

Social Prescribing in Child and Adolescent Mental Health Services: A Guide for CAMHS Practitioners

LEARNINGS FROM PHASE I OF THE UCL 'WELLBEING WHILE WAITING' STUDY

APRIL 2024

This guide documents how NHS Child and Adolescent Mental Health Services (CAMHS) have launched social prescribing (SP) services for children and young people (CYP) who are on CAMHS waiting lists for mental health care. This initiative forms part of 'Wellbeing While Waiting', a three-year study launched in 2022 by the Social Biobehavioural Research Group at University College London to explore how SP can support the mental health and wellbeing of CYP whilst they are waiting for care. Six hundred CYP between the ages of 11 and 18 are involved in the study. This guide was produced to support CAMHS staff throughout the NHS in developing and scaling SP services in the future.

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Executive summary

Introduction

In the United Kingdom, social prescribing (SP) is a mechanism of care whereby patients from health or social services are referred for additional support in their communities. Link workers, non-medical professionals, are employed to help them connect to the things that matter to them. This includes community assets offering activities or services that may improve patients' health and wellbeing. SP was rolled out nationally as part of the NHS Long-Term Plan in 2019 and early evaluations showed positive wellbeing benefits. As a result, SP has received increasing recognition and uptake in recent years. However, it is still being used less frequently among children and young people (CYP).

In response, UCL has launched the Wellbeing While Waiting (WWW) study, partnering with NHS Child and Adolescent Mental Health Services (CAMHS), the Anna Freud National Centre for Children and Families, the Social Prescribing Youth Network (StreetGames), and the National Academy for Social Prescribing. The study is exploring how SP can support the mental health and wellbeing of CYP whilst they are waiting for treatment.

This guide documents the development of SP pathways in 11 CAMHS sites across England as part of WWW. It will support CAMHS staff in developing and scaling SP services in the future.

Developing new social prescribing pathways in CAMHS

All CAMHS sites involved in the study have either developed internal SP services themselves or partnered with external organisations to deliver SP, including voluntary community and social enterprise (VCSE) organisations, primary care networks, or individual link workers (LWs) employed remotely.

At the outset, partners established three key principles of pathway design:

- **Cross-site collaboration:** multiple key stakeholders have contributed to pathway design and operationalisation;
- **Tailored delivery:** each pathway has been adapted to each CAMHS site's needs; and
- **A youth-led approach:** a Youth Advisory Group was created to provide input on key decisions.

In recognition of the considerable capacity challenges faced by CAMHS sites, SP pathways also utilise already-existing systems where possible to minimise the resources and administration required for their development.

WWW collaborators have identified the following seven steps and good practices for the successful development of SP pathways:

1. **Co-production, stakeholder engagement and buy-in** – at the beginning of pathway planning, a site establishes a steering group of stakeholders to co-produce the pathway. It is important to use this group to develop support for SP internally among CAMHS staff and to assign ownership to different aspects of pathway delivery.

2. **Allocating a budget** – sites discuss the size and source of key budget requirements such as LW salaries, travel costs, personalised budgets support for CYP, and any administrative or communication costs among CAMHS staff, participants and their guardians.
3. **Establishing processes for SP referral and CYP monitoring** – the inclusion criteria for SP participants is widely agreed and clearly defined. Whilst thresholds vary across CAMHS sites, a RAG rating of green or low amber is generally advised. A visual diagram outlining the pathway is used to map the participant's journey, starting with their entry into CAMHS through to when they receive SP. It is also important that sites have monitoring and evaluation processes in place. Within WWW, UCL is following a joint implementation-outcome approach.
4. **Recruiting and managing link workers** – LWs involved in WWW come from a range of backgrounds but many have experience working with CYP or CAMHS. LWs may work in-house at CAMHS, or they may work remotely, delivering virtual SP. The latter offers several potential advantages including flexibility for LWs and greater availability for CYP. LWs spend approximately six weeks mapping community organisations, building relationships and developing their knowledge of assets and activities available for referrals. To support with large, variable and complex caseloads, LWs are assigned a supervisor who has SP experience and an understanding of CAMHS processes.
5. **Developing CYP communication processes and materials** – CAMHS staff spend time helping CYP and their parents or guardians to understand SP and how they can participate. Simple and informative SP documentation is created. Example materials can be found in the Appendices.
6. **Creating a Youth Advisory Group** – youth representatives from across CAMHS sites are invited to join a central group where they can advocate for their peers. At the time of writing this guide, representatives are being invited to suggest how they could advise on SP pathway setup and delivery. Any action taken in response to their feedback will be communicated to them transparently. However their views will not be sought for issues they have no influence over, for example safeguarding.
7. **Launching the SP pathway** – currently CAMHS sites are just beginning to launch their pathways. The next iteration of this guide will track how processes are adapted and challenges are resolved. It will share quantifiable information about how the pathway is delivered, alongside further case studies and other resources to serve as guidance for CAMHS staff in the future.

Conclusion

In this guide we share learning from Phase I of WWW, during which we have co-designed CAMHS SP pathways and developed the protocols, resources and training needed to recruit young people into the service. The study is ongoing and we look forward to providing further learning from this project. In the meantime, you can learn more about WWW on our [website](#) and sign up to receive our [newsletter](#). You are also welcome to get in touch via email: sbbresearch@ucl.ac.uk.

Case studies

No CAMHS site nor SP is identical and case studies are offered at the end of this guide to highlight unique approaches at different sites. This relates firstly to Wirral CAMHS 0-18 Service, an in-house model and a strong example of a CAMHS site that is prioritising activities to ensure co-production, stakeholder engagement and buy-in. Secondly, two different sites are compared: Leeds Children and Young People's Mental Health Services and Sunderland Community CAMHS. Both are following the outsourcing model, benefiting from partnering with VCSE SP organisations.

Appendices

Resources created by the WWW team and participating sites are shared as example materials.

Terms and abbreviations

Social prescribing model:

Within WWW, an SP model depends on where LWs are hosted to receive CYP referrals (i.e., in-house with CAMHS or externally with PCN or VCSE partners).

Social prescribing pathway:

Within WWW, a pathway refers to the stages of a CAMHS SP service and includes all staff and resources required.

CAMHS: Child and Adolescent Mental Health Services

COP: Community of practice

CYP: Children and young people

LW: Link worker

NASP: National Academy for Social Prescribing

PCN: Primary care network

SP: Social prescribing

SPYN: Social Prescribing Youth Network

UCL: University College London

VCSE: Voluntary community and social enterprise

WWW: Wellbeing While Waiting

YAG: Youth Advisory Group

Introduction

The NHS recognises social prescribing (SP) as an important aspect of Universal Personalised Care and formally launched it as a national programme in 2019 (1). In SP, health or social care professionals refer patients to link workers (LWs) who are employed to help them connect with community groups and services to support their health. In particular, the use of SP for mental health conditions has been steadily rising since 2018 (2). However, whilst SP has been rolled out nationally through Primary Care Networks (PCNs), it is still uncommon for CYP to engage in SP compared to older age groups, and referrals for children are very low (2). Given that one in six young people have a diagnosable mental health condition, there is urgent need to find alternative ways to deliver SP to CYP and expand the support available (3). Therefore, in response, UCL partnered with NHS Child and Adolescent Mental Health Services (CAMHS), the Anna Freud National Centre for Children and Families, the Social Prescribing Youth Network, and the National Academy for Social Prescribing to launch the [Wellbeing While Waiting](#) (WWW) study to examine the implementation and impact of SP for CYP across CAMHS sites in England.

