



THRIVE

Social Prescribing for Children & Young People

Assessing Impact 2024

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INTRODUCTION



Thr1ve offers a social prescribing service for young people (14 - 18 years or up to 25 for those with additional needs). It offers short term support, typically, 8 - 10 sessions with a Wellbeing Mentor. This usually takes the form of one-to-one meet-ups with the young person, offering an extremely personalised approach, by the end of which they are engaging in additional activities which suit their needs and interests. Thr1ve Creative, a Friday afternoon group, was established to offer a relaxed group for Thr1ve alumni. (Thr1ve Social Prescribing for Young People, 2024)

Over the past year, the project team have worked with 536 young people across Derbyshire and partnered with wider young people's mental health support services. Young people can also self-refer, making the service truly accessible. The most popular reasons for participation are: seeking support to make a positive change, social anxiety, loneliness and isolation, low mood.

The Thr1ve project has been funded to: *"to engage young people using a non-medical and non-clinical method of delivery to support that young person with the things that are important to them. Looking at it from a very holistic and person-centered way that would help them boost their self-esteem, their confidence, their social interaction and ultimately their opportunities to achieve what they want to achieve as a young person. With some secondary impacts around, educational attainment, better socialisation, increased happiness, all of those kinds of factors."* (Public Health Lead for Mental Health and Suicide Prevention, Interview)

EVALUATION OVERVIEW



This evaluation report has been commissioned by Derbyshire County Council Public Health team to better understand how:

- Social prescribing for children and young people delivered by Thr1ve fills a gap in the existing mental health provision for young people
- To better understand and measure the impact of the service,
- To measure the quality of the existing service and lastly,
- To demonstrate the value of person centred and holistic support for young people.

To understand and evaluate the service we attended a variety of sessions delivered by Thr1ve, conducted semi-structured interviews with service users, their families and key stakeholders and partners from across Derbyshire's Young People's mental health provision. In addition we looked at data collected by the Thr1ve team and wider literature on social prescribing and young people's social prescribing nationally.



HEADLINE IMPACT



IN THE PAST YEAR:

627 YOUNG PEOPLE WERE SUPPORTED

WELLBEING SCORES IMPROVED BY 39%

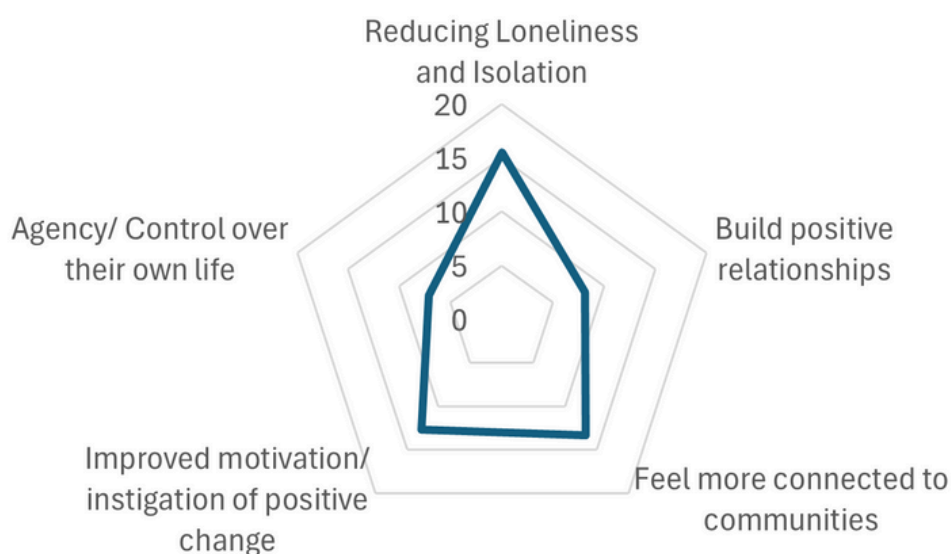
1184 HOURS DIRECTLY WITH YOUNG PEOPLE

2811 CALLS & MEETINGS WITH YOUNG PEOPLE

84.5% WERE UNDER 18

On average, all young people experienced significant improvements across five different metrics. Young people reported the most significant improvement in 'reducing loneliness and isolation'.

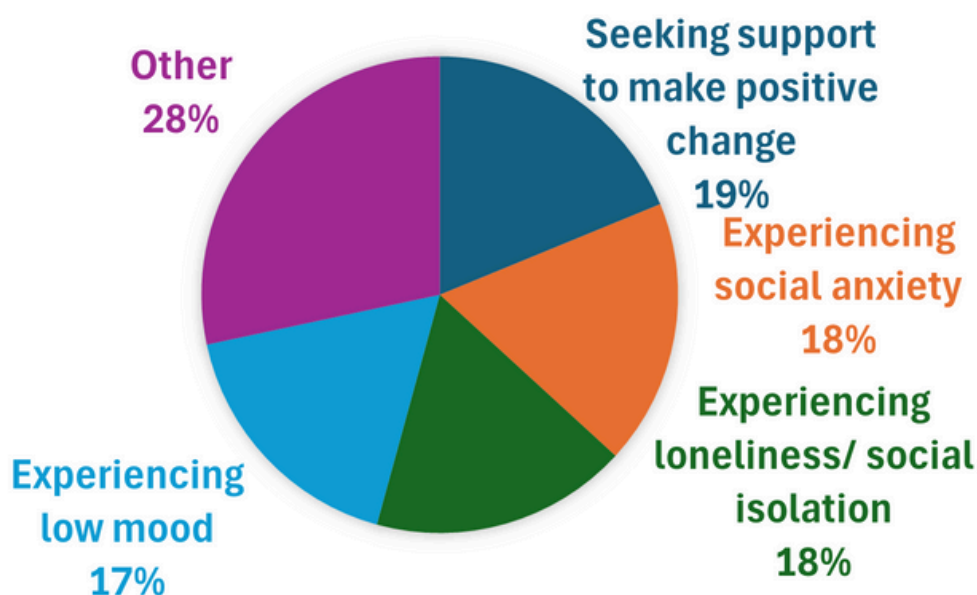
Young Person's reported outcomes from central baseline



HEADLINE IMPACT



REASONS FOR PARTICIPATION



Thr1ve provides one to one tailored support for young people for an average cost of £256 per young person, or £25.60 per session.

NHS SPENDING ON CHILDREN'S MENTAL HEALTH (CHILDREN'S COMMISSIONER 2017)

- 38% supports in-patient treatment, accessed by 0.001% of children at an average cost of £61,000 per child.
- 46% supports CAMHS services, accessed by 2.6% of children, at an average cost of £2,338 per child. (The NHS has not provided data for how many children are referred to CAMHS but do not receive treatment, or on waiting list length, or whether the treatment is effective at improving children's mental health.) In 2022/23 CAMHS crisis teams received 32,521 referrals (RCPsych, 2024)
- 16% provides universal services needed to support the 1 in 10 children who are thought to need mental health support but are not accessing CAMHS (in 2024 this figure is thought to be 1 in 3 (Murphy, 2024)) and to support an unknown number of children with lower level needs, who would be less likely to develop a more serious mental health condition with timely support.

