



National
Academy
for Social
Prescribing

Social Prescribing Link Workers for Young People

A guide to support Primary Care Networks



This guide is aimed at Primary Care Network Clinical Directors and Managers, as well as Social Prescribing Link Workers who work with young people.

We have defined “young people” as 11-19-year-olds and people up to 25 with additional needs, such as special educational needs.

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Abbreviations

This guide makes repeated use of abbreviations related to healthy system infrastructure and service delivery. All abbreviations are listed here for context.

YP	Young People
YW	Youth Worker
SPLW	Social Prescribing Link Worker
ARRS	Additional Roles Reimbursement Scheme
PCN	Primary Care Networks
DES	Direct Enhanced Services
QOF	Quality Outcome Framework
IIIF	Inequality and Impact Framework
LTP	(NHS) Long Term Plan
ICS	Integrated Care System
JSNA	Joint Strategic Needs Assessment
SEN	Special Educational Needs
CAMHS	Children and Mental Health Services
ACEs	Adverse Childhood Experiences
VSO	Voluntary Sector Organisations
VSCE	Voluntary Sector, Community and Social Enterprise
SENDIASS	Special Educational Needs and Disability Information, Advice and Support Services

Executive Summary

In recent years, England has seen the growth of social prescribing, particularly with the integration of specialised Social Prescribing Link Workers (SPLWs) across the country. The National Academy for Social Prescribing (NASP) recognises the importance of guiding Primary Care Networks (PCNs) in implementing social prescribing interventions for young people. This guide emphasises the opportunity to use Additional Roles Reimbursement Scheme (ARRS) funding to hire SPLWs specialising in supporting young individuals.

The guide covers the scope of Integrated Care Systems, aligning with the ambition of the NHS Long Term Plan, funding sources, and NHS England commissioner expectations for general practice. It particularly highlights opportunities outlined in the personalised care Direct Enhanced Service (DES) specification, as emphasised in the Fuller stocktake report.

Given the context of youth health, national concerns about health outcomes, and the evident barriers contributing to inequalities, along with limited data, we advocate for a focused and deliberate approach to addressing the needs of young people. This work outlines how to effectively leverage existing local community resources, including youth workers and other roles for children and young people that can be trained to carry out the role of SPLWs. Practical insights, informed by experience and emerging research, are provided to support successful implementation.

Introduction

Social prescribing is “a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription—a non-medical prescription, to improve health and well-being and to strengthen community connections.” [1]

The most common means for people to access social prescribing is through the active support of a Social Prescribing Link Workers (SPLWs). SPLWs connect people to community-based support, including activities and services that meet practical, social, and emotional needs that affect their health and wellbeing [2].

Guided by a personalised patient-centred approach of asking ‘what matters to you’, social prescribing can ensure unmet needs are addressed and support is provided through confidence-building and health system navigation, making services more accessible to people that need it most.

In 2019, NHS England made a commitment to 900,000 referrals to social prescribing in the NHS Long Term Plan as part of the wider personalised care agenda for primary care. The recent NHS England Workforce Long Term Plan (2023) extended further commitments to recruiting 9,000 SPLWs by 2036-7 [3].

While social prescribing is a universal all-age approach, most link workers only support people aged 18 years and above. Notably, individuals aged 10-19 years constitute a substantial 11% of the total population in the UK [4].

This service provision gap and demographic limitation overlooks the unique healthcare needs of young people. The reach of social prescribing must be extended to incorporate the health and wellbeing of young people too. National UK charity Barnardo’s has also highlighted the need for supporting Children and Young People through social prescribing [5], recognising referrals as a way to improve mental health outcomes and reduce waiting times to specialist Child, Adolescent Mental Health services (CAMHs).

Evidence suggests that health outcomes are strongly affected by experiences during the adolescent transition period, particularly as young people take more control of their own health and wellbeing. Appropriate and timely support for young people on their journey to adulthood therefore is essential to ensure future health and wellbeing [6].

Introduction

Support provision for Children and Young People (CYP) in the NHS is complex for many reasons. There are disparate funding mechanisms (e.g. separate spending reviews at NHS Trust level), absence of a national mandate and financial investment relating to CYP, a limited ask in primary care in terms of recording data and measuring impact, and larger concerns around risk and governance issues in supporting vulnerable young people.

Services can be intricate and challenging to navigate for both young people and primary care professionals attempting to facilitate young people's access to appropriate holistic support. Young individuals are clear and consistent in expressing challenges of attempting to access and engage with suggested health services. Despite a legal mandate to collaboratively address health disparities, improving access and patient experience especially for the most affected populations, prevailing access barriers continue to exacerbate health inequalities.