This guide outlines key processes from Phase I of WWW, which focuses on the building of SP pathways via CAMHS, and offers recommendations for best practice moving forward. The next version of this guide will incorporate research findings from Phase II of WWW, which identifies factors for the successful delivery of SP, challenges to delivery and how these were overcome, as well as the influence of SP on CYP mental health and wellbeing outcomes. This document will support the NHS in providing holistic mental health services to CYP in the future.

All information for SP pathway development in this guide comes from meeting recordings, documents, and interviews with committed staff at participating CAMHS sites. We are hugely grateful for their collaboration and support.

Why social prescribing in CAMHS?

Although SP is intended to be “all-age”, its uptake among CYP is low (5). This is despite promising evidence of its effectiveness (6). One reason is that SP is frequently instigated from GP practices and CYP do not always seek help for mental health through their GPs (7). Additionally, SP may not have been adapted appropriately for young people (8,9). CYP are therefore missing out on the positive wellbeing effects that SP can offer and CAMHS are ideally positioned to scale SP among young people struggling with their mental health. SP has the potential to improve their mental health and wellbeing or prevent them from deteriorating further whilst they are waiting for treatment.

It is also hoped that SP will make a difference to CAMHS staff who face significant workloads and personal challenges in not being able to meet all the needs of young people seeking their help. As a form of direct support provided soon after CYP have been triaged to a waiting list, SP increases the options that staff can offer to CYP, potentially reducing the pressure and emotional toll felt by CAMHS staff.

Project partners

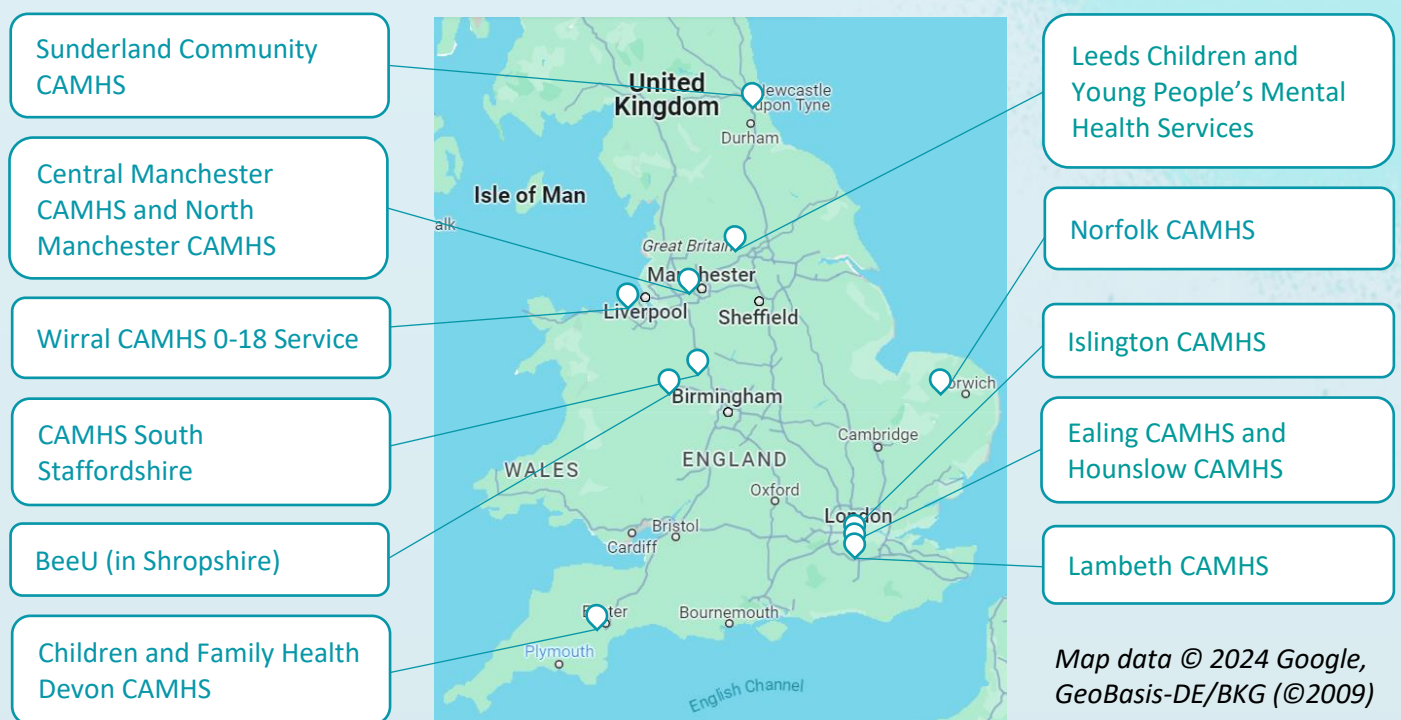
The Social Biobehavioural Research Group is based at UCL, which is rated number one in the UK for research power and impact in medicine, health, and life sciences. The team conducts cutting-edge research to understand how social factors impact people’s health. In 2021, the group was designated the World Health Organization Collaborating Centre for Arts & Health. Working closely with **The Anna Freud National Centre for Children and Families**, a children’s charity dedicated to supporting child mental health, UCL is leading all research components of WWW. **The Social Prescribing Youth Network** (SPYN), which is hosted by **StreetGames**, is supporting the development and delivery of SP pathways with CAMHS and VCSE organisations. With over 1,600 members, it is the leading national authority on CYP SP and its network continues to grow across the country. **CAMHS** are NHS mental health services for children and adolescents

that are organised and implemented within local authorities. The 11 CAMHS sites in WWW are geographically spread across England, including both urban and rural locations. **The National Academy for Social Prescribing (NASP)** is a charity that connects people, communities, and organisations to address the prevalence of loneliness, anxiety, depression, and multiple other physical and mental health conditions. It will lead the integration of WWW with broader NHS work in SP, supporting the dissemination of findings and recommendations from the study. **The Prudence Trust** is a grant-making charity established in 2020 to advance young people’s mental health services and research in the UK. Their invaluable support has made the WWW partnership possible.

Developing new social prescribing pathways in CAMHS

Eleven CAMHS sites are involved in WWW and are shown in Figure 1.

Figure 1: Geographical spread of CAMHS sites in WWW



All sites are experiencing a demand for mental health services that far exceeds the services that can be supplied, with the level of demand ranging from 500 to 3,500 CYP and wait times ranging from two months to over a year.

To respond to these wait times, the sites are either partnering with external organisations to deliver SP to CYP or are developing internal SP services themselves. Four “models” of SP are emerging, with the key difference being where the LW is “hosted” or employed (see Table 1).

LWs are either based at:

- **CAMHS sites alongside regular services.** This requires CAMHS to have the funding and resources for setting up a SP service, including hiring, training and managing LWs. As this type of pathway is novel in this setting, all information and processes are being set up from scratch and most of the information in this document relates to the resources and processes required for a CAMHS site to run its own SP

services. Funding for this is obtained via commissioners or via repurposing funds for existing roles that are not filled.