METHODOLOGY



The qualitative evidence is collected when young people begin the programme and then again at the end of their programme. It is collated using an app called Joy.

The qualitative evaluation aimed to listen to the lived experience of those who had been involved in the Thr1ve project. The interview schedule asked questions about their experience of the Thr1ve service and the impact it had had on their lives. Service user participants were recruited from two sources. Initially the researcher went along to a 'Thr1ve Creative' session and young people self-selected if they wanted to be interviewed about their experience. Participation was voluntary. Four young people volunteered through the session and were interviewed about their experiences. The Thr1ve team also purposely identified young people from their caseloads that they felt would be willing to be interviewed with their parents. Five young people and their parents agreed to be interviewed. The same questions were asked of each participant, with supplementary questions being asked where needed.

Key stakeholders for Thr1ve were also interviewed about their experiences of the project, this included: Two School Nurses, CAMHS CBT lead, Health Improvement Practitioner, Specialist Public Health Nurse for Children & Young People, Service Development Officer, a Teacher and the Public Health Lead for Mental Health and Suicide Prevention. Interviews were conducted between 7th July and 15th August 2024 ranging from 20 and 50 minutes, the same questions were asked of each participant, with supplementary questions being asked where needed.

A total of nineteen people were interviewed about the project. All interviews were recorded and transcribed. All interview transcripts were read and reread. The data was analysed using thematic analysis based on Braun & Clarke (2019) following the six stages. Familiarisation, Coding, Generating initial themes, Developing and reviewing themes, Refining defining and naming themes and finally Writing up the themes. Six themes were identified which will be discussed in more detail below.

TERMINOLOGY

Stakeholders: These are the people who work with the Thr1ve team in a professional capacity. For this report we interviewed seven self-selected participants, working within School Nursing Teams, Teaching, CAMHS, Health Improvement, and Public Health.

Wellbeing Mentors: This title more accurately reflects the role Social Prescribing Link Workers play in the lives of young people.

Young People: The young people or service users who the Thr1ve project works with; for this report we interviewed a total of nine Young People, cited as YP 1- 9.

Parents: The parents of the young people the Thr1ve project works with. Cited as Parent 1 - 6, with numbers corresponding to the number of the related young person.

Thr1ve Creative: A weekly session for alumni and current participants of Thr1ve.

KEY THEMES



Several key themes emerged from the interviews with young people, families and stakeholders.

1. Positive impact
2. A Catalyst for change / Transformative experience
3. Participation in education
4. Person-centred, non-clinical approach
5. Complements existing provision
6. Addressing key challenges

These will be explored in more detail in this report.



POSITIVE IMPACT



All of the service users, their families and other stakeholders reported the positive impact Thr1ve services have. *"I'm happier, because I'm looking forward to Friday (Thr1ve Creative)"* (Y.P. 7, Interview). The service particularly helps young people to connect with others and works to improve young people's confidence. *"It made me more confident and it got me talking to people instead of just sitting in my room and debating with myself."* (Y.P. 5, Interview) Young people report that it builds their social skills, *"meeting new people, being able to feel more confident to talk to new people, especially newcomers and being more comfortable,"* (Y.P. 8, Interview). The service also brings vital peer support, *"I've got a lot more friends than what I used to"* (Y.P. 3, Interview) *"It's been very helpful for a lot of us. Just like meeting other people that are our age and making new friends"* (Y.P. 9, Interview).

The service helps young people to overcome challenges that they may have had in making connections with people: *"It helped with everything I was told to do to help with anxiety."* (Y.P. 2, Interview) *"Mainly getting myself out of the house and making me feel more confident in myself and making me know that I can do it. It's just going to take a bit of a struggle, but I'll get there"* (Y.P. 3, Interview). The service also creates structure and routine for young people who may not be attending other activities, *"it gets me out of the house at least once a week"* (Y.P. 1 Interview). Parents too notice the change, *"it's given him a reset almost, or a restart"* (Parent 5, Interview). *"Thr1ve helps young people to find their tribe, their people, people who will support them and have similar interests, where they feel welcome, a place where they can feel safe and secure and part of something"* (Wellbeing Mentor).

One of Thr1ve's stakeholders, reports *"a young person who was out of education because they've just done GCSEs, not doing anything, not leaving the home, were kind of really quiet, low in mood; very anxious, just completely lost and not knowing what they're going to do from life. They were referred to Thr1ve, and now they've built up their confidence, they're going out and about, and they're going to college now. Got them back interested in music, got them playing an instrument; and now they're going off to Confetti College which is a sort of creative college, their mental health is much better. That's absolutely amazing... when the magic happens"* (CAMHS CBT Lead, Interview)



CATALYST FOR POSITIVE CHANGE



Despite the service being a short-term intervention, many families reported that this was enough to change the trajectory of their lives, that the service has had a huge positive impact on how the young people felt about themselves and their plans. The Wellbeing Mentor *“was definitely a catalyst”*. (Parent 5, Interview) *“It’s made me more confident because if it wasn’t for this, I wouldn’t have been able to get on a bus. Before, I pretty much spent all the time inside, but now I can get out a lot more because I can take the bus pretty much anywhere. So, it’s a lot easier for me to do things I want to”*. (Y.P. 1, Interview) *“Socially, because before I didn’t really speak to many people, and now I feel like I can talk to people of a similar sort of age”*. (Y.P. 7, Interview) *“I volunteer at RSPCA....it’s really good because I love animals. The RSPCA thing has been massive. I know we wouldn’t have got there without Thr1ve. For one, they weren’t accepting any volunteers at the time.”* (Y.P. 6, Interview)

“It’s made me more confident because if it wasn’t for this, I wouldn’t have been able to get on a bus. Before I pretty much spent all the time inside, but now I can get out a lot more because I can take the bus pretty much anywhere. So, it’s a lot easier for me to do things I want to”.
(Y.P. 1, Interview)

Some parents were surprised at the changes the project had made and initially sceptical about how their young people would engage with the project, *“So, I thought, he’s not going to go to any, but, I think once he’d gone to the first thing, that was it then. He’s been to everything since then. And even Blend (local youth group), he went the first time with (his Wellbeing Mentor) and then, you know, he took himself this week. Which he would never have done a few weeks ago.”* (Parent. 1, interview)



TRANSFORMATIVE



These changes have helped many of the young people to pursue their ambitions and move on with their lives: *"I never used to go to my friends' houses or anything, but now I like to go out and meet them or go shopping with them and have fun, which I never used to be able to do".* (Y.P. 3, interview) Many of the young people described their future plans positively, *"I did my 'keeping in touch' day (at college) last Thursday and I met three new friends already on the first day it was really nice.... I want to be a flight attendant"* (Y.P.8, Interview) *"I think, because now that I'm more confident, I think I can be more confident in college as well".* (Y.P. 1, Interview) *"I'm able to do a lot of the things I wasn't able to do because of the anxiety that's affecting me."* (Y.P. 2, Interview) *"He (Wellbeing Mentor) kind of helped me get into Cheshire Hill College, he made it, a bit more comfortable for me. He told me his story of Cheshire Hill College. So he helped me get more confidence for it and that's helped me get a diploma in sports coaching"* (Y.P.5, Interview) From a stakeholder perspective, the value of coaching and looking to the future is very important, *"Thr1ve really complements our job, our role in terms of how it can just help them do that doing bit that goal setting that actually is probably one of the most pivotal parts of it because it builds a confidence up for life".* (School Nurse 1, Interview)

"It builds a confidence up for life". (School Nurse 1, Interview)

Thr1ve works to build life skills for the young people they support, teaching them social skills, resilience, and independence. Thr1ve uses coaching skills to enable young people to take the bus, meet with friends and pursue hobbies, which changes the trajectory of their lives. Although it is a short term intervention, Thr1ve's Manager reports that, *"the programme gives young people the confidence to believe that they can learn these skills now and in the future"* (Thr1ve Manager). The long term impacts therefore, cannot be under-estimated.



