

Research Digest

Social Prescribing for Young People in the West Midlands: The Potential Impact on Employment and the Economy

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About Us

This research was undertaken as part of a collaboration between the West Midlands Regional Economic Development Institute (WMREDI) and the Institute for Community Research and Development. The ICRD team produced this research digest to underpin the broader project.

Institute for Community Research and Development (ICRD)

Since 2017, the ICRD has been working to improve the lives and life chances of people in the West Midlands through research driven policy development, promoting social mobility and by delivering effective community-based transformational projects. Based at the University of Wolverhampton, ICRD uses interdisciplinary expertise to affect positive change by working collaboratively with local communities and other networks. The ICRD's work in the area of Inequality and Social Analysis aims to map and understand inequality in the West Midlands and further afield, working with individuals and communities to tackle disadvantage. With a focus on co-production and peer-led work, we work with a range of partners across civil society, particularly the voluntary and community sector.

West Midlands Regional Economic Development Institute (WMREDI)

WMREDI is based at the University of Birmingham's Exchange building, in the heart of Birmingham. It aims to support inclusive economic growth in our city-region and regions across the UK. WMREDI acts as a catalyst for a step-change in regional collaboration through its work with partners, including the University of Wolverhampton and others, enabling better policy insights through collaborative research and new channels for knowledge exchange to help to rebalance the UK economy and create inclusive local economies.

Executive Summary

Introduction

This research digest forms part of an exploratory research project into social prescribing provision for young people in the West Midlands and its economic, and employability impact.

The key messages from our research to date are that:

- Dedicated social prescribing provision for children and young people is new but growing. There is currently little published evidence of its effectiveness, but research is underway to address this.
- There is potential for social prescribing to impact positively on the wellbeing of young people. While there is little tangible evidence to this effect currently, the novelty of this review concerns the further potential for impact on economic and employability aspects – and the links between these and wellbeing.

Social prescribing aims to help people access local, non-clinical services and activities provided by voluntary and community organisations in order to support their social, emotional and practical needs¹. The topic of social prescribing for young people is gaining traction nationally, but there remains a need to collect evidence in order to understand its effectiveness. This document summarises a rapid scoping review of need for, and provision of, social prescribing for young people, and presents initial findings and recommendations for future work in this field. It is intended to inform and stimulate discussion with practitioners, policy makers, commissioners and researchers in the field.

Key Findings and Recommendations

Our project to date has comprised a rapid, desk-based scoping review of existing literature (both academic and grey literature) in the field of social prescribing provision for young people, predominantly within the West Midlands. Our key findings can be grouped into four themes:

Theme	Description
Need	There is clearly a need for specific social prescribing services to be made available for young people in the West Midlands, to support existing formal provision for both mental health and wellbeing and for employment.
Provision	There is a lack of publicly available information on what social prescribing provision is available for young people in the West Midlands, and how it could support young people in the move away from benefits and into the workplace. Yet we know provision for young people does exist within the West Midlands.
Opportunities	The benefits of social prescribing (related to employment) can include developing personal skills, including building resilience and relationships, which could be transferable to the workplace. There is the potential for social prescribing to have benefits both for the individual and the economy, particularly from those services which focus on financial and employment support. These positive aspects of social prescribing would be of benefit to young people in the West Midlands.
Challenges	Barriers to young people accessing social prescribing include the cost and difficulty of travel, language barriers, and lack of cultural appropriateness. This can lead to young people, particularly those who identify as being from Global Majority groups, disabled and/or low income being excluded and thus feeling discouraged from taking part in social prescribing activities.

Table 1: Key Findings

The review found no information that evaluates the benefits of social prescribing for young people in the West Midlands in terms of providing an economic benefit or enabling a transition into the workplace. There is thus a need for robust, consistent, and effective evidence collection and evaluation.