- **VCSE organisations.** The benefit of this model is that a CAMHS site does not need to develop the capacity to provide SP services but can link with organisations that already have the infrastructure and staff to deliver SP. Within WWW, VCSEs have housed LWs for at least two years. Considerable time is dedicated to agreeing on processes for information sharing and key governance issues such as safeguarding.
- **PCNs.** With the introduction of SP as part of the NHS Long Term plan, LWs have often been based in primary care. The advantage of this model is that young people can contact their GP for further support, especially during long wait times for CAMHS treatment. Similar to the VCSE model, CAMHS and PCN partners devote critical time to agreeing on information sharing and governance processes, although this is easier given that both parties are within the NHS and can follow existing procedures that can be adapted to social prescribing.
- **Remote locations.** LWs can provide virtual consultations and refer CYP to community activities from afar. Within this study, remote LWs are employed and housed at UCL so that researchers can investigate the impact and efficacy of virtual interactions between CYP and CAMHS. This model is appealing for its potential to attract a wider pool of LW talent and for its reach into regions of the country where SP services may be limited (see “hiring remote link workers” below).

Table 1: SP models within NHS CAMHS Services involved in WWW

SP model	LW employer or host organisation	Name of CAMHS service	NHS Trust
In-house at CAMHS	CAMHS South Staffordshire	CAMHS South Staffordshire	Midlands Partnership University NHS Foundation Trust
	Wirral CAMHS 0-18 Service	Wirral CAMHS 0-18 Service	Cheshire and Wirral Partnership NHS Foundation Trust
VCSE	MIND	BeeU (in Shropshire)	Midlands Partnership NHS Foundation Trust
	Linking Leeds Barca Leeds	Leeds Children and Young People’s Mental Health Services	Leeds Community Healthcare NHS Trust
	Sunderland Counselling Service	Sunderland Community CAMHS	South Tyneside and Sunderland NHS Foundation Trust
Hybrid VCSE and PCN	Wellbeing Exeter	Children and Family Health Devon CAMHS	Devon Partnership NHS Trust
Remote	UCL	Central Manchester CAMHS and North Manchester CAMHS	Manchester University NHS Foundation Trust
	UCL	Norfolk CAMHS	Norfolk and Suffolk NHS Foundation Trust
	UCL	Lambeth CAMHS	South London and Maudsley NHS Foundation Trust
	UCL	Islington CAMHS	Whittington Health NHS Trust
	UCL	Ealing CAMHS and Hounslow CAMHS	West London NHS Trust

Principles of pathway design

Before beginning the project, UCL, NASP, SPYN, and CAMHS partners established three key principles as integral aspects of pathway development across sites. These should form the basis of future SP pathways in CAMHS:

1. **Cross-site collaboration:** Multiple stakeholders collaborate to design and operationalise SP pathways, with each site creating a steering group comprised of CAMHS staff, UCL researchers, and NASP and StreetGames partners to pool knowledge and resources on how best to set up SP at each location. All 11 steering groups come together to form a “community of practice” to discuss how each site is progressing with SP during the study, share common challenges, and learn from each other. We recommend that future CAMHS staff collaborate with others who have already developed SP pathways or are doing so concurrently to support each other and maximise learning during early SP setup.
2. **Tailored pathway delivery:** Each SP pathway is uniquely adapted to suit each CAMHS site’s needs. Whilst some elements of pathway setup are common across sites, no SP pathway is identical to another as every site is encouraged to integrate SP within existing systems and continue as much as possible with established processes and resources.
3. **Youth-led:** A Youth Advisory Group (YAG) is developed before SP pathways launch to ensure that they are designed appropriately for CYP. WWW YAG members, who span multiple CAMHS sites, provide valuable input in multiple areas of SP setup, from advising on CYP referral processes to assessing CYP communication materials.

Pathway planning

Many CAMHS sites involved in WWW are already facing considerable capacity challenges. With frequent NHS policy changes, difficulties in staff retention and recruitment, and, in some cases, a tripling of service demand, many are overstretched. WWW has therefore also operated on the principle that SP pathway development does not overly increase the burden on CAMHS staff but rather utilises already-existing systems, requires limited administration for setup, and helps to save capacity in the long-term. Across WWW, staff at each site devote approximately two hours per month for a period of six to eight months to develop SP pathways.

This has involved the following seven key steps:

1. Co-production, stakeholder engagement and buy-in
2. Allocating a budget
3. Establishing processes for SP referral and CYP monitoring
4. Recruiting and managing link workers
 - i) Hiring link workers
 - ii) Supporting and training link workers
 - iii) Remote link workers
5. Developing CYP communication processes and materials
6. Creating a Youth Advisory Group
7. Launching the SP pathway

These steps are described in more detail below and reflect the most common processes and activities taking place across CAMHS sites involved in WWW. However, no site nor SP pathway is identical and case studies are offered at the end of this guide to highlight unique approaches at different sites. The steps above and the information that follows is based on the experiences of those involved in the WWW study. For general SP guidance for all age groups, the [Social Prescribing Network](#) offers additional resources, including their [published principles](#).

1. Co-production, stakeholder engagement and buy-in

At the very beginning of pathway planning each CAMHS site in WWW has formed a steering group of stakeholders to ensure pathways are co-produced by individuals who will be involved in delivering the pathway, including representatives of the clinical teams at CAMHS, LW teams (whether in-house or external), and third-party stakeholders such as local authorities. In WWW, UCL researchers, CAMHS research governance leads, and StreetGames representatives are also involved. Monthly meetings are held during pathway development. Over time steering groups are reducing in size as processes are identified and roles established. They will continue to meet after pathways have launched.

CAMHS clinicians emphasise the importance of making the case for SP internally, especially among non-manager CAMHS practitioners who will be delivering the pathway. This is done through discussions of how and whether SP will reduce the pressure on CAMHS staff given the current state of waiting lists, through references to available evidence on the benefits of SP (most of which is currently focused on adults), and through conversations about how SP compares to alternative routes for addressing CAMHS waiting lists. It is also important to assign ownership and responsibility for SP within CAMHS, and it is particularly helpful if a CAMHS SP “champion” or project manager is appointed to advocate for SP to enable its adoption among CAMHS staff.

2. Allocating a budget

A key topic to discuss in early steering group meetings is the source and availability of funds to support SP. Budget requirements include LW salaries and travel, CYP personalised budgets and costs for SP communication materials.

LW recruiting processes are described in more detail below, but on average, most sites hire within NHS Band 5 (salaried at £27k - £33k), which usually costs them £35-40k full-time equivalent including national insurance, pension, and overheads per annum. For all-age SP, PCNs rely on the NHS Additional Roles Reimbursement Scheme (ARRS), which allows them to apply for reimbursement for LW salaries. Other funding sources can be local commissioning budgets or philanthropy from third sector organisations. It is important that funding is sufficiently long-term to allow SP to be set up and delivered by LWs. In some cases, for instance if taking a multi-partner (cross-site) approach, costs may be covered already via in kind contributions (for example if LW salaries are already paid for) and therefore the need for additional funding is minimal.