PARTICIPATION IN EDUCATION



School is an important element of young people's lives, yet for many young people it can be an extremely challenging environment. *"He just didn't have a lot of confidence. If you're struggling, school's quite an overwhelming environment to be in."* (Parent 1, Interview) and for some young people school is simply too difficult. This low attendance has a long term impact on young people, 'there is evidence to suggest that their poor mental health has disrupted their education to a damaging effect. Indeed, when we look at the skills levels of those young people who are not working because of health reasons, the picture is striking: four-in-five (79 per cent) 18-24-year-olds who are workless due to ill health only have qualifications at GCSE level or below, compared to a third (34 per cent) of all people in that age group.' (Murphy, 2024) 'Some 21% of pupils in England are now labelled as 'persistent absentees' meaning they miss 10% or more of school time each year'(Harvey, 2024). 'Children with a probable mental disorder were twice as likely to have missed this much school (18.2%) as those unlikely to have a mental disorder (8.8%).'(Official Statistics, Survey, 2021)

Locally, as well as nationally there are issues with post-pandemic school attendance, *"a lot of young people haven't coped well with pandemic, and going back into school setting, and therefore they're on flexi-plans or reduced plans or they're not in school and not engaging. That's where Thr1ve's able to do a bit more of that support and hand-holding"*. (Health Improvement Practitioner, Interview)

"So, much better, so more confident in lessons. Talking to other people. Talking to other students at lunchtime, where before they'd just have the phones out and head down and ignore everybody; where they're having more conversations now with other students in school. Well, that's really good, isn't it?" (Teacher, Interview)

Thr1ve currently runs sessions in one school and additionally receives referrals from school nurses across Derbyshire. Many families and stakeholders reported on the impact Thr1ve has on young people's engagement and participation with education. A teacher reports, *"there are so many students in school that need Thr1ve. A lot of the kids that the Thr1ve team have brought in have been non-attenders. For example, "there's another girl who wasn't here today, but she will only come in in the afternoon if she's got a nurture programme or a Thr1ve programme, which helps with attendance in school as well."* (Teacher, Interview)

Additionally, the longer-term impact through the support and coaching Thr1ve offers students enables engagement in education. *“So, much better, so more confident in lessons. Talking to other people. Talking to other students at lunchtime, where before they'd just have the phones out and head down and ignore everybody; where they're having more conversations now with other students in school. Well, that's really good, isn't it?”* (Teacher, Interview)

A young person at the Friday Thr1ve Creative, a safe space for Thr1ve alumni to get together, reflected that, they'd offer support on a Friday and *“then going back to school on Monday, I'd feel more confident to actually do the exam or being in lesson.”* (Y.P. 8, Interview) *“The Thr1ve project, it helped to get me into college. It helped set up other social events that I would attend as well”.* (Y.P. 2, Interview)

REFERRAL PATHWAYS

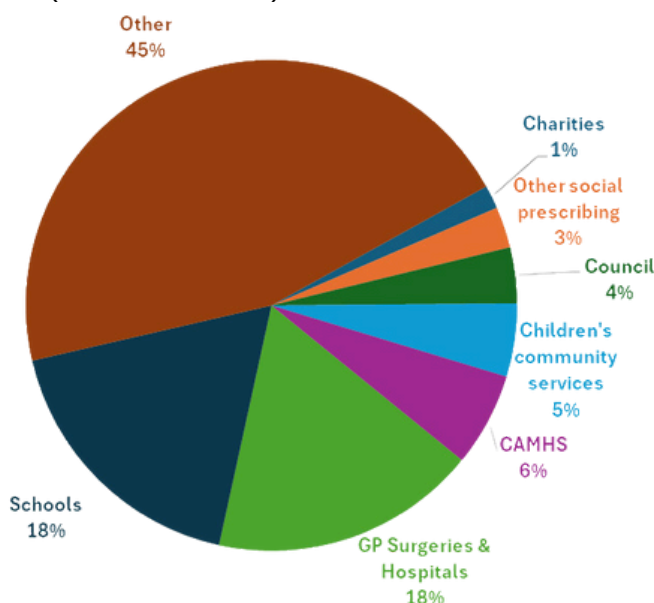


The Thr1ve project works closely with schools and school nurses, and stakeholders value *“the flexibility of their role is brilliant as well the way that he (Wellbeing Mentor) tailored the offer, in terms of meeting his (Young Person's) needs.”* (School Nurse 1, Interview) *“He's so flexible. So, I'll say to him, 'While this young person's a bit nervous, can you come into school and see them with me?' That works really well, so we generally do introductions like that. I've seen him work...and then I've seen him sort of working alongside me with young people, and so yeah, all been good stuff, fabulous!”* (School Nurse 2, Interview)

The Thr1ve project therefore, helps *“bridging that Gap between statutory services and voluntary services and making sure that we're not missing any young people”,* (Service Development Officer, Interview) and *“But that's the beauty of it, it's not only for school nurses, but also, for GPs, there was Bolsover PCN, CAMHS workers, Action for Children, school pastoral teams, so there were good levels of access into referring into the service.”* (Specialist Public Health Nurse, Interview) These referral pathways were borne out in comments from the interviewed young people, demonstrating the accessibility of the service, *“My OT recommended me to it”.* (Y.P. 9, Interview), *“the school nurse prescribed it to me”,* (Y.P. 2, Interview) and *“NHS Children's Community Services”* (Y.P. 8, Interview).

