
POLICY BRIEF

Embedding and Sustaining Child and Youth Social Prescribing

September 2025



the **social**
biobehavioural
research group



**SOUTHBANK
CENTRE**

INTRODUCTION

In June 2025 more than a dozen policymakers and commissioners from across England came together to explore how we can increase children, young people and their families' access to high quality social prescribing and how this can be embedded and spread nationally. This policy briefing shares our learning.

The discussion was organised as part of the roundtable series '**Understanding best practice for child and youth social prescribing**', hosted by the [Social Prescribing Youth Network \(SPYN\)](#), based at UCL's [Social Biobehavioural Research Group](#) (UCL SBB), along with the National Academy for Social Prescribing and the Southbank Centre.

UCL SBB investigates how social connections and behaviours impact people's health. In particular, we are working to expand the reach of evidence on child and youth social prescribing to diverse and often siloed policy stakeholders across community and health. As part of this we host SPYN, a free network through which we share research, resources, events and training.

Thank you to the policymakers and commissioners who took the time to share their insights in this roundtable. This programme of work is generously funded by the UCL Faculty of Population Health Sciences Policy Activities Support Fund 2025 and the Higher Education Innovation Funding (HEIF), managed by UCL Innovation & Enterprise. Our activities are also supported by an advisory board, youth advisory group and our partners, the National Academy for Social Prescribing, the Southbank Centre and The Prudence Trust.

Citation: Hayes, D., Marshall, R., Arslanovski, N., & Fancourt, D. (2025). Policy Brief: Embedding and Sustaining Child and Youth Social Prescribing. Social Biobehavioural Research Group. University College London.

Executive Summary

Social prescribing is emerging as a promising approach to support children and young people's health and wellbeing. During this roundtable **policymakers and commissioners discussed six themes** that will be crucial in scaling it further. Key findings were:

1. Variable **commitment** to social prescribing across healthcare and the community, with opportunities for greater collaboration.
2. Examples of fantastic clinical **leadership** but with scope for more and the involvement of national politicians alongside children and young people.
3. Growing understanding of child, youth and family social prescribing, but **skills and capabilities** could be enhanced through collaboration, peer support and training.
4. Insufficient and unsustainable **resource**, which could be improved with designated funding streams.
5. Promising emerging **evidence**, however a need to invest further in gathering high quality data and individual stories to build the case for child and youth social prescribing.
6. Varied models in response to the local context, which could be better embedded in national health **policy** and beyond.

Recommendations for action can be found at the end of this briefing.

THE CHALLENGE

Children and young people's mental and physical health has reached a **crisis point**. Social prescribing is emerging as a promising approach to respond to this, by **addressing social needs arising from the social determinants of health and linking people with non-medical forms of support within the community** based on their values, needs and preferences^{1,2}. This can include activities such as volunteering, social groups, arts and sports as well as advice, education and training³.

Despite the significant need for child and youth social prescribing, and growing momentum and interest, its potential is unrealised. **Provision is patchy** and pockets of good practice remain isolated, with a **lack of awareness or joined up working** from the policymakers, researchers, healthcare practitioners and community assets that are fundamental for social prescribing to succeed.

In this briefing we summarise the discussion of policymakers and commissioners under **six key themes**, outlined below. We also include comments from our Youth Advisory Group, with whom we reflected on themes emerging from this roundtable. Lastly, we summarise recommendations for action. In doing so we explore **how to embed and sustain child and youth social prescribing**, so that more young people can receive support to improve their health and wellbeing.

"Social prescribing offers something different. It focuses on connection, creativity, movement and purpose – helping us feel understood, not just treated. [...] This is not just a nice idea. It is a chance to tackle the social conditions affecting our health and give young people the support we actually need before we reach crisis point."

– Zainab (SPYN Youth Advisory Group Member)



1. Read more in: NHS England (2025). [Social prescribing](#).
2. Read more in: The King's Fund (2020). Long Read: [What is social prescribing?](#)
3. Read more in: National Academy for Social Prescribing (2021). [What is social prescribing?](#)

01

Build commitment across the system

There is **variable commitment** to child and youth social prescribing at a local level, creating a “postcode lottery” for young people. This is influenced by the **different approaches of Primary Care Networks (PCNs)**, who may have competing priorities, limited resources, or lack confidence in adapting child and youth social prescribing from adult models. Recent reforms such as the restructure of Integrated Care Boards (ICBs) have also led to uncertainty and additional pressures within health services.