Anne Longfield, former Children's Commissioner and Chair of the Commission on Young Lives, suggested in the Hidden in Plain Sight report that systems need to become less risk averse ^[7]. The report also recommends mobilising youth workers to address issues such as avoiding the criminal justice system and providing support with safety nets to lead a safer and better life.

The Additional Roles and Reimbursement Scheme (ARRS) funding can be used flexibly within the NHS England guidance to offer specialist roles that can support the health and wellbeing of young people, including hosted arrangements in CYP VSCE organisations. These roles can be embedded in healthcare teams, and health teams embedded in youth provision.

The mechanisms to recruit a Children and Young People's SPLW includes:

- Upskilling existing youth workers to take on new roles as SPLWs while working towards the NHS England link worker competency framework.
- Recruiting an SPLW with a focus on children and young people, ensuring they meet roles and responsibilities of a link worker as set out in the link worker competency framework.

Health System Context

Integrated Care Systems, the NHS Long Term Plan, Patient voice and General Practice Commissioning

Exploring the current landscape and context of our healthcare systems can highlight opportunities that new models of care and structures can offer to enable appropriate holistic support for young people. Outlined here are systems and structures that can support service delivery to improve health and wellbeing for young people.

Integrated Care Systems

Integrated Care Systems (ICSs) are NHS bodies and local authorities, working with other relevant local organisations that come together to plan and deliver services coordinated to improve the health of people who live and work in their area ^[8].

ICSs have four main aims:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

The Fuller Stocktake report articulates how primary care can and should take its place at the ICS table through a neighbourhood approach ^[9]. The benefits of such a collective integrated approach from board-level down to grassroots are apparent, but the challenges in doing so remain.

The NHS Long Term Plan

The NHS Long-Term Plan outlines priorities and strategies for delivering personalised care, promoting choice, and emphasising person-centred principles based on individual patient preferences. The objective is to establish personalised care as a universal approach, with SPLWs playing a pivotal role in facilitating this within primary care. Shared decision-making, personalised care and support planning, as well as social prescribing and community-based support, represent key components of the personalised care framework facilitated by the Primary Care Network Contract DES.

Health System Context

Patient Voice

Patient and Public Participation in Commissioning Health and Care: Statutory Guidance for Clinical Commissioning Groups and NHS England cites specific primary care guidance to commissioners regarding the mandate to gain and act on patient voice in system design and delivery ^[10]. This includes children and young people.

General Practice – Primary Care Networks, Funding Streams and Contracts

Primary Care Networks (PCNs) enable greater provision of proactive, personalised, coordinated and more integrated health and social care of communities recognising the inequalities in relation to COVID-19 and those who have been disproportionately disadvantaged. As such, the requirements of the DES contract and Inequality and Impact Framework (IIF) scheme can be met by utilising ARRS funded roles to support the CYP cohort.

Funding streams to general practice primary care currently include:

- **PCN development support funding** which is non-recurrent and for organisation development - to support recruitment, embedding and retention of new staff.
- **DES and PCN-level delivered contract** - this contract extends primary care efforts. It's a five-year plan to reform the GP contract, aligning with the NHS Long Term Plan ^[11]. In 2020/21, services were introduced to address local inequalities and support personalised care through ARRS-funded roles. The Network Contract DES allocates £2.4 billion nationally to primary care, averaging £1.47 million per typical PCN.
- **Investment Impact Fund** - this programme aims to prevent health issues in groups at risk and address health inequalities. It is an incentive scheme with key indicators that demonstrate improved quality of care for people with multiple morbidities. The plan has simplified from 36 to 5 indicators (worth £59 million), focusing on national priorities like flu vaccinations, learning disability health checks, early cancer diagnosis, and timely access. The rest of the fund, now £246 million, is dedicated to enhancing patients' experience in contacting their practice and receiving timely assessments or appointments.

Health System Context

- **Practice Global Sum** for core services
- **Quality Outcomes Framework** - with 58 indicators, assesses various healthcare areas like clinical effectiveness, patient experience, and public health outcomes. GPs receive financial incentives based on their performance against these indicators, promoting the delivery of high-quality care.

This guidance outlines considerations for inclusive, co-produced, and collaborative care across age groups. It reflects diverse funding streams and initiatives for comprehensive, patient-centred primary care services.

Young People's Health – Building a Case for Support

Obesity and Mental Health: Worrying Trends

Current data on long-term conditions in young people reveals worrying trends and highlights areas of concern, chief among them being obesity and mental health.