SOURCES OF REFERRALS

Thr1ve was set up to *“enable access to young people who wouldn't access support through another route. Some young people don't go to school; some young people don't engage with anything at school; a lot of young people don't go and see their doctor...”* (Public Health Lead for Mental Health and Suicide Prevention)



COMPLEMENTS EXISTING PROVISION



Stakeholders value Thr1ve for its role in complementing and supporting existing mental health service provision which is under pressure. *"If a young person has been referred into CAMHS and is awaiting that higher level of mental health need, our service and other services aren't commissioned to be able to be that infill and fill that gap".* (School Nurse 1, Interview) *"Thr1ve, they are addressing school health waiting lists. There were young people that would 100% have stayed on a school nurse's waiting list, much longer, and their intervention with the school nurse would have been much longer had they not have had the Thr1ve service to refer to".* (Specialist Public Health Nurse, Interview) *"Thr1ve can offer some low-level support whilst they're still waiting for that support in the long term, and we know how pressured those waiting lists are".* (School Nurse 1, Interview)



The 'multi-system collaboration' is working well, and has improved access to Thr1ve. The 'pioneering service has not only helped to bridge the gap between early intervention and specialist mental health services but also divert young people from CAMHS' (Burke, 2023). A survey of Derbyshire school and public health nurses reported that:

- '100% of nurses said that without Thr1ve, their intervention would have taken longer (more than six sessions).
- 37% of nurses were able to discharge young people from their service straight away upon referring to Thr1ve.
- 75% of nurses reported they were able to discharge 75% of young people from their caseload following a referral to Thr1ve, allowing school nurses to begin work with other young people on their waiting list.' (Burke, 2023)

"If I can refer into social prescribing... because that's a better fit for them at that time then it cuts my caseload, which means then I can see more young people" (School Nurse 1, Interview)

Parents spoke about the vital support from Thr1ve, when other providers were unable to help, “a lot of the other avenues were sort of dangled in front of us and then the door slammed shut at the last minute. So we really got no help from anywhere else.” (Parent 5, Interview) “Then we got help with CAMHS, but obviously you can’t go past 18.” (Parent 6, Interview)

“Thr1ve has been really, really good at getting alongside those young people and getting them doing the things they need to do for better mental health... I've referred a number of young people, who I've thought need more of a hands-on practical approach rather than therapy. The people that I've referred have been people for whom actually therapy isn't the right approach” (CAMHS CBT Lead, Interview)

“Young (people’s) mental health isn't just therapy and medication, there's the whole social side of it that CAMHS isn't really commissioned to deliver, and so I think Thr1ve really complements that” (CAMHS CBT Lead, Interview). It is also worth noting that some young people aren't in a position to be able to engage effectively with therapies, “They just don't have that level of sort of insight and reflection at this point in their life” (CAMHS CBT Lead, Interview) yet still need support and benefit from Thr1ve’s forward looking approach. “Thr1ve has been really, really good at getting alongside those young people and getting them doing the things they need to do for better mental health... I've referred a number of young people, who I've thought need more of a hands-on practical approach rather than therapy. The people that I've referred have been people for whom actually therapy isn't the right approach” (CAMHS CBT Lead, Interview). “Thr1ve really complements our job and our role, in terms of how it just helps them do that goal setting that is probably one of the most pivotal parts of it because it builds a confidence up for life” (School Nurse 1, Interview)

Thr1ve clearly has a positive impact supporting the mental health provision within schools and more widely complementing the mental health provision for young people across Derbyshire. The social approach and the ease of referral mean that a wide variety of young people can be supported. To support young people’s mental health effectively, it is clear that “we need a mix of models. We need a mix of approaches”. (Specialist Public Health Nurse, Interview)



Young people's social prescribing offers a vital provision which:

- **Complements existing provision**
- **Offers social support more appropriate for many than therapy**
- **Reduces case load for school nurses**
- **Supports young people on waiting lists**
- **Helps young people ineligible for other services but still in need**
- **Can be a preventative, stopping young people from developing more complex support needs**

PERSON CENTRED, NON-CLINICAL APPROACH



Social prescribing offers a complementary, person-centred approach which helps to increase capacity for mental health provision, but also offers a non-clinical, social approach to supporting health and wellbeing. It is known that social and economic factors contribute 40% of a person's health outcomes, demonstrating the importance of supporting people's non-clinical health and wellbeing (Derbyshire County Council, 2024).

Nationally, social prescribing is gaining pace, supporting the personalised care agenda of the NHS, (NHS England, 2020), which reflects, 'a paradigm shift from a pathogenic, medical model, towards a salutogenic model that embraces what makes people healthy rather than focusing on disease'. (M. Howarth, 2020) Stakeholders reflect that *"The social side of mental health is so important. Therapy and medication is only one part but if we could get all the social support in place, I don't think we'd have as many people coming through to CAMHS"* (CAMHS CBT Lead, Interview) Thr1ve's non-clinical approach, focusing on young people's interests and personal goals is valued by stakeholders, *"a clinician, with a mental health qualification has to support a young person with mental health difficulties, it doesn't really address the problem fully, is it?"* (Specialist Public Health Nurse, Interview) *"What they need is somebody to actually get them out there doing stuff, yeah, so more of the coaching and future-looking rather than the therapy"* (CAMHS CBT Lead, Interview)

"The social side of mental health is so important. Therapy and medication is only one part but if we could get all the social support in place, I don't think we'd have as many people coming through to CAMHS" (CAMHS CBT Lead, Interview)

For some young people Thr1ve's non-clinical approach suits them better, for others, it is complementary to other services. Families value a non-clinical approach, *"(Young Person) doesn't respond very well to therapies. Because, again, it's more focused at talking, and concentrating."* (Parent 6, Interview) *"I feel like coming here is fun, because I get to do things without thinking about things, and then CAMHS is supportive, because I get to talk about it. So, it's two different ways of helping"* (Y.P. 7, Interview).



CASE STUDY 1: FRASER'S STORY



YOUNG PERSON: FRASER

Fraser talked about his Wellbeing Mentor, "We had walks and talked about what we're going to do, and he saw that I liked rugby so one time we went out and played rugby together. He taught me some new things because he used to play rugby. He took me to a youth club that I still go to nowadays."

"Because when I was with (Wellbeing Mentor) he's really nice to me and he really made me feel comfortable."

And reflecting on his life before and after the Thr1ve programme, he said "I didn't go really out that much, it helps me get out more and make some new friends." (Y.P. 4, Interview)

PARENT: FRASER'S MUM

Fraser's mum gave a little more detail about the impact Thr1ve has had on their family.

"With all the different people and organisations, from my mother's point of view, I was banging my head against the wall because he needed something, because he had a big thing when they went from primary school to high school with COVID, and it's had a big effect on a lot of his age group. We have tried different things and he's still under CAMHS but Thr1ve suits him better. Fraser doesn't go to school that often, so what was happening is he was sleeping all day while school was on and awake all night.

(The Wellbeing Mentor) was absolutely wonderful. It's just a shame that the sessions are not longer. We met (the Wellbeing Mentor) when he took him to the youth club and introduced him and played snooker with him at the club. He actually went with him for the first couple of weeks, then the third week he went with him again and then he came away halfway through, and the last time he actually went with him, dropped him, walked with him, and then left him to it.... it did make a difference.



(With doctors, and teachers, and other people,) Fraser slightly shuts down. It depends if Fraser wants to bond or not. It's got to be somebody you can build a rapport with, but, that's true for all of us. And I usually know straight away. We've been through quite a few CAMHS workers. So for anybody to get through to him is great, he used to come back if they'd gone on a walk or whatever, and he'd be laughing and smiling and joking. It was just, it's lovely to see.

(The impact Thr1ve has made for Fraser's family include) a sense of purpose, and he just seems a little bit more sociable, we even did a day at school last week before they broke up, which is a big, big achievement. if you'd asked me a few months ago to make an appointment at half past 10 in the morning, there's no chance. We have a bit of routine now, it's been a long time, but we're getting breakfast together now. He's going to the gym, he's going to the youth club, he goes to rugby. He's looking after himself a little bit better.