However social prescribing is not just being delivered within primary care. It is already being trialled in **secondary and tertiary care** and there is potential to embed it further across clinical pathways, which is already being investigated and evaluated. **Voluntary, Community and Social Enterprise (VCSE)** organisations are rolling out child and youth social prescribing in some areas too, and may have the benefit of greater flexibility in the way they work. There is an opportunity for **cross-sector working** between health services, VCSEs and local authorities, to capitalise on limited resources. Importantly though, the **key tenets of child and youth social prescribing should be maintained** as it spreads, to avoid people simply “jumping on the bandwagon” of social prescribing and not delivering high quality services.

02

Ensure bold leadership

Insufficient leadership from politicians at a national level has been hampering the development of child and youth social prescribing so far. **Clinical leadership is also crucial** for its development. There are some examples of very passionate leaders in primary care who have been able to implement social prescribing at a local level. However, some leaders “*just don’t get it*” or think it is “*something nice to have*”. **ICBs** also have the power to influence the strategic direction of services.

Fundamentally, **children and young people should be at the heart** of developing services, but to date their involvement has been inconsistent or lacking. Moving forward, children and young people should be central to the design of pathways, models and policies to embed child and youth social prescribing.

“From our ICB it’s been incredibly difficult to find a lead, someone to really drive it. So – a bit of a rudderless ship at the moment. It’s a ship that wants to go fast, but unless we really have structure, governance. All of those things in place.”

– Roundtable participant



03 Develop skills and capabilities



At a system level, there needs to be greater **understanding of what social prescribing is** and its underpinning values, alongside more **collaborative working** between policymakers and commissioners to embed and sustain it effectively.

To nurture the workforce, **communities of practice and peer support** should be implemented at **all levels and roles** – from link workers and their supervisors to service managers, as well as for policymakers and commissioners. Link worker **supervision** and appropriate **safeguarding** are key to ensuring good-quality social prescribing and should be adequately prioritised. **Engaging with children and young people** is another crucial skill for the sector to develop across roles to successfully co-produce policies and services.

To plug the key skills gaps it may be helpful to **standardise** parts of **training**, especially for link workers, where there is already support for a **national competency framework**⁴.

“Make sure those designing, measuring and evaluating [social prescribing] have the skills to talk to young people [...] Because that’s really important. As part of, you know, don’t do it ‘at them’ and design something that’s actually going to work.”

– Roundtable participant

04 Provide greater resourcing

There is **insufficient resource** allocated to social prescribing, particularly for children and young people. **Funding** is too often short-term, competitive, precarious and therefore **unsustainable**, particularly outside of primary care, although difficulties also remain here. **Ringfenced** or **national funding streams** for social prescribing could offer a solution to this⁵.

Furthermore, the **workforce is stretched** with limited capacity to invest in their own wellbeing and development.

“Many of the work across the country, whether it’s primary, secondary care or in community settings, it is funded on short term funding and sometimes underspent funding. And then as a result of that, it then recognises that it’s kind of stop start, there’s no continuity there...”

– Roundtable participant

“As staff are experiencing burnout, it gets passed up the system, so we need to get better at looking after our own people, really.”

– Roundtable participant



4. As suggested in: Foster, D. (2025). [Children and Young People’s Social Prescribing: Training & Development Review. National Academy for Social Prescribing.](#)

5. As suggested in: National Academy for Social Prescribing (2025). [Connected to Thrive: a vision for social prescribing for children and young people’s mental health and wellbeing.](#)

05 Strengthen monitoring and evidence

To help demonstrate the impact of child and youth social prescribing, the sector should collect **meaningful metrics** to monitor social prescribing services and specific **outcomes** to influence policymakers and commissioners – examples identified by roundtable participants can be found below, however, metrics may wish to be adapted to the cohort in question.

Amplifying individual stories of children and young people's experiences is also invaluable for building understanding. While there are **tensions and challenges** with collecting data (e.g. difficulties measuring long-term outcomes or quantifying prevention work, as well as balancing demonstrating that a service is cost-effective whilst also responding to a community's needs), building a high-quality evidence base is fundamental to help make the case for child and youth social prescribing.

"So, the big money shot is your decrease in referrals to child and adolescent mental health services."