Our recommendations from this review are three-fold:

- Better understand the current provision of social prescribing for young people in the West Midlands that is not readily publicly accessible, and how employment features in this provision.
- Establish and develop effective co-ordinated social prescribing interventions for young people within the West Midlands that provides financial and employment support and involves young people in the design of the services - early intervention through appropriate youth social prescribing has the potential to have long lasting impact.
- Social providing schemes should have a robust method to track the effectiveness and impact of financial and employment support. While initial financial outlay on the provision of such services may be difficult in the current economic climate, our research shows that the economic benefits to both the individual and the region could potentially outweigh this, so it is important that there is the ability to capture this within monitoring data.

Next Steps

Working with the ICRD and WMREDI's existing partners in the West Midlands, the project will collect data to better understand existing local provision. The next stages of this project will include the development of surveys to be circulated to organisations/individuals who provide social prescribing support in the West Midlands, and those who work with young people, in order to gain a clearer picture about how social proscribing provision can enable young people to make the move away from unemployment into further work or training. Further, we will develop an evaluation framework to enable providers to monitor their activity and impact in this area and produce further outputs with the aim of making recommendations to policy makers both regionally and nationally.

Background

Rationale

Alongside economic challenges, the West Midlands faces a multitude of complex health, mental health and wellbeing challenges stemming from biological, psychological, economic, environmental, and social causes across the life course (social determinants of health²). The conditions in which individuals are born, live and work have implications on their health, with greater socioeconomic deprivation such as those in the West Midlands, having a negative effect on social, physical and economic environments, with action at each stage having the potential to make a positive effect. The increasing challenge of health inequalities across geographical and demographic (age, ethnicity, sex, socioeconomic) classifications has been brought to the fore during the Covid-19 pandemic. Addressing these challenges requires a co-ordinated approach to improve and promote health and mental health at a population, workforce, and individual level^{3 4}. A recent strategy paper calls for “all public health organisations in England to maximise the contribution of behavioural and social sciences to the protection and improvement of the public’s health and wellbeing”⁴ (p11).

Social prescribing provision has traditionally been targeted at adults and the elderly experiencing social isolation, loneliness and long-term health conditions. However, with mental health problems affecting 17.4% of children aged 5 to 19 in the UK⁵, Child and Adolescent Mental Health Services (CAMHS) are reportedly overwhelmed and struggling to cope with the demand for their service⁶. To date, the potential of social prescribing to meet the needs of children and young people is under-explored⁷, but as practitioners and policy makers’ attention now starts to turn to social prescribing for children and young people⁸, it is imperative that the research evidence base builds simultaneously. This review aims to consider the need for, benefits of and potential barriers to accessing social prescribing interventions for young people in the West Midlands, with particular focus on its impact on employability and local economy.

What is social prescribing?

Social prescribing is a means by which frontline healthcare professionals (e.g. GPs) can refer individuals to local, non-clinical services that are able to provide support for social, emotional and/or practical needs¹. Its goal is to improve health and empower individuals to self-manage their own health. Traditionally, social prescribing has been aimed at older adults who were socially isolated and lonely and regularly presented at GP practices. For these individuals' medical or pharmaceutical interventions might not be necessary, and rather a social intervention would be more appropriate, hence the term ‘social prescribing’. Nevertheless, it is well known that low mood and poor wellbeing affect a large proportion of the population, and that the model of social prescribing could be rolled out to include more of the population requiring non-clinical support for their health and wellbeing.

Social prescribing schemes are often provided by organisations within the voluntary and community sectors, with referrals to link workers coming from local health and care agencies, while self-referral is also encouraged. The UK Government describes social prescribing as complementing “other approaches, such as active signposting by health and care professionals”⁹. These “community-centred ways of working can be more effective than more traditional services in improving the health and wellbeing of marginalised groups and vulnerable individuals”⁹. It is worth noting that other activities could be considered as forms of social prescribing without being described as such – for example, agencies such as the Citizen’s Advice Bureau or Jobcentre which provide advice and guidance, to social clubs (drama, dance, sports, etc.) which can assist in the development of social skills, confidence, and other transferable skills. Such provision which are not formally described as

‘social prescribing’ will not have been captured within this report but should be considered in future research designs.