We just take it as it comes, but he is a lot more outgoing." (Parent 4, Interview)

CASE STUDY 2: HANNAH'S STORY



YOUNG PERSON: HANNAH

Hannah was introduced to Thr1ve by her GP who is also a mental health worker. She was first met by Wellbeing Mentors, who started visiting her at home once a week for a few weeks. Hannah explains how the first meetings went, "they just kind of got to know me first, put like cards out and I chose what I liked doing out of them cards. So like, say, different subjects, different topics. And then sometimes we just sat and played games or coloured or did arty stuff. It was just nice to have someone to talk to and, you know, feel a bit more normal about myself."

As a consequence of Thr1ve's work, Hannah is now able to engage with other activities, "I've only recently started coming here (Thr1ve Creative) because I've not been ready to come, but I've been ready now. I want to meet new people now and start socialising a bit more. I've been twice now to the sessions and it's been really good."

The Thr1ve team have also supported her with other activities, "I volunteer at RSPCA... It's really good because I love animals. I'm a big animal lover, so to have that as sort of something on the side is just nice to get me out and do something that I enjoy." Additionally, "I did a gala, which was at Clowne a few weeks ago, that was fun. So there's a lot of opportunities come up like that, I suppose that's kind of lovely. I enjoy doing that, like, stores and fundraising and stuff like that, that's another thing."

Hannah says that the Thr1ve project has "helped with my confidence because before I wasn't doing anything, not since I left school. So school was a massive, and still in my head. It's still in my head. Traumatic. It's never really left me that school feeling. Having to get up. It's one of the reasons why I can't get up and have a job or get up and do things in the morning because it reminds me of getting up for school and that trauma. It was a trauma."

About Thr1ve she says, “really, I’ve not really had anything that I felt comfortable with, and here, there’s no pressure to do anything. I just take it at my time, so that’s what’s good about it. It doesn’t feel pressured. I think it’s just brought me a bit more normality. If anything because I’ve met people, obviously, that are similar to me and share the same sort of issues.”

“The RSPCA thing has been massive because I can’t have a proper job at the minute, but it makes me feel as though I have got a little something, makes it feel like I’m making a difference, it gives me a purpose. Rather than just being inside all day. I think that’s been the main thing is getting out more, meeting new people, and just feeling better about myself. It’s been like kind of a relief for me, like a safe place to go. So yeah, I’d definitely miss it if it weren’t there”

“I think as well, helping others does help me because it kind of puts my feelings to one side and I can focus on somebody else. If I do go out with friends, for instance, and I always want to help them instead of me, it kind of it gives me distraction that’s a big thing. I do enjoy helping other people and and it kind of helps me to be able to help other people. It makes me feel a bit more normal.” (Y.P. 6, Interview)



PARENT: HANNAH’S MUM

“So would you like to tell me a little bit about the story and the journey you’ve come on? This’ll probably give you a bit more context of where Hannah’s been over the last few years. Thr1ve’s probably the only one that has fit, it’s not been like, you’ve got to get up and do this, you’ve got to do that. It’s just at her own pace, and they reassured me of that at the start, so I think that’s been really helpful.

From being very young we noticed something was different with Hannah. Hannah struggled through school from infant right through to secondary. We only managed to get help when she was in juniors, so probably the year before she went up to secondary school. And we got help with CAMHS and they diagnosed her with generalised anxiety disorder. She’s also emetophobic, so extremely phobic of being sick and being around children. It’s very debilitating. She was diagnosed with some OCD traits and they also found later on during her secondary school time that she had like some functioning skills, cognitive functioning skills. We always thought Hannah was autistic and then we looked into ADHD. She’s been on medication for anxiety since she was 11. We just thought it wasn’t right. In a nutshell, over the last two years, Hannah has been diagnosed with ADHD and quite a severe form of ADHD, and now we’re just going through a referral for autism. She’s been failed really, a lot of it is to do with her being female, because she’s been able to mask, all the way through school. Hannah was never disruptive in school. Very well behaved. Had lots of anxiety issues. Which they diagnosed her with. But was never disruptive. Couldn’t concentrate in school at all, though. Couldn’t focus. And then when she got home, the meltdowns were common. So, it’s been very hard for us as well.

She had out-of-school tuition from the county council, and even that was difficult; but school ended, and then she went to a special needs school, which was just up the road from us, which was an equine-assisted school. She was able to work with horses and she'd actually come through school. She came out of school with five GCSEs.

Hannah's very bright. But Hannah started to drop off going there, (because there was quite a lot of pressure to attend) and there was nowhere for her to go really and she didn't kind of talk about, so, she started to self-harm and had a very low mood and things just weren't fitting and nothing seemed to fit in with what you wanted to do. She just kind of went to bedrock. It's been a difficult time. It still is.

When (the Wellbeing Mentors) came to the house, after the first session. My goodness. It was massive for us. As a family we can't give everything that Hannah needs, certainly the social side. We wanted her to mix with younger people, particularly, and people who've got similar issues. So, it's just been massive. From the moment they came. And when they went, we looked at each other and were like, wow, Hannah, there's an opportunity here for you to do something.

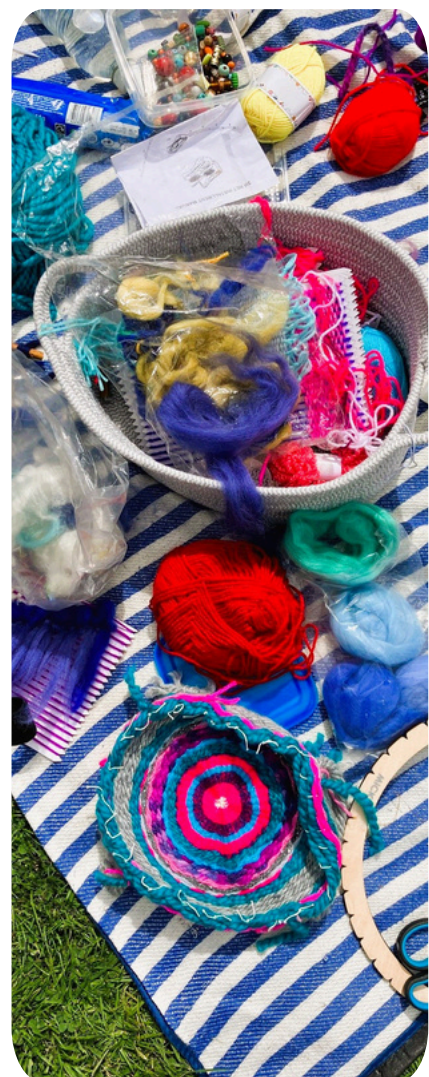
I don't know where we'd be without Thr1ve. We wouldn't have anything at the moment in place. Nothing at all.

She's only just really managed to do that (Thr1ve Creative), haven't you? But the fact is, they've allowed her to be, to wait until she's ready. And the last two sessions she's been, she's come out really happy with it. And I think she can see now, and hopefully, she might find that she can do more. So, just having it there is, for us as a family, it's just me, Hannah, and her dad, it's been massive. It's just been massive. I don't know where we'd be without Thr1ve. We wouldn't have anything at the moment in place. Nothing at all.