Additionally, a personalised budget of £40-50 per CYP enrolled in SP is recommended. This helps with the expenses of attending activities. For example, if a child is showing interest in swimming lessons but their family is unable to pay for transport to the pool or for swimming equipment, LWs can use this financial support to help with the commute or purchase necessary items. Administrative processes for acquiring these funds should be made relatively simple to avoid delays. CYP receiving continuous care may be eligible for NHS Personal Health Budgets. The NHS provides more information on [their website](#).

3. Establishing processes for SP referral and CYP monitoring

It is important that multidisciplinary teams (MDTs) within CAMHS think carefully about the most suitable inclusion criteria for SP participants. In WWW, these are 11-18-year-olds who have mild to moderate mental health conditions and do not have eating disorders, psychosis or neurodevelopmental difficulties. Whilst each CAMHS has different thresholds for triaging patients, a RAG rating of green or low amber is advised. Some participants may be on waiting lists for other pathways (e.g. for ADHD treatment), but this does not exclude them from an SP referral as long as they meet the above criteria.

As part of pathway planning the referral process should be mapped out. Whilst all sites have slightly different SP pathways, the most common referral steps are outlined in **Figure 2**. If the LW is based externally and not at CAMHS (remotely, with a VCSE partner, or PCN), CAMHS staff discuss potential cases with them before making the referral. On average CAMHS sites in WWW intend to enrol one to two CYP every week to keep caseloads manageable for LWs, who will be conducting between six and 12 sessions with each CYP and are encouraged to update the MDT on whether they can take on new referrals.

It is also important that sites have monitoring and evaluation processes in place. In WWW this is being led by the research team at UCL. We are taking a joint implementation-outcome approach, seeking to research both *how* the pathway is implemented and the factors that support or hinder its success, and *what impact* it has on young people and the service. Further information about our methods can be found in our protocol paper (4).

4. Recruiting and managing link workers

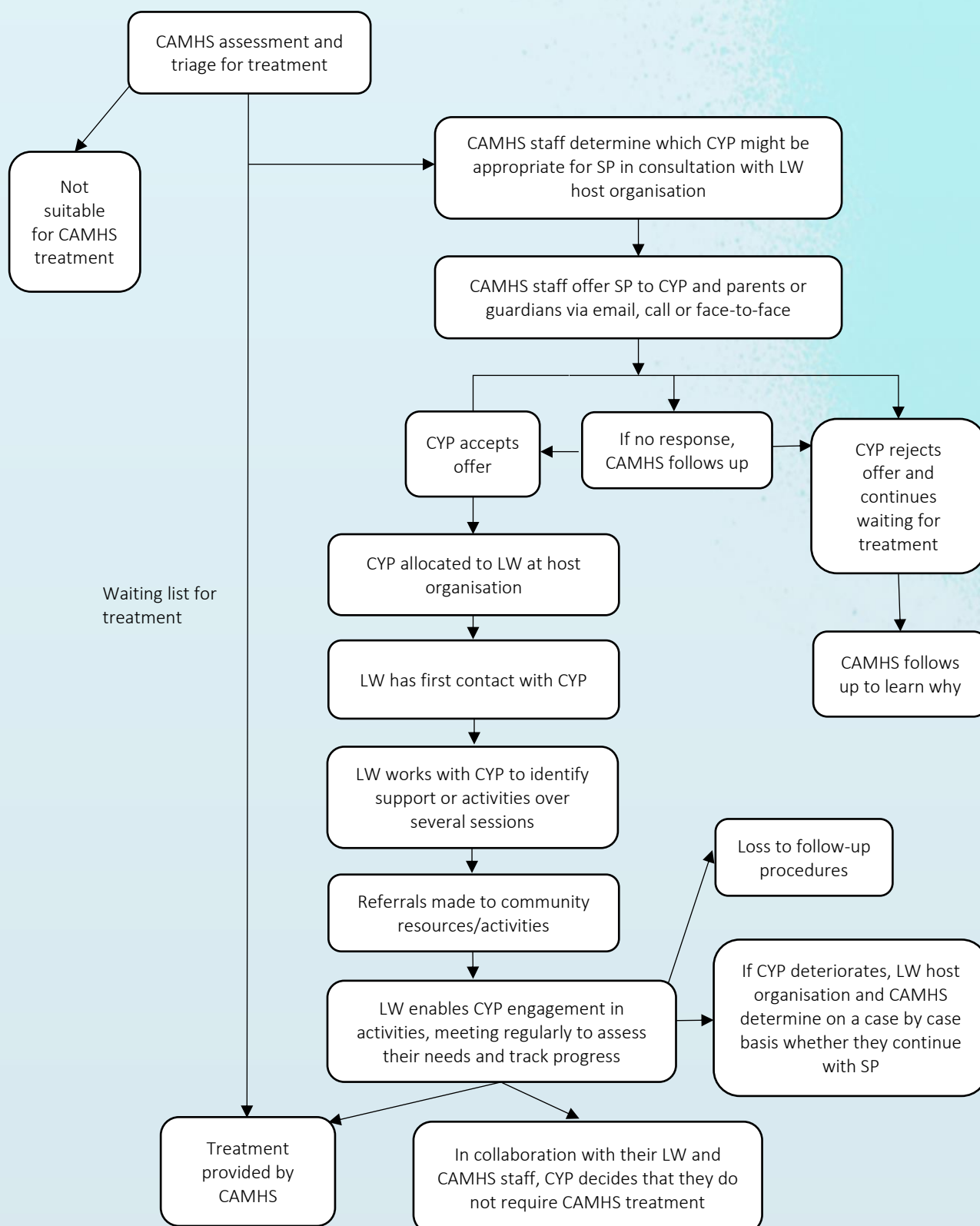
Often the funding source for a LW (e.g. ARRS within PCNs, local authority commissioning budgets, VCSE funds or philanthropy) might determine which organisation hosts a LW. Alternatively, the funder and host can be separate. For example, a local authority may commission CAMHS and a VCSE to manage a LW together, and choosing where the LW is housed will depend on where the best infrastructure exists for them to perform their role as effectively as possible. Sites within WWW note the risk that new LWs may be pulled into managing non-SP tasks or helping with areas that are overcapacity. For this reason, it is important that proper management and support is in place wherever they are based.

i) Hiring link workers

CAMHS staff may find it challenging recruiting people who have had experience in SP given that it is still a growing component of the NHS. Some sites within WWW consider it more important to recruit someone with experience of working with young people. LWs without such experience may find it difficult to adapt their processes to CYP, for whom specific competencies, qualities, and approaches are needed. However, this is not a necessity and LWs involved with WWW have come from a range of backgrounds including CAMHS, NHS trusts, child disability agencies, adult mental health access teams, telephone counselling organisations, youth worker environments, PCNs and social work. In order to build strong working relationships amongst all stakeholders it is beneficial if LWs have experience of key groups involved in SP, including CAMHS sites, GP surgeries, local authorities and community services. Ideally the diversity of LWs will represent the communities they are serving in terms of age, ethnic backgrounds, educational qualifications, religion, and other protected characteristics and experiences. (See the [“Social Graces”](#) practical tool for addressing inequality.)