Mental health is a public health concern. YoungMinds, a national mental health charity for young people, found that 1 in 6 children and young people aged 5 - 16 were identified as having a probable mental health problem in July 2021 ^[12] – a huge increase from 1 in 9 reported in 2017. 83% of young people with mental health needs agreed that the coronavirus pandemic had made their mental health worse. Nationally, there is a rise in mental health issues, especially anxiety and depression among young people, with a notable 23% prevalence of emotional disorders in young women aged 17-19 ^[13].

Childhood obesity is one of the biggest public health issues in the UK, with 34% of children and young people aged 10-11 in England being overweight or obese ^[14]. Obesity increases the risk of developing a range of health conditions in childhood and later life, including: heart disease, stroke, high blood pressure, diabetes, and some cancers. This presents burdens to the health system, particularly in primary care.

There is a continued growth in the number of referrals for people aged 18 and under to CAMHS ^[15]. From September 2022 to February 2023, the number of referrals more than doubled compared to the same period in 2019/20. However, there was only a 1% increase in referrals for adults to mental health services during the same time.

There has also been an increase in the number of children and young people being referred to urgent and emergency crisis mental health care teams ^[16]. Moreover, the Children's Commissioner report reveals waiting times have increased from being referred to CAMHS to the start of treatment ^[17], stating that "the percentage of children who had their mental health referrals closed without accessing treatment has increased, back up to nearly a third".

Young People's Health – Building a Case for Support

Adverse Childhood Experiences (ACEs)

Specialist young people's SPLWs can play a crucial role in trauma-informed care and reducing the impact of multiple adverse childhood experiences (ACEs). Young individuals exposed to ACEs face an elevated risk of poor health outcomes and health-harming behaviours throughout their lives, such as childhood injury or death, increased disease risk, and mental health issues ^[21]. However, recent studies indicate that "resilience resources" in childhood and adulthood can alleviate the negative effects linked with ACEs, providing protective effects for mental health, childhood well-being, and educational attendance. These resources encompass maintaining stable, trusted relationships with adults, adequate support in school, involvement in sports clubs, regular participation in community activities, and a sense of perceived financial security.

Consequently, though efforts to reduce exposure to ACEs are crucial, equally important is strengthening resilience in both children and adults to safeguard against the impact of ACEs throughout life.

The Royal College of Paediatrics and Child Health offers key recommendations:

- Ensure young people and families have fair access to cross-sector services, resources, advice, and local community support for their health and wellbeing. Community services may extend beyond health services but should aim to integrate when possible.
- Encourage health professionals to "Make every contact count" by addressing issues beyond immediate physical complaints. Actively explore other concerns the young person (or their family) may be facing, whether physical, mental, or related to their education, social and family circumstances.

The introduction and expansion of young people's SPLWs can assist in fulfilling these recommendations.

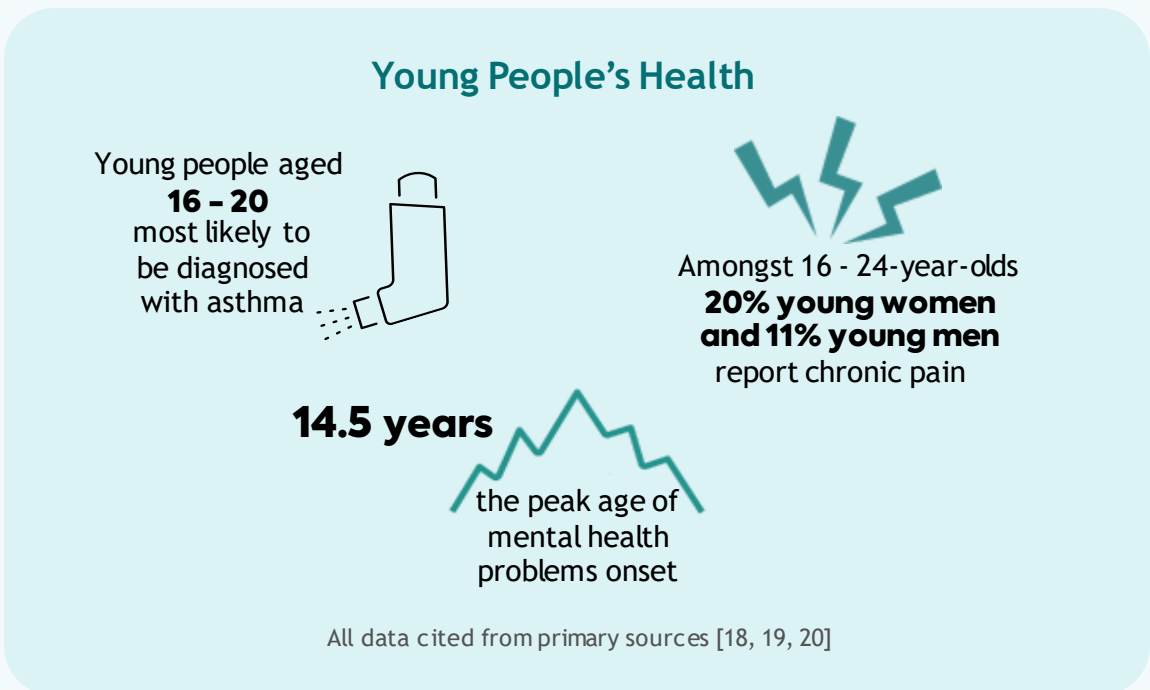
Young People’s Health – Building a Case for Support

