impact on hidden children and young people, who are most underserved by services and face barriers to access.

To ensure that social prescribing for children and young people is a sustainable and scalable service, Barnardo's has created a series of recommendations for all four UK nations.

Recommendations England

1. Develop a national strategy for children and young people's social prescribing, with children and young people at the centre

Creating a sustainable future for children and young people's social prescribing requires a long-term national strategy for developing and scaling services.

A strategy for children and young people's social prescribing should recognise the value of social prescribing in providing preventative and early interventions that create benefits for health, wellbeing, education, and wider society.

Barnardo's recommends that any strategy for children and young people's social prescribing is co-produced with providers, practitioners, children and young people. It should build on existing principles and guidance for establishing, delivering, and evaluating services.

The strategy should consider sources of funding for social prescribing services that incorporates Link Worker training and professional development and wider service costs including management, safeguarding, transport and premises. Barnardo's supports the Hewitt Reviews recommendation to minimise the use of in small in-year funding pots and welcomes the Government's response.¹⁵⁴ We recommend that social prescribing services receive long-term, pooled funding from partners within an Integrated Care System (ICS) to promote investment in voluntary, community, faith, and social enterprise (VCFSE) services¹⁵⁵ and stability.

Supporting ICSs to fund social prescribing, and local VCFSE services, will allow for the development of sustainable services, personalised to children and young people's needs and targeted to underserved groups currently experiencing inequality in access to support.

In addition, Barnardo's recommends that any strategy is accompanied by an implementation framework, to assist local areas in actioning the strategy and appropriately embedding social prescribing for children and young people into existing provision.

The recommendations below detail issues that should be addressed as part of national strategy development, that ensure that social prescribing for children and young people is a sustainable intervention. These include increasing the number of services, creating referral criteria, supporting staff development and retention, and developing effective outcomes measures as well as focusing on integrating green social prescribing.

2. Provide all children and young people access to social prescribing through new funding models

Barnardo's recommends that social prescribing services for children and young people are expanded to provide access to services for all children and young people in England.

The current Additional Reimbursement Role (ARR) scheme offers multiple potential additional roles for primary care to invest in, and Link Worker roles are not always chosen for investment. For those funded by the scheme, the current funding settlement does not meet the cost of training and professional development Link Workers need to support children and young people's needs. Specific funding for social prescribing services for children and young people is required to ensure that services are available to all and sustainably funded, meeting the costs associated with supporting children and young people.

Based on the current ARR scheme funding for a Link Workers salary, and an NHS estimated total of 1250 Primary Care Networks¹⁵⁶ this would cost an estimated £47 million. However, these costs do not account for management, transport and wider costs associated with providing a sustainable service. Barnardo's estimates that costs rise to approximately £65.8 million, with an annual return of £1.80 for every £1 of investment.

Barnardo's recommends this investment to resolve issues with the current funding model. Funding should be based on the average cost of providing a social prescribing service including provision of senior Link Worker roles, training and ongoing professional development and quality supervision.

3. Invest in VCSE and other organisations providing social prescriptions

Years of underinvestment and the financial pressures associated with the cost-of-living crisis and Covid-19 pandemic have led to a shrinking voluntary and community sector offer in communities. Social prescribing Link Workers are responding to this challenge by designing and delivering services to fill gaps in youth services and meet population need.

While the services that Link Workers are providing benefit children and young people, it also presents difficulties in transitioning them away from the service, leading to increased waiting times. Link Workers are most effective when they are able to work with local partners to identify the right intervention for a child or young person, and then facilitate their sustainable engagement. Without investment in VCSE and other community organisations to provide social prescriptions, Link Workers are left with limited options for support.

Therefore, Barnardo's recommends that national Government strengthen funding for VCSE sector organisations providing the activities as part of a social prescription, including arts, exercise, and nature-based activities. This funding should be delivered through long-term, pooled funding from ICSs and partners within them including local authorities. This will allow local areas to measure the gaps within their current community offer and provide opportunities for local organisations to access sustainable funding that fills gaps in support.