Among recommended skills, communication abilities are important. LWs should be able to engage with CYP to sensitively determine what kind of support or activities might enhance their wellbeing. Other pertinent qualities include the ability to actively listen, empathise, and provide non-judgmental support; work flexibly and creatively amongst stakeholders; manage workloads effectively; respond productively and calmly to ambiguity given the uniqueness of each CYP case; work outside of normal hours depending on CYP needs; identify CYP at risk of mental health deterioration; report safeguarding incidents; and build trust across partners, CYP and their parents or guardians. A LW is a non-clinical role. Staff do not need to have clinical qualifications for any clinical interventions, which should be provided by CAMHS clinicians. From an administrative perspective, it is helpful if LWs are comfortable using IT systems to track their engagement with CYP as well as outcome measures for evaluation purposes.

Figure 2. WWW basic social prescribing pathway



ii) Supporting and training link workers

An important early aspect of a LW's role is community mapping, for which they may need training and support. LWs involved with WWW spend approximately six weeks becoming thoroughly integrated with the community, making connections, and learning about assets available. [The National Academy for Social Prescribing](#) sets out four main categories that SP often falls within: arts and culture, heritage, natural environment and physical activity. Related assets may include arts-based activities, education-related activities, youth clubs, library access and school groups. Some LWs have found it helpful to create relationships with stakeholders already involved in the lives of CYP within the local community such as schools, charities, youth groups, faith organisations, councillors, local police, housing groups and legal agencies. It is invaluable for LWs to have these connections and newly hired LWs can shadow senior counterparts to learn about resources and develop their own relationships within communities. Talking to people in the community and following word of mouth recommendations can also yield further information, groups and societies. Meeting with people and organisations in-person also has the potential benefit of enabling honest conversations and helping LWs to understand the reality of activities so they are better able to relate these to CYP. As well as in-person activities, online resources should also be explored. While community asset mapping is a fundamental exercise for LWs to undertake at the start of their role, it is also an ongoing activity as the local context they work within continually changes.

Providing a "menu" or list of services for CYP to choose from is not advised as LWs have found that this can be restrictive given the unique needs and wants of CYP. It is important that CYP are not simply signposted to community resources but that LWs gain insight into their needs, what they enjoy, what talents they would like to employ and how these can be met through a variety of means. These are sometimes termed "[What matters to you](#)" conversations. This way, CYP's engagement is not driven by what services are available but by their individual preferences. It is important that LWs understand the scope of engagement that CYP are prepared for. Any activities that might induce anxiety can set up CYP to fail. For example, a CYP may not be interested in leaving their home and in this case may engage better with an individual activity such as painting or a digital activity such as an online game group.

Given that caseloads can be large, variable and complex, it is important for each LW to have an assigned supervisor who can meet with them regularly to discuss their cases in detail. Supervisors could be senior LWs or CAMHS clinicians, but it is advised that they have experience of CAMHS processes and are also skilled at managing the emotions and needs of their LW team. Mental health work with young people can be all-consuming and it is important that LWs are provided with sufficient emotional support in addition to practical support. Supervisors often serve as sounding boards for LWs to debrief on cases and bring up any challenges they are facing, whether in their personal or professional lives. They should be able to advise LWs on the scope of their roles, what responsibilities are not theirs and what level of risk they are responsible for. As LWs work with multiple groups and agencies, supervisors also play an important role in helping LWs to manage those relationships. They can also supervise LWs in groups, which creates opportunities to share information, give peer support and consider potential solutions for each other's challenges.

Among more practical aspects of supervision, LWs may need transport access such as stipends for bus travel or car hire; they may need a computer and mobile; and they may need training in using CAMHS electronic systems for CYP monitoring. In situations where CAMHS is not directly hiring the LW, supervisors will need to arrange honorary contracts or data sharing agreements so that LWs can access these systems. If LWs are less familiar with a local area than their supervisors, the latter can take an active role in facilitating connections among different groups for LW asset mapping.

Additionally, internal support could be formalised through monthly reflective practices with facilitators who are not from the LW's immediate management circle. Within WWW, a specific LW support network across

all 11 CAMHS sites is being scoped out and further information will be included in the next version of this guide. We propose that this network could form the beginning of a national CYP-specific LW network.

iii) Remote link workers

Five NHS Foundation Trusts have chosen to hire remote LWs for WWW. In these cases the LWs are not based at the CAMHS sites and will be provided with clinical supervision and line management by their employer.

Whilst virtual social prescribing for CYP is novel it has several potential advantages including: a greater appeal to individuals looking for more flexibility and less travel in their work; greater staff satisfaction and retention; and more LW availability via virtual consultation for covering large or rural areas. Remote working may also help with recruiting a more diverse selection of LWs of multiple ages and backgrounds. Remote LWs involved with WWW will not be engaging with CYP in-person at all, however they are spending considerable time engaging with their CAMHS teams in-person and with local services for community mapping to build relationships and identify community assets.

Some of the potential challenges that remote LWs may face are similar to those faced by CAMHS sites where only one LW is employed. As mentioned previously, achieving staff buy-in for SP is very important and can be more difficult if a SP team is not in place. An equivalent SP representative or “champion” is needed to advocate for the LW and ideally should have a level of authority or seniority in CAMHS and be involved from the start in the hiring of the LW and the launch of SP services. Additional administrative processes can help with this, for example adding SP information to forms used by MDTs when assessing cases.

Solo or remote LWs may also lack peer-to-peer support. Efforts should be made to help them feel that they can share ideas, challenges, and questions about their work with others who can relate to their experiences. A few different ideas have been put forward through WWW. For example, LWs focusing on CYP are already utilising the [FutureNHS website](#), where health professionals can share knowledge and form communities as part of a forum. Topics covered include using tools for outcome measures, leaflets for explaining SP to CYP, advice for LWs managing children who are home-schooled and ways to engage with green (nature-based) SP. CAMHS could also consider grouping staff in similar salary grades to form support networks. Whilst individuals will come from different backgrounds, this may allow for easier discussions and support than grouping LWs with colleagues involved in SP who may be in higher management positions.

It is also important that boundaries are established for remote LWs. Whilst supervision can be done effectively through remote calls, LWs need time to decompress whilst managing caseloads. This is a normal part of in-person link working, as travelling between cases or going home allows time for reflection and a break between work and home life. LWs will need to determine their own way of factoring this into remote working.

5. Developing CYP communication processes and materials

In the run up to pathway launches, CAMHS staff are considering their communication processes and styles with CYP and their families, which are very important for engaging them in SP efforts. Whilst most of these will be established in Phase II of WWW, communication topics and issues discussed so far are outlined below. Resources and templates will be included in the next iteration of this guide.

CAMHS staff are exploring how referral letters can be designed for CYP and their parents/guardians so that they are appropriate and easily understood. SP documents need to be simple and informative with appealing visuals and clear explanations to reassure CYP that they are not being removed from the CAMHS waiting list. They should emphasise that SP is an NHS-approved complementary scheme that is aimed at

supporting CYP until they receive treatment. CYP-friendly materials can also be co-designed with young people in the Youth Advisory Group (see below).