Hopefully, Hannah will be able to find herself a small, a job, whether it's part-time or not. But I think that's the goal that she wants to do with it. And just having that, a starter, she feels like she's worthy.

You blame yourself as a parent, and you just want to do more and to do better. Our story's a little bit, been a very difficult. It's been a whole 21 years. Of misdiagnosis, of not getting the help that she needed.

We've, we've got nothing but high regard for Thr1ve and you know say without it, we wouldn't be where we are, we would be lost at the moment because there really isn't much else out there for people like Hannah and for parents like us. Just to see Hannah doing something, whether it be an hour a week, whatever, just little little steps at a time, so we would be lost without them, we really would." (Parent 6, Interview)



ADDRESSING SOCIETAL CHALLENGES



One in four people have a mental health problem in any given year, and half of adult mental health problems start by the age of 14. (Derbyshire County Council, n.d.) : “Social prescribing is written into policy as an all-age offer, but we know there has been limited uptake from children and young people. New evidence for the National Academy for Social Prescribing brings together the evidence from the existing literature and a survey of stakeholders to highlight the ways in which social prescribing might be useful for that population.” (NIHR, 2023)

Poor mental health is a rising problem across society in the UK, with young people particularly affected, ‘in 2022, more than one-in-three (34 per cent) young people aged 18 - 24 reported symptoms that indicated they were experiencing a ‘common mental disorder’ (Murphy, 2024) and ‘More than 500 children a day, or one in every three minutes are referred to mental health services in England’ (Gregory, 2024). These rising rates of poor mental health are complemented with rising rates of diagnosed neurodiversity. Although the causes of these issues are not fully understood, the world that young people are growing up in today, is a very different and much less welcoming place than it was less than a generation ago, with fundamental changes in young people’s experience of:

- Places
- Freedom and transport
- Work

These are now showing to have a clear detrimental impact on the lives of young people, affecting their social skills, independence, autonomy and happiness, all of which intrinsically affect mental health. ‘Poor mental health can blight young people’s experience of education, for example: hamper their finding a job in the first instance, and constrain their ability to flourish in the labour market thereafter. This matters not just for young people’s living standards in the here- and- now: there is a well-established ‘scarring’ effect that a bumpy start to adulthood can have on one’s long-term life chances.’ (Murphy, 2024)

PLACES

There is now a lack of provision for young people within communities, *“there are so few of those third spaces available to children now compared to 10, 20 years ago”* (Service Development Officer, Interview). ‘Data showed the average number of youth clubs supported by individual local authorities in England has fallen from 14 in 2011/12 to eight in 2018/19’, (Department of Culture, Media and Sport 2024). ‘1,243 council-run youth centres across England and Wales were closed between 2010 and 2023’ (Unison, 2024) and this is reflected more generally in the reduction of investment in youth services across the country; ‘95% of local authorities reduced their real terms spending on youth services by at least a quarter between 2011 and 2021’.

The 43% decline in total expenditure on young people's services between 2014 and 2021 includes a '51% drop in funding for universal (open access) provision' (Department of Culture, Media and Sport, 2024). These reductions impact lower-income families more than others, particularly as many families cannot afford to invest in hobbies for their young people.

FREEDOM AND TRANSPORT

Young people's independence has been curtailed in recent years (Children's Commissioner, 2018) with 'primary-age children in Britain losing the freedom to play independently and are typically are not allowed to play outside on their own until two years older than their parents' (Weale, 2021) although, 'allowing children the freedom to get about in their local area unaccompanied by adults has been found to be important for their health and physical, mental and social development.' (Nuffield Foundation, 2015) In addition to this, private vehicle use continues to increase, with journeys by car or van up 8% for drivers and 12% for passengers in 2024 compared to the previous year, and the number of households owning two or more vehicles has increased by 6%. This car dependency of our society creates barriers for non-car owners, and 'young people (who) cannot access work, education and social opportunities due to transport barriers' (Chatterjee, 2023). Thr1ve supports young people to become more independent, including using buses, which is vital for many of them to engage in activities, however, nationally, '16-24 make 14% fewer trips (on public transport) compared to the population average' (Chatterjee, 2023). Having freedom is linked to the time young people spend outdoors, which is known to have numerous health benefits.

WORK

Work gives young people a role to fulfil beyond child or student, and additionally brings them into contact with a wider range of people. Whether paid or voluntary it can boost people's sense of purpose, their social connections and build confidence and life skills, 'I'm just front of house... selling tickets and chatting to people, that sort of thing.... I haven't been the most confident person in general. So that definitely brought me out of myself' (Collings, 2023). However 'only a quarter of 16- and 17-year-olds now do any conventional paid work, compared with 48% in 1999' (Booth, 2020). This decline is in part caused by the types of roles available, the wider economic situation and higher minimum wage (Gardiner, 2020).

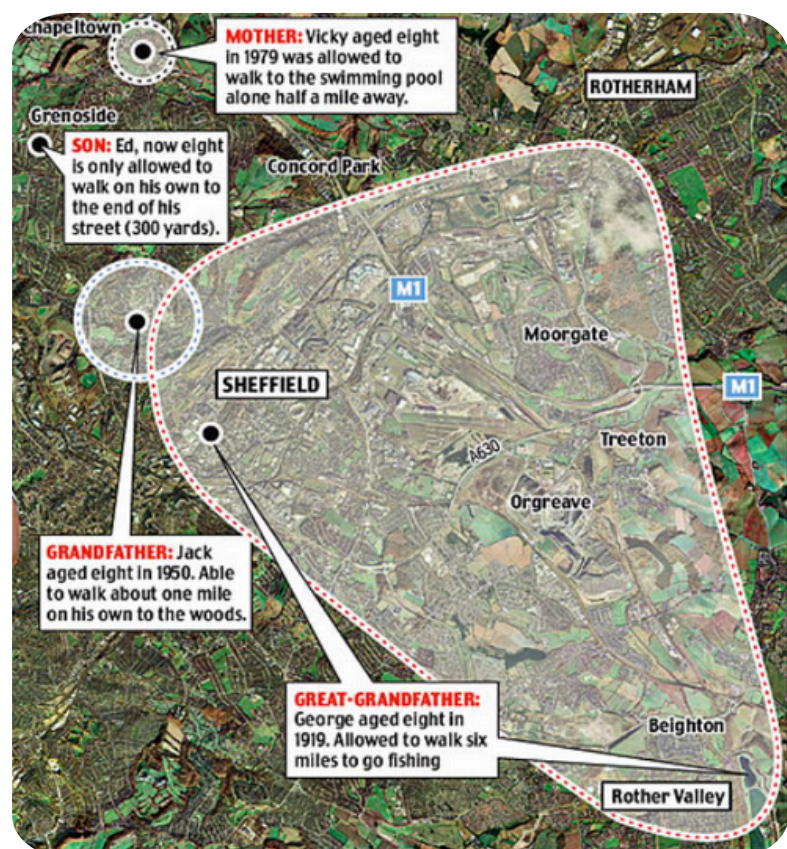
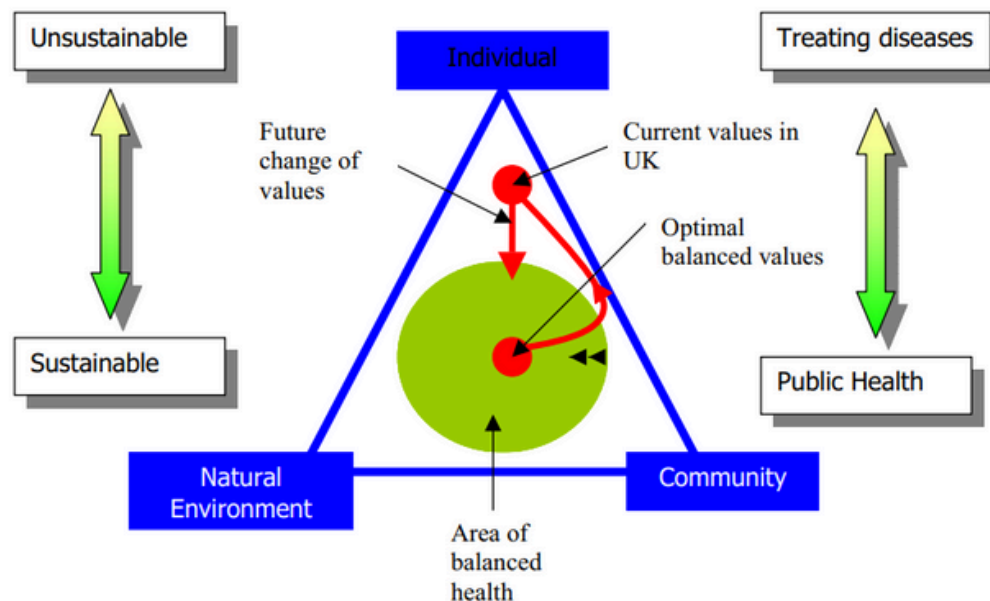