– Roundtable participant



Examples of measures identified in the roundtable

Measures useful for **service monitoring**, adapted for children and young people

Standard scales routinely used

- Wellbeing scales (e.g. SWEMWEBS, ONS4)

Other metrics to consider

- 360* outcome measures, looking at the impacts on the young person, as well as from others' perspectives (i.e. their parents, teachers, social workers such as using the Strengths and Difficulties questionnaire)
- Physician satisfaction ratings of social prescribing
- Influence on those delivering services (e.g. artists, sports instructors)

Measures useful for **demonstrating impact** to policymakers and commissioners

- Changes on individual outcomes for young people (e.g. depression, anxiety, loneliness, self-esteem, confidence, resilience, broader wellbeing scales [e.g. ORS, quality of life])
- Improved school attendance for young people
- Decrease in referrals to secondary care (e.g. Child and Adolescent Mental Health Services)
- Cost (economic) savings (e.g. demonstrable money savings for services) as well as Quality-Adjusted Life Years for young people
- In-depth case studies of impact
- Improvements on outcomes at a population level using health management outcomes data (e.g. Clinical Practice Research Datalink, Access Elemental datasets)

Aidan, a member of the SPYN youth advisory group, has been a member of his local wildlife youth group for 2 years, and notices significant benefits:

“Being in a group of like-minded individuals working together to positively act for nature really helped my mental health and I personally describe nature as my coping mechanism now for any stress or anxiety I experience as it helps me to turn my eco-anxiety into small, powerful actions for good.”

– Aidan (SPYN Youth Advisory Group Member)

06 Embed in policies and environment

Already, diverse forms of child and youth social prescribing are emerging across the country. This includes **GP-led and VCSE-led services**, with **different funding models and flexibility** to respond to local needs. More can be done to join up these activities and provide overarching guidance. Positive examples of this include one local authority creating a specific strategic objective on young people living well with a social prescribing approach.

At a national level, **recent restructures** are affecting ICBs and health partners’ functions and will need time to settle. However, the **10 Year Health Plan** offers an opportunity due to its focus on **integrating neighbourhood teams**. To get true commitment to embedding child and youth social prescribing, connections must be made to policy areas **beyond health** too. For instance, social prescribing can complement wider support for young people, such as ‘Living and Working Well Initiatives’ and connect with other stakeholders who share priorities, for example violence reduction partnerships and support for specific populations such as care-experienced people.

“I can’t stress enough, particularly in the current situation, what people have said about being able to somehow quantify the actual or potential financial impact on the system. So cross education, health, social care and wider.”

– Roundtable participant



RECOMMENDATIONS

- **Grow awareness** of child and youth social prescribing further, to build a concrete understanding among all stakeholders (e.g. PCNs, policymakers, commissioners) of what it is, how it differs from other services and how it can be implemented. This can be ensured through training on child and youth social prescribing, as well as developing national guidelines, and a core competency framework. Organisations wishing to develop or expand their child and youth social prescribing offer should start by using the available toolkit⁶ to understand where they are at and steps they need to take to improve their offer.
- **Facilitate greater cross-sector working** between health services, VCSEs, local authorities, policymakers. Organising national and local Communities of Practice would further this recommendation and SPYN is well positioned to do this.
- **Provide leadership** by having a youth social prescribing remit across relevant Government Departments (e.g. Department for Education, the Department of Health and Department for Digital, Culture, Media & Sport), as well as designated youth social prescribing clinical leaders in PCNs to ICBs.
- **Involve children and young people** in designing and delivering services and ensure the workforce is prepared to facilitate and respond to this.
- **Invest in the workforce**, ensuring people working across the sector are supported through training and supervision. Again, training and a core competency framework would advance this area.
- **Increase funding** for child and youth social prescribing, making sure there are long-term, ring-fenced options.
- **Collect varied but meaningful metrics** in line with the social prescribing information standard to help build the case for child and youth social prescribing, showing outcomes for health and beyond, the associated economic benefits, and complementing this with individual stories.
- **Embed child and youth social prescribing in national policy** to motivate and guide stakeholders, including through the delivery of the 10 Year Health Plan, as well as in relevant policy areas beyond health.

CONCLUSION

We call upon policymakers, commissioners, youth leaders, ICB leaders, healthcare practitioners, link workers and researchers to hear the feedback shared during the roundtable and take action to help embed and sustain child and youth social prescribing. In our next steps for this project, we will be convening researchers, young people, link workers and third sector organisations to hear their complementary perspectives. We will share further learning over the coming months, culminating in the publication of best practice guidelines in Spring 2026. [Sign up to our youth social prescribing mailing list](#) to receive updates.

6. View the toolkit: StreetGames and the South West Integrated Personalised Care Team (2023). [Children & Young People's Social Prescribing Toolkit](#)

Contact

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