CYP may feel sceptical towards professionals in positions of power, such as educators at their schools or clinicians, and they may have difficulties trusting or listening to them. Considerable time should be spent helping CYP to understand how SP empowers them to make their own decisions about their health and activities. Often CYP and parents or guardians value medical treatment, particularly medication prescriptions, more than other pathways. Therefore, it is important that CAMHS staff help them understand that SP serves as a preliminary step toward treatment and that it is still a CAMHS service. Parental trust is very important for making any progress with SP, yet many may have had unfruitful or unpleasant experiences with healthcare providers or other social support professionals. Parents can also be linked with other guardians whose children are enrolled in SP, allowing them to provide each other support or express the challenges and frustrations they have faced.

On the other hand, LWs should be attentive to whether CYP are resistant to SP but their parents or guardians are urging their participation. CYP may become more open to SP after several conversations with a LW. However, if they remain unopen to it, it is unlikely SP will be helpful to them and it is best the LW recommend stopping SP but let the CYP and their family know that SP is an option for them in the future. It is important that SP remains CYP-focused, meaning that it continues to cater to what matters to the CYP rather than those around them. Finally, if CYP or their parents/guardians do not respond to the SP referral letter, CAMHS staff will need to decide how many times to approach them and provide a timeframe for responses. A final request can be made to learn why CYP and their parents/ guardians decided against SP.

6. Creating a youth advisory group

Youth involvement and empowerment in SP design is a key principle of WWW. The YAG is currently in development, with each CAMHS site reaching out to their youth networks to invite one or two young people with experience of working with CAMHS to join a central group where they can advocate for their peers. Youth representatives are mostly between the ages of 11 and 18 to reflect the ages of those receiving SP but this is not strict and 19-year-olds, for example, may have greater capacity to engage and be able to draw on their recent experiences. CYP time is protected, meaning that they are paid for attending any meetings (with payments in line with INVOLVE guidelines) and only six YAG meetings will be held per year. It is understood that CYP may not wish to continue in their roles for the whole year if they experience CAMHS participation fatigue or are busy with other commitments.

Moderators from SPYN/StreetGames who are experienced in working with young people and eliciting their input will lead YAG meetings. The youth representatives will be invited to offer their opinions on any topics and to suggest ideas for how they think they can be most useful for advising SP pathway setup and delivery. It is anticipated that CYP may have particular thoughts on whether the SP pathway suits the needs of CYP, what resources and materials should be created and whether LW procedures need adapting. They may also join LW interview panels. To avoid making youth involvement tokenistic, their views will not be sought for issues they cannot change (for instance safeguarding, clinical governance, or statutory requirements) and any actions taken in response to their views will be shared transparently.

7. Launching the SP pathway

At the time of writing this guide, CAMHS sites are just beginning to launch their pathways. The next iteration of this guide will track what processes outlined above are adapted as pathways are delivered, including: how partners communicate and collaborate; how professional boundaries and roles are established and maintained across multiple stakeholders and groups; how the information of CYP is protected and communicated; how research data collection processes can be adapted for CAMHS sites for tracking impact and progress of CYP engaged in SP; and what resources and systems are needed for ensuring the

sustainability and scalability of SP in CAMHS. The next guide will also document: key issues raised in Communities of Practice meetings and how these were resolved; best practices for communicating with and managing CYPs across sites; and any intra-site support systems established for staff and LWs. Quantifiable information will be collected, including: average caseloads and desired CYP/LW ratio; realised budget requirements (e.g. any additional costs for LWs); the number of new documented processes required (e.g. for communications or project management); the additional hours required to deliver SP or the estimated time saved by CAMHS staff by hiring LWs; as well as other information to serve as guidance for CAMHS in the future. Finally, the next version of the guide will provide five detailed case studies of key topics in the delivery of SP (two examples are shown below), spotlights on individuals involved in delivering SP and an appendix of resources and materials that can serve as templates for CAMHS in the future.

Conclusion

In this guide we have shared learning from Phase I of WWW, during which we have co-designed CAMHS SP pathways across 11 sites and documented key processes and resources for doing so. The trial is ongoing and we look forward to sharing further learning from:

- **Phase II (2023-24):** a controlled trial to evaluate the impact of SP on the mental health and wellbeing of CYP, as well as an analysis of the acceptability, suitability, feasibility, uptake, delivery, and cost of SP.
- **Phase III (2024-25):** the development of an implementation model and an assessment of how SP can be expanded to more CAMHS sites, as well as dissemination activities to share findings with policymakers, health practitioners and researchers.

Learn more about the trial on the Social Biobehavioural Research Group [website](#), sign up to receive updates via our [newsletter](#), or get in touch by email: sbbresearch@ucl.ac.uk.

Case studies

In-house model – Wirral CAMHS 0-18 Service

A particularly strong example of a CAMHS site that is prioritising activities to ensure co-production, stakeholder engagement and buy-in is the CAMHS service at the Birch Centre within the Cheshire and Wirral Partnership NHS Foundation Trust. Here, the clinical director, commissioners from the local authority, the team manager of the 0-18 age group, the head of clinical services, and representatives from human resources and the finance team have come together to discuss the potential of establishing a SP pathway for CYP. Funding is agreed for a supervisor, five full-time care navigators (or LWs) and an administrator.

The LW supervisor, who has an eclectic background in community work, education and training in the British army, teaching, and professional basketball was hired to lead the SP team. She has set up several processes that enabled the successful integration of SP within CAMHS:

Internal and external hiring: Several care navigators have come from other parts of CAMHS (e.g. previous roles as a peer supporter) which has significantly helped the team to learn internal processes—often a challenge for newcomers. Care navigators who came from outside CAMHS, such as ward-based roles, clinical support work and administration, also bring a different set of strengths to the team.

Induction and team building: Once all care navigators were hired, the team did not immediately join up with CAMHS but spent a week getting to know each other before they integrated with CAMHS as a cohesive service. This was followed by a period of 8 weeks of asset building across the CAMHS teams, local authority teams and community providers. Care navigators meet weekly as a unit to discuss any challenges or queries; once as an individual team and once with CAMHS.

Clinical/non-clinical collaboration:

- *Shadowing:* The CAMHS team manager introduced the LW supervisor to other staff so that she could shadow clinicians and understand the environment. Given that the pace of CAMHS is fast and fluctuating, the LW supervisor has learnt that having a physical presence and repeating similar messages about SP is important.
- *Collaborative workspace:* Clinicians and non-clinicians also share an open plan office space, which has made conversations easy and helped the LW supervisor build understanding and awareness of SP amongst clinicians. She ensures herself and members of the team are physically present and available to discuss issues as well as answer any questions.
- *Joint thinking and scope of work:* Clinicians and the SP team have openly discussed the scope of SP within CAMHS to establish where the boundaries lay between clinical and non-clinical services. It was agreed that care navigators will empower and support CYP but will not engage in a clinical support worker capacity. Care navigators are welcomed into weekly “joint thinking spaces” where staff have multidisciplinary discussions about internal processes, the scope of roles, and when a case should be escalated to clinical supervision. The SP pathway also includes one final touchpoint after treatment, called “Step Forward”. This provides a graduated discharge experience that emphasises the importance of SP in the whole process.