4. Work with stakeholders to create a set of referral criteria to determine when children and young people would benefit from social prescribing

Social prescribing is an effective intervention, but in order to provide effective support and prevent waiting lists spiralling, services should make up part of a wider network of support for children and young people. Within this, clear referral criteria for social prescribing would support referrers, Link Workers and children and young people.

Referrers described their concerns that without clear criteria, social prescribing services were at risk of being used as a triage service for professionals who feel as though they have no other referral option. Many practitioners described a lack of alternative service offer and long waiting lists for Child and Adolescent Mental Health Services (CAMHS) resulting in social prescribing becoming a default referral.

Link Workers described receiving inappropriate referrals for a variety of reasons including domestic abuse, sexual abuse, and acute mental health needs. Some cited the amount of time they were able to spend with children and young people as part of the assessment process as a factor in identifying inappropriate referrals. Others noted that a lack of other local mental health and wellbeing services meant that children, young people, and families were often desperate for support at referral and needed guidance in accessing other services.

Clear referral criteria will support a range of potential referrers and increase confidence in social prescribing services. It will also reduce waiting times as Link Workers spend less time re-referring children and young people unsuitable for the service and will improve safeguarding for children and young people accessing services.

A clear referral pathway and criteria can support local areas and ICSs to clearly see where social prescribing fits within their health strategy and to address health inequalities amongst children and young people.

5. Work with stakeholders to develop and implement new training modules for Link Workers providing children and young people's social prescribing

Current training and professional development for Link Workers consists of 12 e-learning modules that do not reflect the complexity of social prescribing for children and young people or offer routes to professional development for Link Workers.

Children and young people have specific needs from social prescribing beyond those of adults. While the training addresses some of these needs, Link Workers reported that the training does not go far enough to cover the challenges in providing social prescribing to a group so dependent on adults to provide access and support.

Barnardo's Link Workers described ongoing training needs as they responded to local issues and individual children and young people's needs. Workers felt that working autonomously and developing a tool kit that allowed them to respond to social, economic, health and wellbeing needs was crucial to ensure that they provide the most effective personalised care. Link Workers also described training and professional development as helpful to define the parameters of their role, and ensure they are seeking support or referring to other services where required, safeguarding children and young people where needed.

Barnardo's recommends that ongoing professional development for Link Workers is led by expansion of training modules to support Link Workers to provide support for children and young people. Furthermore, investment in social prescribing services should include the cost of Link Worker management and clinical supervision. The Government should engage stakeholders to understand the training and supervision needs of Link Workers and the benefits of creating a professional qualification.

6. Support social prescribing services to develop a set of outcomes measures and to improve data collection to capture how social prescribing is improving children's outcomes

Commissioners, social prescribing service managers and practitioners from Barnardo's and other organisations engaged as part of this project reported challenges measuring the impact of social prescribing services. Many had trialled multiple outcomes measures without feeling confident that they were capturing the full benefits of the service.

Barnardo's social prescribing service used multiple measures that allowed practitioners and children and young people to understand their progress towards their goals. However, practitioners described concerns that outcome measures were not reflective of the holistic work of social prescribing and did not account for social benefit.

Barnardo's recommends that Government work with social prescribing providers, commissioners and children and young people to develop outcome measures that reflect the holistic nature of social prescribing. By their nature, social prescribing services provide more benefit beyond mental health support for those meeting the clinical threshold to be described as having a mental health condition. Services are designed to be preventative, or to intervene early where there is a non-clinical need. Therefore, outcomes measures should be built on the benefits experienced as a result of children and young people avoiding crisis point, as well as the benefits to education, community and wider society described by commissioners, referrers, practitioners, children and young people. Codesigning an outcomes measure will help to create an effective framework with widespread support.