The Adolescent Window of Opportunity

The Adolescent Window of Opportunity highlights the impact of external influences and relationships on neurodevelopment and future life paths.

During adolescence, behaviours like seeking peer approval, struggling with delayed gratification, and making impulsive decisions—especially in the presence of peers—can increase risks, especially when compounded by external traumas and poverty. Providing accurate, unbiased information becomes crucial to empower adolescents in making well-informed choices.

Incorporating young people's SPLWs as trusted role models in health discussions can be instrumental in ensuring interventions are culturally and developmentally appropriate.



Young People's Health – Building a Case for Support

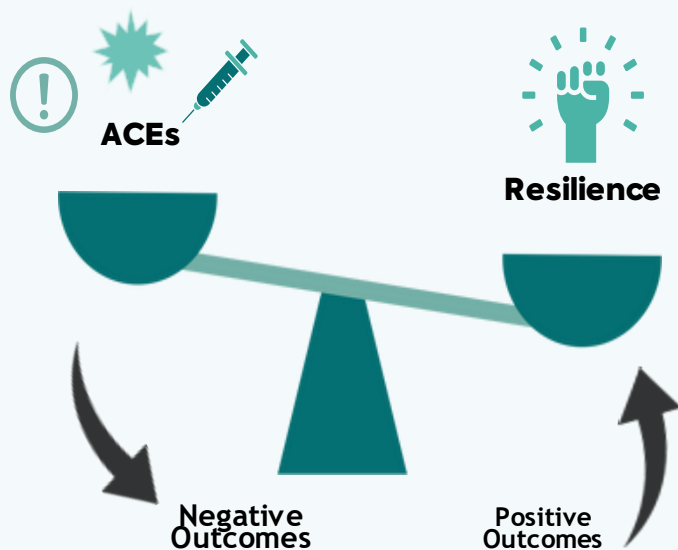


Figure 1: Factors building resilience in child development include: perceived financial security, trusted relationships, community engagement, sports group participation. Adapted from Harvard University, Centre on the Developing Child. [22]

Are Young People Presenting to General Practice?

The Association for Young Peoples' Health found that young people visit their GPs regularly for a wide range of health issues [23].

Data from the 'Young people into 2020' study, which surveyed almost 90,000 Year 10 pupils, revealed:

Nearly half of the pupils visited a doctor in the last three months. Among 14-15-year-old females, 40% felt quite or very uneasy during their last visit [24].

Findings from the NHS patient survey in 2022 [25] for the 16-24 year old group showed:

- 60% attempted to schedule an appointment in the last 6 months.
- Among the 43% not offered an appointment, 41% did not discuss their concern with anyone else.
- 39% identified having a long-term health condition. Among them, 56% reported not having the chance to talk to a healthcare professional from the GP practice about what matters to them in managing the condition.

Young People's Health – Building a Case for Support

The NHS Youth Forum's health inequalities group carried out additional research, indicating that young people from traditionally marginalised backgrounds have specific concerns about their healthcare experiences ^[26]. Young people are also unequivocal about the obstacles they face in accessing or experiencing a health service that is culturally appropriate, holistic, confidential, and fosters a sense of safety. They want to feel heard and supported, receiving care that is meaningful to them.

Legal Mandates - Human Rights Charters, the Health and Social Care Act and Equality Law

There can be a lack of awareness on young people's rights within health systems. This can create barriers to access and engagement, leading to avoidable harm and heightened crisis levels.

Understanding the existing legal mandates, including international human rights charters, is crucial. This knowledge can help pave the way for accessible, confidential, and non-discriminatory care, significantly addressing the challenges that young people consistently communicate about in our health services.

GMC guidance directed at health care professionals is clear about duties in terms of young people's rights to access and confidentiality ^[27].