Image from <https://www.dailymail.co.uk/news/article-462091/How-children-lost-right-roam-generations.html>

Of course there are many factors for young people's poor mental health, including commonly discussed issues such as social media, but these trends are concerning. They exacerbate poor engagement with the five ways to wellbeing (New Economics Foundation, 2016) and social isolation and are clearly having a detrimental impact. These issues can also be viewed as a disconnect from the natural environment and our communities, which are causing enormous challenges. Broadly, social prescribing acts to reconnect individuals who are struggling with their communities and the natural environment. This diagram highlights the unsustainable current culture and values in the UK and gives an understanding of why so many people are struggling.



<https://www.centreforecotherapy.org.uk/wp-content/uploads/2021/07/Natural-Thinking-RSPB-report.pdf>



Thr1ve directly works to address some of these issues, working with young people to reconnect them to communities, and improving their independence and mobility, creating a sense of purpose and belonging. Thr1ve builds their *“confidence and reduce(s) social isolation which we know is just an epidemic within itself in terms of a lot of young people that I see. (And additionally) they’re also building that network and building that community capacity to then look after those young people”* (School Nurse 2, Interview).

Thr1ve’s team of Wellbeing Mentors are highly skilled professionals, able to engage effectively with young people, to coach and mentor them, and additionally they are able to find community youth provision, which have been increasingly hard to find due to sector-wide cuts. This community youth provision must be sustainable for the young person to engage with, for example, on a bus route, free or affordable to access and relevant to the young person’s needs and aligned to their interests.

EARLY INTERVENTION



“(Thr1ve) works as preventative... this is this has identified them much sooner and perhaps kept them at a level of coping without actually having to go in (to CAMHS)”. (Service Development Officer, Interview)

The social aspects of mental health are important for promoting wellbeing, therefore Thr1ve's social prescribing service can be used to support young people throughout their mental health journeys. *“(Thr1ve) works as preventative, in that anybody can refer into Thr1ve, so it can be self-referral, it can be from the school. What we have with some of the other PCN models is it has to be a GP, and by the time the young person's gone to the GP they tend to be in crisis at that point. So we've been able to identify young people much sooner and actually they've not had to reach the thresholds that perhaps they would do for other services because we've been able to go in and work with the young people.”* (Service Development Officer, Interview)

With increasing numbers of young people needing support, services such as “CAMHS or Mind are under pressure. They've all got really long waiting lists because we're seeing more and more young people with chaotic lifestyles, they're being identified much sooner, but then they're going on to waiting lists to get the specialist support.” (Service Development Officer, Interview) and nationally, ‘thousands of children on “unacceptably long” waiting lists, (with) delays to treatment risked causing further harm at a crucial stage of their development.’ (Gregory, 2024) Young people's social prescribing offers a solution, with 75% of Derbyshire school nurses reporting that they were able to discharge 75% of young people from their caseload following a referral to Thr1ve, allowing them to begin work with other young people on their waiting list.’ (Burke, 2023)



“So for me, this has identified them much sooner and perhaps kept them at a level of coping without actually having to go in”. (Service Development Officer, Interview)
“(Thr1ve) acts as a real safety net for young people. And then a platform for young people. We're hoping it might prove that it will prevent the need for people to access services. So if they are on a waiting list, with this kind of intervention, can they come off that waiting list because some of their issues have been resolved” (Public Health Lead for Mental Health and Suicide Prevention, Interview)
Therefore, if Young People's Social Prescribing can be invested in, there is a real possibility that this work can reduce the workload on clinical mental health providers and save costs overall.

NATIONAL PICTURE



Whilst social prescribing has gathered pace nationally, specialised social prescribing for young people remains quite a new intervention. Despite, 'social prescribing being described as an 'all age offer', a recent review concluded that only a small proportion of Link Workers were working with young people aged 16 and under' (Hayes, 2023) and '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'. (Rice, 2023) However, it is clear from this examination of the Thr1ve project that social prescribing for young people can change the trajectory of their lives for the better, give them vital new skills and support them to reach their potential.

'There is emerging evidence around the benefits of social prescribing for young people, particularly for those aged over 17, on personal and mental wellbeing. There is also preliminary evidence to suggest there is a potential favourable return on investment' (Hayes 2023).
'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' (Rice, 2023).

For social prescribing more generally, evidence shows 'that peer support can help people feel more knowledgeable, confident and happy, less isolated and alone' (NHS England, 2020) and that, 'people experiencing the highest burden of social determinants of health and inequalities stand to gain the most from social prescribing' (M. Polley, 2023) and finally, 'an economic analysis, (of social prescribing generally) demonstrated a return of £5.04 for £1.00 spent' (Hayes, 2023). A lack of a universal tool to measure wellbeing hinders understanding the impact of social prescribing, as well as an understanding of 'where costs are anticipated to be saved in the health and social care system or wider society' (Woodward, 2023) and this is of particular relevance to young people's social prescribing which impacts their ability to become independent, engage in education and changes their career trajectories. It seems fair to assume therefore, that young people's social prescribing can have a far bigger benefit (for the young person, their families, the health and social care system, on employment and on the economy) than social prescribing more generally. Understanding this is essential to making 'evidence-based policies to tackle the youth mental health crisis are more important than ever' (Murphy, 2024).