7. The Department of Health and Social Care should conduct a full cost-benefit analysis of social prescribing for children and young people

Barnardo's research has found that our services for children and young people are cost effective with a return of £1.80 for every £1 invested. This is supported by evaluations estimating benefits as high as £5.04, with an average return of £2.30.¹⁵⁷

The Department of Health and Social Care has previously funded evaluations of individual social prescribing services in their first year of operation. Barnardo's recommends that these evaluations are scaled to understand the long-term cost-benefit of social prescribing for children and young people across multiple service providers.



8. Incorporate the development of green and blue social prescribing into social prescribing models

Green and blue social prescribing are increasingly recognised as benefitting all ages mental health and wellbeing through promoting connection with nature spaces. Voluntary and community sector organisations have been providing nature based social prescribing interventions for many years, including through walking groups, community farms and allotments. Social prescribing services are incorporating aspects of green and blue social prescribing including through offering prescriptions to nature-based services and through delivering interventions in nature spaces. Development of social prescribing for children and young people should be alongside, and inclusive of development of green and blue social prescribing.

Green and blue social prescribing can be a part of wider social prescribing interventions, considering local access to nature spaces and need. Barnardo's social prescribing services develop connection with local nature spaces through providing transport, supporting children and young people to spend time in nature, and through delivering assessments and intervention with nature as a backdrop.

Social prescribing operates in different contexts, green and blue social prescribing can make up part of an offer that connects children and young people to local community and nature assets. Barnardo's practitioners described how children and young people in rural areas need different support connecting to nature spaces compared to those living in urban areas.

Incorporating the development of green and blue social prescribing within a wider model for children and young people allows Link Workers to provide personalised care that maximises the benefit of nature activities alongside other social prescribing interventions.

Recommendations Wales

1. Update the timeline and commit to publishing the results of the consultation on a national framework for social prescribing.
2. Work with stakeholders to ensure that the published framework reflects the needs of children and young people through adding detail on the role of the trusted adult and developing the framework for safeguarding children and young people.
3. Include schools and colleges in social prescribing as potential referrers and a setting to receive support.

Recommendations Scotland

1. Consider the role of social prescribing in the implementation of the 2023 Mental Health and Wellbeing Strategy. Social prescribing has the potential to support the Scottish Government reach outcomes 1, 4, 5, 6 and 9.
2. Expand the number of community Link Workers for all ages and support the development of training and recruitment of community Link Workers for children and young people.
3. Work with stakeholders to develop a formal model of social prescribing for children and young people in Scotland.
4. Include nature-based interventions and green social prescribing in the development of social prescribing for children and young people.

Recommendations Northern Ireland

1. Implement commitments made in the NI Mental Health Strategy published in 2021 to increase access to social prescribing across all ages, particularly focused on underdeveloped population groups including children and young people.
2. Work with stakeholders to develop a model of social prescribing for children and young people in Northern Ireland.

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Appendix 1

Cost-benefit analysis of Barnardo's social prescribing service

Summary

1. Barnardo's has conducted a cost savings analysis based on analysis of outcomes data from our social prescribing service in Cumbria. The analysis shows that for every £1 invested in the programme, the benefit to the government and the wider economy is around £1.80 but this likely represents a significant underestimate given the assumptions and approach taken.