Article 15: children and young people of any age have the right to access healthcare unaccompanied if they wish to do so, and they should be made to feel welcome.

Article 42 & 43: the rights to confidentiality for children and young people are equal to those of adults.

In general practice, GDPR breaches can happen when healthcare professionals automatically contact parents without obtaining consent from Gillick-competent young people. This is partly because most GP IT records lack an easy way to retrieve young people's contact details, and primary care online consultations currently don't allow digital access for those under 16 years old.

The lack of flexibility in appointment timings and durations, combined with potentially intimidating clinical environments, can act as barriers to accessing support.

Fuller Stocktake Report Guidance on Young People

The Fuller Stocktake Report acknowledges the importance of equity of access across all ages ^[9]. Some of the challenges we have highlighted:

“The principle of equity extends to the life course approach taken through the stocktake. In particular, we heard that there is often insufficient attention and resources directed toward providing effective support for children and young people, and to people with a learning disability and autistic people.”

The majority of social prescribing offers are only available for age 18 years and above, despite the NHS Long Term Plan commitment of “whole population approaches to supporting people of all ages” ^[28].

Some local systems struggle to fully utilise the scheme because of limited local capacity for clinical and managerial supervision, insufficient space in practices, confusion about the purpose of certain roles, administrative complexities, and a lack of expertise in organisational development and role redesign to integrate new positions.

PCNs are contractually required to collaborate with local partners in creating a shared local social prescribing plan as part of the Network Contract DES 22/23. This involves offering a targeted program within the broader social prescribing service to proactively enhance access for a specific cohort with unmet needs, like young people ^[29].

The Fuller report highlights the importance of a tangible, equitable offer of appropriate healthcare for young people:

“Social prescribing link workers provide a fantastic opportunity for neighbourhood teams to take a more active role in improving health, and where successfully incorporated into primary care teams are transforming not just the lives of people and families they work with but also the culture and function of the clinical teams they work alongside. Where used most effectively, these roles can help form an effective bridge into local communities, building trust, connecting up services and galvanising the wealth of expertise in the VCSE sector.”

Fuller Stocktake Report Guidance on Young People

Ensuring integrated primary care models can adapt effectively is crucial for improving health outcomes and reducing future demands on the health service. Aligning with current CYP ICS strategies may also provide additional support.

Incorporating trusted adults like specialist young people SPLWs can help young people access and engage with health services. This includes making appointments, providing support to attend, and ensuring culturally appropriate clinical encounters. Link workers can also play a role in facilitating shared decision-making and creating meaningful plans, increasing the likelihood of engagement.

Practical Considerations for Employing a Young People's Social Prescribing Link Worker

Scope, Build and Collate

The Fuller Stocktake report emphasises the crucial role of PCNs collaborating with broader systems and communities to enhance population health and address health inequalities. Partnership working, particularly in co-production and personalised care, helps reduce access barriers for marginalised groups. Creating a profile of local health needs and mapping local assets can be beneficial. Some places and groups may already provide platforms for local young people to share their health concerns and experiences in accessing support.

Below are some helpful suggestions:

Data

Using local Joint Strategic Needs Assessment (JSNA) ^[30], Public health fingertips data (Local Health is a collection of quality-assured health information presented for small geographical areas) ^[31], Shape ^[32] (an online data mapping, analysis and insight tool), and partnering with public health colleagues can be helpful in gaining demographic insights on health service demand and population needs.

Lived Experience Voice

Ensuring meaningful involvement from young people is crucial and can be achieved through diverse channels such as sports clubs, patient participation groups, and stakeholder boards on place-based Integrated Care System (ICS) CYP boards (e.g., Healthwatch). Engagement forums for looked-after children, young carers, local SENDIASS youth groups ^[33], schools, CAMHS and Paediatrics, as well as local Safeguarding Children Partnerships, contribute significantly to fostering engagement.

Mapping local assets

It's vital to collaborate with stakeholders and partners, utilising "local offer" directories. Each borough is obligated to publish services for children and young people with special educational needs and disabilities (SEND). Some agencies or individuals might already effectively fulfil the SPLW role, possibly in a capacity similar to certain youth workers.

Practical considerations: Opportunities from DES

The DES specification for social prescribing can be fulfilled by involving youth workers or similar roles supporting young people. To achieve this, the SPLW competency framework can be used to align and upskill youth workers to a SPLW role ^[34].

The 2023/24 updates provide flexibility and outlines strategies for addressing unmet health needs. The essential duties outlined in the DES contract specification highlight that youth workers recruited through hosted VSCE arrangements can effectively meet the specified requirements ^[35], notably:

DES Contract Requirements

B3.3b assess availability of community services in meeting patient needs.