Asset mapping: The LW supervisor has focused on mapping schools, youth clubs, and community centres to identify what resources and services exist for CYP and families. She made contacts and physical connections with them, knocking on doors and raising awareness of SP within the CAMHS service. Joining early help community meetings and different alliance groups such as Citizens Advice Wirral, Youth Collective, Pastoral Meetings and the Local Offer also proves very helpful for staying current and making contacts.

Service leadership: The LW supervisor emphasises a style of leadership based on being visible, utilising a growth mindset which is solution focussed, encouraging open discussions and asking: “how can we help you?” or “how can we make this process work smarter for everyone?”. She approaches SP not only as a service aimed at supporting CYP but also a support to clinicians as they can utilise SP expertise more effectively in their work; clinicians are particularly appreciative of in-person discussions regarding SP to understand how it might help them and their patients.

Outsourced model – comparing Leeds Children and Young People’s Mental Health Services and Sunderland Community CAMHS

Three CAMHS sites within WWW are partnering with VCSE social prescribing organisations to receive CYP referrals to LWs. Two of these sites are detailed here to provide a comparative case study of outsourcing LWs from the third sector. Leeds Children and Young People’s Mental Health Services is partnering with Linking Leeds and Barca Leeds; and Sunderland Community CAMHS is working closely with Sunderland Counselling Service (SCS).

The benefit of an outsourcing model for CAMHS is that their VCSE partners are specialists in working with individuals in need of community support, with years of experience and infrastructure to deliver SP. This includes their ability to support LWs and managing caseloads, risk and safeguarding. It is expected that all partners can continue their normal operations with few adaptations to their service, but this will be tracked during Phase II of the project to learn whether unexpected adjustments were needed to make the partnerships as effective as possible. Differences between each partnership will also be compared.

An initial comparison of two sites is provided below:

Sunderland Community CAMHS and Sunderland Counselling Service (SCS)

Sunderland & South Tyneside NHS FT and SCS have collaborated closely for over 15 years in the delivery of Sunderland’s Community CAMHS. Through a memorandum of understanding, they provide an integrated CCAMHS service and share the same database for managing cases. They explain that the partnership is the “best of both worlds” as the NHS and the VCSE sector bring different strengths to the table. For example, CAMHS staff are experts in clinical governance, hold the risk for all referred CYP and serve as the “go-to” for LWs with any queries regarding their cases. In contrast, SCS is the more creative partner with less bureaucracy and more agility to move faster regarding things like staff hiring, purchasing or taking on new projects, as well as significant experience of delivering social prescribing projects. Two LWs from SCS have been recruited and assigned to CYP referrals from CAMHS, working under supervision from both SCS and CCAMHS, to make the most of both parties’ specialist expertise. Significantly, Sunderland Community CAMHS and SCS share a staff member who works closely with LWs from SCS, managing their induction at CAMHS and collectively deciding on referrals.

Leeds Children and Young People’s Mental Health Services, with Linking Leeds and Barca Leeds

In contrast, whilst Linking Leeds and Barca Leeds have worked together before, their partnership with the Leeds Community Healthcare NHS Trust is new. Both VCSEs are interested in expanding their work with the health sector. Linking Leeds is a well-established social prescribing service offered to people living in Leeds. A Consortium led by the nonprofit Community Links, the service caters to individuals over the age of 16, with 31 LWs across the city working with 1,500 people every quarter. Linking Leeds is partnering with the “Connect Together” social prescribing project at the charity Barca Leeds, which is aimed at children between the ages of 4 and 16. They are funded by the NHS West Yorkshire Integrated Care Board. Whilst neither have worked with CAMHS before, both groups are prepared for mental health cases and have the necessary health tools to cater to these groups. Linking Leeds commonly receives referrals from GPs and has worked with the Leeds Community Mental Health Team, whilst Barca Leeds has staff who have worked with CAMHS in the past. During Phase II of the project, novel processes between the groups will be tracked such as: communication procedures, data sharing and CYP monitoring processes between all three parties; any additional collaboration required to discuss cases beyond current biweekly meetings; and questions regarding CYP risk management and ownership.

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Appendices

The below resources have been created by the WWW team or participating sites and are shared here as example materials. For further guidance on delivering SP for CYP please see the [Children & Young People's Social Prescribing Toolkit](#).

Appendix 1

A four-page guide created by the WWW team explaining SP to CYP and their parents or guardians.

Your Guide to Social Prescribing

This information is for you and your parent/guardian to understand more about what Social Prescribing is and how it may benefit you.

Please read this information carefully in your own time. Your Social Prescriber will be more than happy to answer any questions you have.



What is Social Prescribing?



A new type of support being offered to try and help young people whilst they wait for treatment from mental health services.



An opportunity to have time and space to work out what matters to you and explore what things you want to put in place to improve your wellbeing. It's not about medicine and clinical services but about everyday things that you could use to help you feel better.



Your Social Prescriber will help you when you're thinking about what matters to you, and is there to help you find resources, and potential services in the community for you to access. **We will always get your consent before connecting you with another service.**

How will my Social Prescribing Sessions work?



You will meet with one Social Prescriber for **six half-an-hour sessions** that can be planned flexibly around your schedule.



You can choose to have the meeting over **video call or by phone.**



Your Social Prescriber will be there to **listen to you, respect you, and will not judge you.**



Your Social Prescriber will help you to figure out steps or actions to **help you make positive changes.**



Your Social Prescriber will provide you with information and encouragement to help you make the changes you have identified.



You may be referred to **other services** and this will always be done with your knowledge and consent.



You are always welcome and encouraged to give feedback on how you feel your sessions are working for you and reflect on your progress, so you and your Social Prescriber can adapt your plans to best suit you.

What do I need for my Social Prescribing Sessions?



Access to a phone or internet connection which will allow for a video call for up to 30 minutes.



You will need to be in a private, quiet space where you won't be disturbed and feel comfortable talking. If you are in a public space, we may ask you to find somewhere quieter and, if this is not possible, try to find an alternative time/date for the session.



If you need to cancel your appointment, please contact your Social Prescriber as early as possible to rearrange. You can do this by calling or texting [insert number] or send an email to **emailofservice@email.com**



If you cancel regularly or if you have not attended your appointments we can chat whether the support we are offering is right for you.

What we expect from you...

1) Be open to give it a go!



This session is 100% for you to have time and space to work out what matters to you, and if there's any little or big changes that can be made to make your life a little better. So, we need you to be open to talking about it!

2) Be kind and respectful



We're all human (even your Social Prescriber) so a little kindness goes a long way. Please don't be rude or aggressive toward your Social Prescriber.

3) No alcohol or drugs



If you come to a session and it's clear you've been drinking or using drugs, we will have to end the session and talk to your parent/guardian.

4) Be respectful of time



As much as possible, be on time to sessions and let us know if you are running late. If you are running more than 15 minutes late, we may need to reschedule the session.

What you can expect from your Social Prescriber

To listen to you and treat you with respect. Your Social Prescriber is not there to judge you.



To support you in developing a plan to help you improve small and big things in your life. It is your time to think as big or be as focused as you want to.



To be on time to sessions. Your Social Prescriber will let you know if they will be on holiday. If your Social Prescriber is ill or cannot attend at short notice, another member of the team will contact you before the session and let you know next steps.