Outcomes from Cumbria LINK Social Prescribing

2. The children and young people aged (5-19) supported by the Cumbria LINK social prescribing service are assessed against a variety of different outcomes. For the 1:1 support offer, service users are typically assessed against a scale, with progress monitored by comparing start and end scores. The data and analysis used in this assessment are based on the Outcome/Child Outcome Rating Scale (ORS & CORS). This outcome measure was used for 44 children and young people between May and December 2022, and these closed cases make up this evaluation.
3. The Outcome Rating Scale (ORS) and Child Outcome Rating Scale (CORS) are measures used to monitor children's, young peoples' and their families' or carers' feedback on therapeutic progress. Measuring overall wellbeing on a 40-point scale, these measures are made up of four equally weighted 10-point sub-scales, designed to assess areas of life functioning known to change following therapeutic intervention: persona or symptom distress; interpersonal wellbeing; social role; and relationships outside of home. The ORS is designed for adolescents and adults (aged 13+), while CORS is an adapted version of ORS developed for children aged 6–12.
4. Via both measures, we can identify the children who have made what is known as a 'reliable improvement' and, within this group, those who made a 'reliable recovery'. A 'reliable improvement' is a metric used to determine whether significant change has occurred at an individual level, which is not a result of measurement error. A 'reliable recovery' explores reliable change for those within the clinical range at the start of treatment who then move to the normal range.
5. Reliable improvement score for ORS/CORS is 5 points. ORS/CORS also specify cut-off scores between the clinical population and the non-clinical population are different depending on the age of the client (ORS: 28; CORS: 32). As the LINK Cumbria service used CORS for almost all cases, a cut off threshold of 32 was chosen for this exercise.

Approach

6. We hypothesised that investment in earlier intervention in children's mental health and wellbeing would lead to improvements in outcomes for children and families, and also generate savings to the state. While it is difficult to predict a service user's potential trajectory in the absence of intervention, by making some conservative assumptions we can estimate how much investment this service has saved the state.
7. The analysis uses a cost savings approach which has two main elements:
 - i) Factual scenario: the cost of running the intensive family support part of the service.
 - ii) Counterfactual scenario: calculating the fiscal, economic and social costs that would have been incurred in the absence of the service, which can be interpreted as cost savings.

8. In calculating the cost associated with working with these users we used the database produced by The Greater Manchester Combined Authority (GMCA) Research Team (formerly New Economy). The unit cost database brings together more than 600 cost estimates in a single place, most of which are derived from Government reports and 16 academic studies.
9. The database gives us the highest level of costs that are incurred by the state for a child or young person facing the highest level of risk for a particular outcome, such as poor mental health. Based on the descriptions of the costs in the database, we have matched these with the most relevant outcomes related to the service.
10. The outcomes we have deemed relevant to this intervention are primarily related to better wellbeing and/or mental health and the associated benefits to different relevant individuals.
11. Looking at the average score improvement for each outcome for the children and young people the Cumbria social prescribing service worked with, we can then provide an estimate of the reduced costs to the state the service achieves. We can then compare the running cost of the service with these fiscal, economic, and social costs if families did not receive any intervention.

Assumptions

12. We have assumed that service users who register a 'reliable recovery' across either outcome tool incur the maximum mental health related cost saving as calculated by the Manchester cost database.
For those who registered a reliable improvement but not a reliable recovery, the mental health-related cost savings have been prorated against the respective tool (i.e. an ORS/CORS improvement of 5 points would constitute 1/8th, or 5 over 40, of the respective cost saving).
13. We have also assumed that a service user who received no intervention would stay at the same outcome risk they were assessed at when they entered the service. Though partly informed by research on similar mental health interventions, this assumption may be conservative as in reality without intervention many could end up at increased risk.
14. Regarding costs, we have estimated the cost of running the service using 2022/23 cost figures obtained from the Cumbria social prescribing service. Table 2 below gives a breakdown of these, per service user.

Table 2 – Assumed costs

	LINK	Foundation LINK	Total
Expenditure FY 22/23	£	£	£
Staff Costs – Salaries	184,229	57,034	241,262
Staff Expenses – Travel etc	15,148	25	15,174
Other Staff related costs – Training / Supervision etc	13,689	622	14,311
Premises	6,667	266	6,932
IT	3,990	0	3,990
Mobile / Telecom	3,046	0	3,046
Office supplies / expenses	4,869	0	4,869
Client Related Costs	590	0	590
Internal Recharges	14,665	3,625	18,290
Management Charge	21,181	0	21,181
Total Expenditure	268,073	61,572	329,645

Results

15. The data used for this analysis refer to 44 closed pair ORS/CORS cases, over the April 2022 to March 2023 period.

16. For ORS/CORS, we can split the number of ‘reliable improvements’ into three categories:

- i) those who were non-clinical before and after the intervention;
- ii) those who were clinical before the intervention and remained clinical, despite improving, at the end of the intervention; and
- iii) those who were clinical beforehand and recovered by the end of the intervention.

