

Social Prescribing

Your Questions Answered



The following questions were raised by delegates who attended the StreetGames Youth Social Prescribing Showcase in London, in May of 2019.

Can't find the question or answer you're looking for?

Please contact paul.jarvis@streetgames.org to find out more.

Questions (click to jump to answer)

- 1) Does social prescribing work for ALL common mental health illnesses?
- 2) What is the best way to engage with GPs and do they really believe in the power of community-based sports? Do they take it seriously?
- 3) Could a GP pay a fee for sports participation rather than a prescription?
- 4) Would you still call it social prescribing if the young person doesn't need a link worker?
- 5) Can we develop a national tariff system for SP, ideally aligned to the QA system, allowing providers to draw down funds as per any other health provision?
- 6) Can social prescribing really be a universal service? Would it not lead to waste of resources that could be channelled to support people with greater need?
- 7) Who is going to invest in voluntary and community assets?
- 8) How are you going to monitor whether the VCSE can cope with this increased demand from all these new link workers?
- 9) Do health care professionals have the time for conversations and shared decision making?
- 10) Is NHS England providing guidance on where the new link workers should sit? Should they sit within voluntary/community sector?
- 11) What skills/experience/qualifications are needed to become a link worker?
- 12) Will the model work on a payment by results approach?
- 13) How much focus is there within NHSE specifically on what works for young people which may be different to solutions for adults and younger children?

- 14) What are the timescales for link workers and where will they sit?
- 15) Can you explain 'toxic stress' please?
- 16) Which country has the best approach to this right now?
- 17) This is the kind of case that discussed at early help partnerships and health services are usually absent from these meetings. This model is making a difference.
- 18) We know social prescribing works. Why are we testing / creating rather than doing?
- 19) Who are we still trying convince to embrace social prescribing?

- 20) Will there be connections between referrers to ensure a joined up approach?
- 21) What is the long term saving to the NHS for that 50k investment?
- 22) What baseline measures do you use for monitoring and evaluation?
- 23) As your model links well with the well-being service do you find yourself adding value to supporting young people from hard to reach communities, BME etc?
- 24) How much of the success is removing barriers to pre-existing services
- 25) How do you reduce financial barriers to services for young people?
- 26) 14, 19, 25, 26. Is there no standard age brackets for social prescribing services?
- 27) Are any of the local services working with colleges?
- 28) Would be good to think across the 10-25 age range for youth social prescribing aligning with NHSE long term plan etc.
- 29) What's social capital?
- 30) I like the sound of Link Workers :)

1) Does social prescribing work for ALL common mental health illnesses?

We don't have evidence specific to individual conditions at this time. However, we think it should help most/all conditions because SP involves:

- Access to a package of care, including clinical services where needed
- Each individual having a choice about what is best for them under their particular circumstances
- Participation in community-based activities and services that promote self-efficacy
- Many if not all the components of the 'Five Ways to Wellbeing'

So it is not always a replacement for other forms of treatment or therapy; sometimes it is a complement [Read more](#)

2) What is the best way to engage with GPs and do they really believe in the power of community-based sports? Do they take it seriously?

It may be easier to reach the Link Worker(s) directly, than the GPs. Another idea is to find one local GP who will be your champion and ask them to write to other GPs. Physical activity is one of the most common social prescriptions but remember, it's not the GP who needs to know about the opportunity, it's the Link Worker. [Read more](#)

3) Could a GP pay a fee for sports participation rather than a prescription?

Yes, in principle. Personalised Care and personalised health budgets make that possible. [Read more](#)

4) Would you still call it social prescribing if the young person doesn't need a link worker?

There are as many definitions of social prescribing as there are ways for young people to get help. The link worker is most needed when a young person doesn't know where or how to get help directly, or isn't quite ready to join. But if they can find their own way, or they get a direct referral, that's great too. [Read more](#)

5) Can we develop a national tariff system for SP, ideally aligned to the QA system, allowing providers to draw down funds as per any other health provision?

That's not in our control but it sounds like a great idea. Please contact us at the Youth Social Prescribing Network to discuss! [Read more](#)

6) Can social prescribing really be a universal service? Would it not lead to waste of resources that could be channelled to support people with greater need?

The early evidence for social prescribing suggests the opposite. As well as people getting better outcomes for themselves, the fact that they are getting help outside primary care means that that both primary and secondary care, that are under so much pressure at the moment, are freed up more for people with more acute or complex needs. [Read more](#)



7) Who is going to invest in voluntary and community assets?

This is critical. Without the voluntary and community sector assets, social prescribing cannot exist. We advocate that sustainability of existing services and the creation of new ones where needed must be built into all social prescribing plans and budgets. [Read more](#)

8) How are you going to monitor whether the VCSE can cope with this increased demand from all these new link workers?

In most areas, there is a VCSE infrastructure organisation who is best placed for this. Our Youth Social Prescribing programme will work with those organisations to keep track of this. We are also carrying out a survey of VCSE providers as part of our evaluation.

9) Do health care professionals have the time for conversations and shared decision making?

No, often they do not. But they can make a referral to a Link Worker who does have that time. That is the beauty and essence of social prescribing.

10) Is NHS England providing guidance on where the new link workers should sit? Should they sit within voluntary/community sector?

Very possibly they should. There is guidance from the Social Prescribing Network about this. The new Link Workers will be joining an established Social Prescribing workforce. It is vital that the new and the existing join up. We advocate that all Primary Care Networks have an early conversation with their local VCSE about what already exists. That way, everyone will benefit. [Read more](#)

11) What skills/experience/qualifications are needed to become a link worker?