B3.3c collaborate on a personalised care plan by guiding individuals to community groups and necessary statutory services, providing relevant signposting based on personal relevance.

B3.3d assess the effectiveness of the care and support plan in addressing the patient's health and well-being.

B3.3e offer personalised support for individuals to manage their health, enhance well-being, promote independence, improve health outcomes, and sustain a healthy lifestyle.

B3.3f develop trusting relationships by giving people time and focus on 'what matters to them'.

B3.3g adopt a holistic approach aligned with the patient's priorities and broader health determinants, assisting individuals in pursuing employment, training, and welfare support

Practical considerations: Opportunities from DES

The DES specification also highlights wider responsibilities when a PCN sub-contracts provision of the social prescribing service to another provider.

B3.7a draw on and increase the strength and capacity of local communities, enabling local voluntary community and social enterprise organisations and community groups to receive social prescribing referrals from the SPLW

B3.7b work collaboratively with local partners to contribute towards supporting the local VCSE organisations to become sustainable and that community assets are nurtured through sharing intelligence regarding gaps or problems with commissioners and local authorities

B3.8b provide opportunities for the patient to develop friendships and a sense of belonging as well as to build knowledge, skills and confidence

Legal Mandates - Human Rights Charters, the Health and Social Care Act and Equality Law

The delivery requirements provide guidance on outcome measures, which include use of ONS4 as an outcome measure for SPLWs. There is some flexibility in allowing additional outcome measures.

Measures to capture activity include:

CODING: PCNs must record referrals using the SNOMED coding system
871731000000106 - Referral to social prescribing service (procedure)

Practical considerations

Requirements Suggested by NHSE Include ^[35]:

- Use Population Health Management (PHM) data and insights from Social Prescribing services and the Health Inequalities Improvement Dashboard, along with real-life experiences, to identify specific patient groups.
- Work closely with local partners to design services that are easy to access and can be maintained for the identified patient groups.
- Set clear goals for better access and regularly track progress, including reviewing referral goals and measuring outcomes.
- Leverage funding from ARRS Scheme to boost service capacity, including hiring specialist SPLWs with expert knowledge and experience, or through hosted arrangements with CYP and VCSE organisations.

Understanding the young person's expectations, concerns, and ideas for support is crucial. The young person's SPLW should employ shared decision-making techniques, aligning with the NHSE competency framework for SPLWs.

The YPSP pilot evaluation ^[36] revealed common expectations from young people, including:

- Building self-confidence
- Help with developing a CV and increasing employability
- Accessing placements and training
- Getting into creative arts, music, drama, or active programs
- Help with health or learning/communication issues
- Young people not having to repeat their story unnecessarily when they meet the SPLW

Understanding and documenting the involvement of other professionals currently supporting the young person is essential. SPLWs with access to the young person's GP records can provide safe and contextual support. For instance, they can be aware of whether the young person is open to children's social care, as recorded by the GP.

Practical considerations

Young People's SPLW

When engaging with young people, discuss preferred meeting times and locations, considering options like after-school hours or virtual meetings. Some may find a GP practice, a trusted space, suitable, especially if they don't want parents to be aware.

Alternatively, meeting in the evening at a cafe or youth provision may be preferred for those seeking privacy.

In the initial meeting, the primary goal is to establish rapport and build trust, laying the foundation to understand the young person's aspirations, concerns, and context.

Confidentiality

Clearly defining confidentiality guidelines, or the "rules of engagement," is essential for fostering a sense of safety in this therapeutic setting. Some young people might not fully grasp the term, with interpretations differing. For example, those with learning difficulties might perceive it as "having confidence." Additionally, individuals with experiences involving various professionals may assume that confidential information is restricted to a specific professional, unaware that it could involve entire teams, impacting the GP's awareness, such as sharing with a school nurse.

The following is a suggested way of explaining appropriately what confidentiality means in a healthcare setting:

"The conversation we have today is private between us—confidential. I cannot share what you tell me with anyone else unless you give me permission. However, if I believe there is a risk of serious harm to you or others, I will let you know that I need to seek urgent help to ensure safety."

It's crucial to recognise that young people possess the same confidentiality rights as adults when seeking healthcare. This assurance is vital for them to openly discuss their concerns. The SPLW can emphasize this during the initial assessment, considering their role in documenting on health records. In case of doubts or concerns, the young person's SPLW can seek guidance from their line manager or the supporting GP.