17. Table 3 shows that there were 29 ‘reliable improvements’ registered across the ORS and CORS outcome data. The bulk of these were recoveries (i.e. category iii), at 23 service users. We assume this group incurs full mental health-related cost savings. All other cost savings are prorated.

Outcomes	Included outcome?	Who does benefit accrue to?	Affected pop notes/ assumptions	Affected pop notes/ assumptions
Increased employment (reduced benefits payments and health impact)	Yes	1) Fiscal benefit of moving people off benefits and into work	1) DWP/HMT	JSA
	Yes	2) Improved health outcomes	2) DH 3) Individuals	ESA/IB
	Yes	3) Increased income		LPIS
Improved skill levels	Yes	Increase in earnings amongst residents achieving Level 2 NVQ	Population without Level 2 qualifications	Population without Level 2 qualifications
	Yes	Increase in earnings amongst residents achieving Level 3 NVQ progressing from Level 2	Population qualified to Level 2 but not qualified to Level 3+	Population qualified to Level 2 but not qualified to Level 3+
Mental health Training	Yes	Reduced health cost of interventions	NHS/Individuals	
A&E attendance	Yes	Reduced cost of unnecessary attendance	NHS	
Reduced incidents of domestic violence	Yes	Reduced health and criminal justice costs	NHS, LA, CJS	
Reduced ASB	Yes	Reduced incident requiring no further action	Police, Neighbourhood teams	
	Yes	Reduced incidents requiring further action	Police, CJS, NHS	
Reduced incidents of crime (all crimes)	Yes	Reduced police, other criminal justice costs, health costs per actual crime (N.B. Use multipliers to convert from recorded crime or convictions)	Police, CJS, NHS	

Housing evictions	Yes	Reduced costs of legal proceedings and repair of property	Housing Provider
Reduced statutory homelessness	Yes	Reduced costs of temporary housing etc.	LAs
Reduced incidences of taking children into care	Yes	Reduced cost of safeguarding	Children's Services
Reduced drug dependency	Yes	Reduced health and criminal justice costs	NHS, Police, CJS
Reduced alcohol dependency	Yes	Improved health, reduced crime, increased earnings	NHS, Police, CJS
Reduced persistent truancy (<85% attendance at school)	Yes	Improved health, reduced crime, increased earnings	NHS, Police, Individual
Reduced exclusion from school	Yes	Improved health, reduced crime, increased earnings	NHS, Police, Individual
Reduced hospital admissions	Yes	Reduced cost of an average admission to hospital (elective and non-elective)	NHS
Residential Care Admissions (weeks)	Yes	Cost savings through reduced use of residential care	Local Authority Adults services

18. Using the approach, data and assumptions outlined above, the results below were produced, and indicate that for every £1 spent on the social prescribing service delivers long-term benefits of around £1.80 (Table 4). However, we believe the benefits to the state and the wider economy could potentially be much larger. Firstly, the above analysis was conducted based only on the service's one-on-one support, which represent only part of the service offer. In addition to this, referrals are dependent on awareness of the service, and many of the services referrals and potential benefits are experienced beyond mental health and wellbeing.

ORS/CORS

Cost per user supported **£7,492**

Benefit per user **£13,256**

Benefit-cost ratio (value for money) **1.8**

About Barnardo's

Barnardo's is the UK's largest national children's charity. In 2021/22, we reached

357,000 children, young people, parents and carers through our

794 services and partnerships across the UK. Our goal is to achieve better outcomes for more children. To achieve this, we work with partners to build **stronger families, safer childhoods** and **positive futures**.

Barnardo's provides social prescribing for children and young people across Cumbria and Lancashire. Services have received over 500 referrals and supported children and young people since 2020.



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