"Social prescribing for young people is quite different to social prescribing for adults. Young people are supported with coaching and mentoring techniques, led at the young person's pace. To be able to engage with a young person effectively, is a different skillset to engaging with an older person. Unlike working with an older person, independent skills are taught, giving the young people the knowledge that they can learn those skills. Activities too, are carefully chosen so that it is sustainable for the young person to participate long term." (Thr1ve Manager)

PROJECT LEARNINGS



FILLS A GAP IN SUPPORT FOR CHILDREN AND YOUNG PEOPLE

At a superficial examination of Thr1ve's social prescribing project, the extent to which the project works alongside existing mental health services for children and young people is not clear. Upon closer examination, it is abundantly obvious that the service plays a vital role in supporting the ecosystem of current provision. Without it, and with the increasing numbers of young people struggling with mental health challenges, waiting lists for school nurses and CAMHS will continue to grow, as will the numbers of young people not engaging in education.

Social prescribing for young people provides a lifeline for the young people attending, increasing school attendance, reducing waiting lists for other services and tackling mental health challenges before they reach crisis point. It also offers a social, non-clinical approach to supporting good mental health and wellbeing, which is more appropriate for many young people and the kind of challenges they are facing.

It is a cost-effective approach to supporting young people, offering effective person-centered care whilst reducing case loads on other services such as the school nursing teams and CAMHS. For young people, social prescribing has been a positive experience, often changing the trajectory of their lives for the better.

EQUITY OF OFFER

The most frequently cited challenge for stakeholders, was equity of the service across Derbyshire, as Thr1ve is funded by multiple agencies with different criteria and geographic reach. This means that despite improvements to coverage, some young people in Derbyshire are eligible and others not, leading to unfair provision and confusion for referrers. *"It feels unfair".* (School Nurse 1, Interview) *"I've half-said to a young person, oh let's consider this, and then I've gone, oh hang on a minute, we need to see if you fit the criteria. Which is awful, it's awful to have to stop and do that"* (School Nurse 2, Interview) Not only would coverage of all of Derbyshire make provision equitable for all young people, but it would also simplify the referral process, and help to raise the profile of Thr1ve in Derbyshire.

LONG TERM FUNDING

Thr1ve's short term funding causes challenges in the continuity of service, both for referrers, and also for Thr1ve's staff team, and consequentially for service users. Longer term funding and employment contracts would enhance relationship building, both with service users, but also with stakeholders, and enable skills and experience to be retained. The service relies heavily on their relationships across the region and local knowledge to support the prescribing activity, making a positive correlation between service effectiveness and efficiency and staff experience and knowledge. *"If we as a system can provide assurance of secure funding, that will enable even more benefits. It's to come from the delivery of the service because of consistency of staff, skills of staff, experience of staff that can be retained."* (Public Health Lead for Mental Health and Suicide Prevention, Interview)

IMPROVED METRICS

There is no universal and acknowledged set of metrics which measure positive health and wellbeing, making it difficult to accurately record the positive impact projects such as Thr1ve have in numerical terms. Added to this, is the challenge that different social prescribing projects across the country use different measures of success, making it difficult to create a body of evidence across the country which would influence how social prescribing is funded. Of particular importance, is the long term impact young people's social prescribing can have, which again is incredibly difficult to measure. 'This is especially true for those seeking to impact on education, employment, or training' (Polley M, 2022). There is a need for universal measures of health happiness and wellbeing, to effectively measure the success of social prescribing projects, as currently, building national evidence for policy change is challenging (Rice, 2023). If these measures focused on positive happiness rather than poor health, this may lead to more effective preventative policies more generally.

THIS EVALUATION

This evaluation is based primarily on the evidence from the qualitative interviews which were conducted. This is because extrapolating reliable and useful data from the Joy platform has proved challenging. In addition, data around the numbers of young people who either use CAMHS concurrently, or are on a CAMHS waiting list, or access Thr1ve and therefore no longer need support from CAMHS is not available, in part because the independent services currently do not have this information. Data around the young people who are offered social prescribing but do not participate, (currently 47 young people this year), is not explored and data around those young people who drop out of the service is also not investigated or collated due to both staff capacity and privacy issues. These are areas of potential interest for future studies. Therefore, we are aware that this evaluation has not gained an understanding of when the Thr1ve project is not effective for young people. However, the evidence collected shows that social prescribing offers a lifeline for the young people and their families who do use the service. Engagement with the programme demonstrates a positive impact for the majority of participants.

CONCLUSIONS



Young people's social prescribing delivered by Thr1ve fills a gap in the existing provision for young people's mental health in Derbyshire, providing an easily accessible service which has an enormously positive impact on the young people and their families. It complements the existing mental health provision for young people, offering practical social support which is highly effective, person-centred, and future-focused. This coaching and nurturing approach has widespread impact across every facet of the young persons life, improving their outlook and prospects in every way. Thr1ve works well with stakeholders and colleagues from across Derbyshire's statutory and community based mental health services, who report, that *"it really has been a positive addition to our armour if you like, our toolbox,"* (School Nurse 2, Interview)

This highlights the need for secure onward funding to enable a consistent offer in Derbyshire and maintain the continuity of delivery. Social prescribing addresses a huge and increasing need for young people's mental health support which cannot be resolved solely supported through traditional approaches, in part, because these traditional approaches do not have capacity, but also because they offer a therapeutic approach which is not suitable for all young people. Social prescribing on the other hand is a universal approach which is relevant and applicable to most young people in need of mental health support. Social prescribing for young people offers an excellent method for supporting the young people of Derbyshire to 'start well', 'support communities' and 'promote good mental health', three of the five current areas of focus for Derbyshire (Derbyshire County Council, 2024).

Nationally, it is believed that 'better health across the population would save the government £18bn a year by the mid 2030s' (Elliott, 2024) with mental health contributing significantly to these figures. Without social prescribing, many young people's mental health would worsen, impacting on their education, confidence, life skills and health and happiness both in the short and the long term. Thr1ve's service makes a huge and lasting impact on the young people it works with.

"Well, before, I wasn't very comfortable in going out of the house or anything. But then they helped me go outside and do things, it's made me a lot more confident in going outside by myself and going places" (Y.P 3, Interview).

Thr1ve offers a service which is currently incomparable, *"there isn't anything in Derbyshire Dales that resembles Thr1ve at all"* (Health Improvement Practitioner, Interview) and young people say, *"I don't know where else I'd go"*. (Y.P. 7, Interview) Social prescribing also offers *"local intelligence that they bring to our partnership - that you know actually what's going off in the ground has been really useful,"* (Health Improvement Practitioner, Interview) meaning that an evidence based approach can be taken for future public health decisions.

It is imperative that young people are supported, as 'young people today have the undesirable attribute of having the poorest mental health of any age group;' (Murphy 2024) and social prescribing offers a successful cost effective intervention to address this in Derbyshire, until policies and investment create a world which is more child and young person friendly.

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- Everyone in the Thr1ve team who worked hard to support this report.
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All photographs courtesy of Thr1ve

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THANK YOU

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