Practical considerations

VCFSE and signposted agencies may have different policies, such as requiring parental consent for under-16s to access their services. It's important to inform the young person about these requirements, for instance, needing a parent or guardian signature to access a youth centre.

For decisions affecting a child's ongoing interventions or treatments, practitioners assess their maturity using the term 'Gillick competent.'

Assessment of needs

- Utilise tools like HEEADSSS ^[37] for effective health conversations.
- Establish the young person's preferred method of contact outside of sessions.
- Adhere to organisational communication and safeguarding policies.
- Summarise key points and plan next steps, offering a follow-up call or check-in.
- Gather feedback using appropriate structured formats.
- Ensure the young person knows where to seek crisis/urgent support.
- Decide on the method and number of outreach attempts directly to the young person before informing the referrer of contact challenges.

Practical considerations

Managing risk

It's crucial to support young people's SPLWs, ensuring they follow protocols for seeking advice and escalating concerns, whether directly employed by the PCN or subcontracted through a youth provision. It is important that SPLW are supported to practice safely, within the boundaries of their knowledge, training and skills to ensure children and young people receive quality support at the appropriate levels, that escalation occurs when necessary and risk is managed appropriately. Connecting health interfaces with other agencies can be beneficial, but challenges may arise regarding the handling of risk with diverse IT systems and governance processes. Depending on employment arrangements, a memorandum of understanding may clarify collaboration, with resources from NASP offering guidance.

Adhering to organisational information governance and accountability protocols is essential in managing risk when working with young people. A robust approach, including regular Multi-Disciplinary Team (MDT) discussions, supports risk management and concern documentation. Considering self-harm and suicide prevention policies is critical for managing risk, and scenario-based discussions can effectively communicate these policies to team members, including SPLWs.



Training & Development Support for Young People’s SPLWs

There are a range of resources and training available to enhance the skills and support of Young People’s SPLWs. NHS England offers 12 mandatory e-learning resources for SPLWs [37], and the following CYP-specific training and resources might be valuable.

Young people’s Rights in Healthcare

The Department of Health and Social Care have published a set of quality criteria for young people-friendly health services called “You’re Welcome” [39]. These are widely used by pharmacists, youth provisions and health clinics. The guide includes training in ensuring young people’s health offers are coproduced and joined up with other local networks.

NICE also provides guidance aimed at enhancing healthcare experiences for individuals under 18 [40], which includes a visual checklist:



Figure 2: Healthcare experience checklist taken from NICE, 2021 [41]

Training & Development Support for Young People's SPLWs

Mental Health and Emotional Wellbeing (MHEW)

Engage with the local CAMHS service to explore available MHEW support for young people and how to access it. Key questions include:

- 1) How can young people access support from CAMHS, and is self-referral an option?
- 2) What is the local 0800 crisis mental health number for young people and families ^[42]?
- 3) Are mental health in schools teams operating in the borough ^[43]?
- 4) Which organisations offer tailored MHEW support for young people, including locally commissioned digital offerings like Kooth ^[44]?
- 5) Is there a local service for young people dealing with substance misuse, and how can they access it?
- 6) Are there any local services specifically supporting the needs of LGBTQ+ young people?

Supporting Young People with SEN

Supporting young people with SEN, including transitioning from children's to adult health care services, involves utilising resources like the Local Offer website and the Local Special Educational Needs and Disabilities Information Advice and Support Services (SENDIASS) for information and support.

Communication Access UK focuses on inclusive communication ^[45], and relevant materials can be found on NHS England's website under special educational needs and disability (SEND) ^[46, 47]

The Council for Disabled Children (CDC), serving as an umbrella body for the disabled children's sector in England, offers links to organisations working with and for disabled children ^[48].

Training & Development Support for Young People's SPLWs

Transition in Healthcare

Transition in healthcare involves preparing and planning for the move from children to adult services, aiming to ease the uncertainties faced by young people. The Ready Steady Go and Hello transition programme has been developed to assist clinicians and healthcare teams in delivering this process [49].

Young people and Sex

Understanding safe practices and informed choices regarding sex is crucial for young people. To access factual information:

- Identify providers of local sexual health support services for young people.
- Contact your local public health team for training support, including C Card training for youth workers, GP practices, local pharmacies, or Primary Care Networks. This training ensures the workforce is well-informed, promoting safe conversations on topics such as healthy relationships and ensuring young people are safe and competent to consent, in line with the Fraser Guidelines [50].

Local authority websites will also hold information about support services offered for the Borough's young people.