A Youth Link Worker needs to have the ability to relate to young people. They also need a good working knowledge of their local VCSE services, and be very organised. There are example Person Specifications openly available on the internet. [Read more](#)

12) Will the model work on a payment by results approach?

Yes, potentially, provided we can get enough investment up front to make sure the VCSE services are available.

13) How much focus is there within NHSE specifically on what works for young people which may be different to solutions for adults and younger children?

Great question! We are encouraged by the contents of the new NHS Long Term Plan but there is still a long way to go. [Read more](#)

14) What are the timescales for link workers and where will they sit?

Our Youth Link Workers are in post. More will be recruited as funding allows. They all sit in the VCSE Youth Sector and liaise closely with primary care, CAMHS and other statutory services. The new NHS funded Link Workers may also sit in the VCSE but this is to be decided locally in each case. They will be coming into post over the next 12 months. [Read more](#)

15) Can you explain 'toxic stress' please?

Toxic stress is what a child experiences when they've been subjected to frequent or prolonged adversity. Unaddressed it can have a major impact on their health, wellbeing and future. [Read more](#)

16) Which country has the best approach to this right now?

We couldn't say for sure. Why not come to the 2nd International Social Prescribing Conference to find out?! [Read more](#)

17) This is the kind of case that discussed at early help partnerships and health services are usually absent from these meetings. This model is making a difference.

Yes, we believe so too. In exactly the kind of circumstances you describe. Social prescribing increases the capacity of health services to be involved in multi-disciplinary team meetings.

18) We know social prescribing works. Why are we testing / creating rather than doing?

We are 'doing' now. We are also evaluating so we understand how it's working and where it can be improved. There is already some good evidence. Many social prescribing schemes are still run with time-limited funding but as the evidence increase, it will become core business. [Read more](#)

19) Who are we still trying convince to embrace social prescribing?

Here at the Youth Social Prescribing Network, we see huge potential for social prescribing beyond the health system. For adults, most referrals are generated from within health (hence the name 'Social Prescribing'). For young people, we think a referral should come from whomever notices that young person needs help. This could be their school. College, CAMHS counsellor, youth worker or community safety officer, amongst others. This also means the benefits extend beyond health too – it could be about keeping a young person away from crime, or back into school, or into a job.

20) Will there be connections between referrers to ensure a joined up approach?

Yes. Most areas have a centrally coordinated scheme so that a) referrers can make an easy and direct referral to the Link Worker and b) the Link Worker can keep track of each person's journey and feed this back to the original referrer.

21) What is the long term saving to the NHS for that 50k investment?

The £50k refers to the amount we estimate it costs, per annum, to set up a Youth Social Prescribing programme from scratch in a local area, with a part-time Link Worker. We are doing a cost:benefit analysis as part of the existing, national programme and will have the results at the end of 2020. We think the savings will be not only to the NHS, but potentially to education, work and pensions and the police too. But Social Prescribing is first and foremost about better outcomes for individuals. The savings to the system are a welcome bonus! [Read more](#)

22) What baseline measures do you use for monitoring and evaluation?

Baseline measures are usually chosen locally, to suit local needs and priorities. As a starting list, we would suggest the following, using validated tools to collect the data wherever possible: wellbeing, social connectedness, physical activity and use of public services. Any area that joins our youth network has access to our baseline and follow-up data collection system.

23) As your model links well with the well-being service do you find yourself adding value to supporting young people from hard to reach communities, BME etc?

Yes. Our model of youth social prescribing lends itself well to a targeted approach, making it easier for certain groups to access services for the first time. We tend to think of services being hard to access, rather than communities being hard to reach. It means we think a bit differently about how and where the service runs.

24) How much of the success is removing barriers to pre-existing services

A big part. We have already seen examples of services that were previously under-used, being filled up through social prescribing.

25) How do you reduce financial barriers to services for young people?

Without free or very low-cost activities and services, social prescribing would either not exist or would serve only to deepen social and health inequalities. There are different ways to ensure funding reaches the local services e.g. by funding groups or by paying for individual access. Either way, all social prescribing programmes must have sustainability of local services as a core priority.

26) 14, 19, 25, 26. Is there no standard age brackets for social prescribing services?

No there isn't, and it's a good thing. It means that local services can be designed to meet local need. We think there is great potential not just for adolescents, but also for younger children and parents, and importantly, at the transition from adolescent to adult services. We'd suggest 0-25, plus parents!

27) Are any of the local services working with colleges?

Yes. Enabling schools and colleges to make referrals is a feature of all our local services. We'd like to start working with Universities too.

28) Would be good to think across the 10-25 age range for youth social prescribing aligning with NHSE long term plan etc.

Yes, we agree. Deciding which age group to target is a local choice, usually informed by what's needed, who can help and what services are available. We are excited about the opportunities in the LTP, both for social prescribing and more widely for young people's mental health. There is always more that can be done. [Read more](#)

29) What's social capital?

It is a little nebulous and there are many definitions. For us, it is about the connections that exist, within a neighbourhood or community, between the people, places and services. Where there is a lot of social capital, the community is thriving, lively, active, caring and vibrant. Where there is not a lot, social prescribing may help to build it. We know it's important even if we can't define exactly what it is!

30) I like the sound of Link Workers :)

Thank you. We do too. They're great!