What your Social Prescriber can't do



We cannot provide you with updates on your support from your CAMHS team, including updates on how long you will wait for support from CAMHS.



We are not healthcare professionals, so we cannot advise you on things like medication, diagnoses, or psychological therapies/treatment.



This is not an emergency or crisis service, so if you contact us, we may not get back to you straight away. If you contact us, a member of the Social Prescribing team at [service] will be in touch within 2 working days.



For crisis support, please contact your CAMHS duty team. If you urgently need to speak to a doctor, please contact your GP or call 111.
If you need emergency medical attention, please call 999.

How do you contact your Social Prescriber?

Name:

Phone Number:

Email:

****We likely won't be able to respond to you straight away – but if you do need to ask a question or reschedule a session, we will do our best to get back to you in 2 working days. We won't check this number at weekends.*



If your Social Prescriber is away..

They will let you know if they are going on planned leave. You can contact your backup social prescriber on this number:

What if something goes wrong?

We appreciate your feedback so please do not hesitate if you want to express any concerns to your Social Prescriber.

However, if you need to make a serious complaint about the service you have received please contact...

Important: How we use your information

- The reason we collect information about you is so we can provide you with the help that you require. **We will only ever collect information that is required.**
- In most cases, the information you give us will **only be accessed by your Social Prescriber, the Social Prescribing team at [service] and your CAMHS team.**
- **A summary of our meetings with you will be shared with your CAMHS team and stored on their system.** We do this so CAMHS can get a full picture of you and the support we have offered you, for when they provide you with support in the future.
- **However, if you share information which suggests that you or someone else is at risk of harm, we may need to share information with health services, police, local authorities, a senior researcher and/or local safeguarding leads (at [service] and your CAMHS team).**

Appendix 2

A poster developed in Norfolk and Suffolk NHS Foundation Trust to promote SP to CYP.



Appendix 3

A poster developed in Cheshire and Wirral Partnership NHS Foundation Trust to explain the Care Navigator Team to CYP.



Cheshire and Wirral Partnership
NHS Foundation Trust

Wirral CAMHs Care Navigator Team

Who we are	What we offer
- A small team called Care Navigators working within the Wirral CAMHs 0-18 Team. - We have strong links within our community we can help you explore. - We can be contacted on: cwp.carenavigator@nhs.net - We are not therapists, counsellors or mental health professionals.	- When you are offered a partnership place with CAMHs, your Care Navigator will contact you by phone call to ask about what matters to you. - Your Care Navigator is a person you can contact for advice, information and guidance on a wide range of areas like: basics, belonging, learning, coping and well-being. If you are unsure, ask. - We can accompany you and your family in support of accessing our community. - If you are in crisis, contact the Crisis Line on 0800 145 6485 (available 24 hours a day 7 days a week). - In an emergency, contact 999 or go to A&E. - Your Care Navigator is not the right person to contact if you are in crisis or in an emergency.
	- If we are not the right person within CAMHs to answer your question, we will find out who is. - This is a good place to start for what we have in our community: www.wirralinfobank.co.uk or  - This is a good place to start for support: www.mymind.org.uk or  

As at 3 Oct 22

Helping people to be the best they can be

Appendix 4

A poster developed by Barca Leeds to explain SP and the Connect Together service.

What is Social Prescribing and the Connect Together service?



Connect Together is the name of our new Social Prescribing service. Social Prescribing supports children, young people and their families to make long lasting connections in their community to bring about sustainable change and improvements to their lives. They will receive up to 8 sessions with a worker to explore their needs and interests, attend community groups and work together to build a long term plan.

Criteria

- Aged 4 to 16 years old
- Postcodes: LS10, LS11, LS12 and LS13 (or registered with GP in those postcodes)
- Low mood / emotional wellbeing and mental health needs
- Improve lifestyle including diet, exercise, substance misuse etc.
- Socially isolated including not engaging in education
- Young people on waiting list for CAMHS

Referral pathway

- Self-referrals
- Education e.g. school, cluster, children's centre
- Family Support services such as Early Help Hubs, CSWS and Family Support Workers
- Third Sector Partners

What we DON'T do

In most cases, we won't deliver the interventions ourselves but we might provide some guidance e.g. healthy lifestyles, wellbeing support, coping strategies etc.

What will support look like?

We recognise that everyone is different so we will tailor the support around the needs of the individual.

We also understand that the offer for young children needs to be different due to their developmental stage so their support will involve more work with parents and carers.

For children aged 4 to 11 years old

- Support aimed at parents and carers to support their children
- Signposting to family services such as Family Support, Cluster, Early Help Hubs etc.
- Assessment conversation with parent/carer and child together
- Sharing information about parenting support groups

For young people 11 to 16 years old

- 1 to 1 sessions in an appropriate venue e.g. school, Manor House, community centre
- Providing some low level guidance sessions
- Accompanying young people to community groups
- Delivering our own groups where there is a clear need that isn't able to be met in the community

Appendix 5

A flyer developed by Barca Leeds to explain the Connect Together service.



Connect Together



Connect Together is a Social Prescribing service that supports children and young people aged 4 to 16 in LS10, LS11, LS12 and LS13 who might be struggling with their physical and mental health.



Share your details here and we will be in touch.

We provide 1 to 1 sessions and group activities to help children and young people make long lasting connections in their community and improve their health and wellbeing.



We will listen and find out what matters to you. Then work with you to build a plan for long term support. In some cases, we will be able to provide the support and in other cases we will connect you with community groups and professionals to give more specific support

Get in touch:

-  www.barca-leeds.org/service/cypsp
-  cypreferrals@barca-leeds.org
-  0113 255 9582



Appendix 6

A referral form developed by Barca Leeds.

Connect Together referral form

Connect Together CYP Social Prescribing	Supporting children, young people and families to build strong connections with community activities to improve their health and wellbeing.	4 – 16yrs old living in LS10, LS11, LS12 and LS13
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Name of child:			
Home address:			
School if known			
GP Surgery			
Age:		D.O.B.	
Ethnicity:		First spoken language:	
Disability/Additional Needs:			
Parent/Carer Name:		Contact number:	

Has the young person consented for this referral? **YES** **NO**

Has parental consent been received for this referral? **YES** **NO**

Has consent been given for initial home visit? **YES** **NO**

Details of other professionals involved e.g. School, Cluster, Social Worker, Police, Youth Justice Service

Name	Agency	Contact details
Cluster were previously involved		

What is the presenting behaviour?					
Low mood / depression	Anxiety	Separation / Loss	Social Isolation	Poor relationships	Self-harm

Anti-Social Behaviour / Crime	Low confidence / self-esteem	Sexual Health	Low school attendance	Substance misuse	Identity
Risk of CSE / CCE (Low risk)	Unhealthy lifestyle	Living with long term health condition	General low Well-being	Any other reason: Anger and frustration	

Assessment of risk:

LOW MEDIUM HIGH

Please include some background information about the young person and their situation, family background and your understanding of their strengths and needs

I can confirm in accordance with GDPR and Data Protection Legislation that I have lawful basis to share this personal data and I have made the data subject aware that this data will be processed (i.e. stored) by you in order to provide a service.

Name:.....Date:.....