Case Studies: Spotlighting Best Practices

Case Study 1: Health Spot

Health Spot, an integrated young people’s holistic health initiative ^[51], was introduced to address the growing awareness of unmet health needs among local youth in Tower Hamlets, East London. Identified by Spotlight, a local youth provider under the housing association HARCA, the initiative was shaped by gathering insights from young people, extensive exploration of local resources, and consultation with existing partners. The Health Spot model aims at delivering comprehensive health services.

Health Spot collaborates with GP-led clinics and various health providers, including the obesity team, speech and language practitioners, and youth violence reduction colleagues. Through co-production with young people, the initiative has demonstrated that youth workers can be upskilled into the role of Young People’s Social Prescribing Link Workers, addressing health inequalities by supporting young people in accessing healthcare. Local PCN ARRS funding is utilised to enable youth workers to perform this specialised role.

Practitioners at Health Spot highlight the pivotal role of youth workers in offering ongoing mentoring support to vulnerable young individuals, connecting them with active and creative opportunities, apprenticeships, and employability prospects. Acting as trusted adults, youth workers provide hope and a sense of “mattering” ^[52], potentially altering a young person’s trajectory from fear and violence to one of hope and belonging.

In the Health Spot model, youth workers play a crucial role in facilitating access and engagement in healthcare. They help coordinate young people’s appointments, offer reminders, and provide support during clinical encounters, fostering trust between the youth and link workers. This dynamic role ensures communication is developmentally and culturally appropriate, assisting young people in navigating the broader health system, from primary and secondary care to CAMHS.

Youth workers contribute to promoting health literacy within consultations and beyond, empowering young people to take control of their health. Addressing unacceptable aspects of young people’s lives, they play a key role in connecting individuals with necessary services like social care, housing, education, or the police.

Case Studies: Spotlighting Best Practices

Furthermore, youth workers actively engage in multidisciplinary team collaboration around young individuals, reaching out to education colleagues for issues related to engagement, attendance, bullying, or learning difficulties. They also liaise with family members and help parents understand how to best support the young person. An essential aspect of their role is gathering the voices of young people regarding their experiences and challenges in accessing healthcare systems. This unique intelligence serves as valuable feedback for local and national systems.

The distinctive value of employing youth workers in health provision lies in offering ongoing, meaningful relationships of trust that extend beyond the typical number of sessions in social prescribing. Unlike traditional models, HealthSpot's approach reduces barriers, providing a seamless downstream community offer directly to the young person.



Case Studies: Spotlighting Best Practices

Case Study 2

The following case study demonstrates the value of a trusted adult (in this case a youth worker acting as a young people's SPLW) in the life of a young person.

A young person of Asian ethnicity was on a Child Protection plan due to emotional neglect. They struggled with a lack of self-esteem and anxiety and were under the care of several paediatric teams related to wider health needs.

The young person was referred to a YP SPLW by their GP for support, including emotional wellbeing, access to secondary care and support with family issues at home.

Gradually a picture was built of needs, hopes and aspirations. This involved liaising with the GP, the school, the family and the paediatric team and seeking advice from speech and language colleagues for the wider team around the young person so that professionals were joined up in their communication approach. The YP SPLW also supported the young person to access art therapy and regularly attend a bespoke fitness club, and supported attendance at health appointments in primary and secondary care.

Since becoming more active, their pain levels have significantly reduced such that codeine is no longer being requested. The young person presents with a renewed purpose and hope in life.

The following elements were involved to allow for this outcome:

- **Active outreach – meeting the young person in a safe-space to talk freely typically outside of healthcare settings**
- **genuine co-production and personalisation of care**
- **bringing local people into the workforce so that it reflects the diversity of local communities**
- **breaking down barriers to accessing healthcare**

Further case studies and examples of best practices are collated by NHS Confederation^[53].

Case Studies: Spotlighting Best Practices

Resources for Best Practice in CYP Social Prescribing

- **StreetGames** is a social prescribing network for CYP, focussing on sports and physical activities to young people in disadvantaged communities, fostering social inclusion, and promoting well-being. ^[54, 55, 56, 57]. Working with the South West Integrated Personalised Care Team and other key partners across the UK, StreetGames has developed a toolkit for CYP social prescribing ^[58]. The toolkit is useful for designing a service tailored for young people and helpful to use alongside this guidance document.
- At PCN level, there are examples of good practice from Barnardo's ^[59], National Children's Bureau ^[60] and the NHS Confederation ^[53].
- **Youth Violence Reduction** - there are various toolkits, guidelines and support for YP SPLWs targeting youth violence ^[61].
- Social prescribing for CYP in hospital settings ^[62].
- **National Children's Bureau** guidance on best practices for CYP SP ^[63].

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