The UK is considered to be “at the forefront of formalising the use of social prescribing alongside traditional medical treatment ... to address the environmental, economic, social and psychological issues affecting people’s well-being”¹⁰. Benefits include improvements in personal attributes such as self-esteem, confidence, and mental well-being, together with those transferable to the workplace or training, such as communication and the acquisition of new skills¹¹.

Research Questions

There is currently limited evidence on the role of social prescribing in the West Midlands, and the material that does exist predominantly focuses on provision for adults in the region. Therefore, the first phase of our project sought to answer the following questions:

1. Is there a need for social prescribing provision for young people in the West Midlands?
2. What social prescribing provision exists in (and beyond) the West Midlands for young people?
3. What are the employability and economic benefits of social prescribing for young people?
4. What are the barriers to social prescribing for young people?

Methodology

Our project to date has comprised a rapid, desk-based scoping review of existing literature (both academic and grey literature) in the field of social prescribing provision for young people predominantly in the West Midlands but also touches on national and international provision and developments (where results were not available within West Midlands bounded searches).

The key search terms used in this review were social prescribing, young people, children, employment, work health and wellbeing, economic instability, and inequality. When focussing on the West Midlands, we refer to the seven metropolitan boroughs – Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall and Wolverhampton. Given the relatively early development of social prescribing for young people the age range has been left broadly open to ensure we included as much relevant literature as possible. The age range used to define a young person for this review was up to the age of 25, in order to ensure we could explore the economic impact of social prescribing in terms of potential effect on employment. While we have identified an upper age limit - to allow the opportunity to differentiate between ‘adult only’ services and those which provide support to younger people - a lower age limit was not defined for the purpose of this project.

Following a rapid review of publicly available (online) documentation, and databases including Google Scholar, FindIt@Bham (University of Birmingham) and the idox Knowledge Exchange database, the researchers followed a snowball sampling approach by following up reference lists of relevant documents, searching organisational websites and liaising with partners at WMREDI. Approximately 150 documents were identified, with just over half considered in scope for the purpose of this scoping review. The authors reviewed the documents in detail and extracted the main issues and patterns identified that answered the research questions above.

Our report presents key findings, but not an assessment of the quality of the methods or findings within each document. It should also be noted that this document is not intended as an extensive survey into all available services providing social prescribing provision for young people, towards

economic and employment benefit, but rather an overview of the examples of practice which we have identified to date through our literature and need review. New research, practice, and policy on such social prescribing, continues to be published. We direct those interested in a wider evaluation of social prescribing schemes for children and young people to the work of Dr Daniel Hayes⁷, Dr Marcello Bertotti¹², and the ongoing social prescribing for mental health project (CHildren and young people's Options In the Community for Enhancing wellbeing through Social prescribing - CHOICES). The CHOICES project was established to expand the evidence base around social prescribing to include children and young people, particularly in regards to mental health¹³.

Findings

This report demonstrates the need for social prescribing provision for young people in the West Midlands, and also the potential impact of these interventions both for mental health and wellbeing, and economically – in terms of employability. Our research has shown that while there are social prescribing services available for adults, which can also take the form of financial and employment support, there is clearly a need for specific services to be made available for young people in the West Midlands, to support existing formal provision. The findings are presented below for each of the four research questions.

1. Identifying a need for social prescribing for young people in the West Midlands

The wider determinants of health can impact significantly on health and wellbeing across the life-course. Good education, good employment, lower levels of deprivation, and higher income can all have positive impacts on wellbeing. Significantly, mental health issues and low self-esteem are recognised as barriers to young people gaining employment, with calls for young people to be offered the correct support to enable them to enter the workplace^{14 15}.

The Department for Health and Department for Education (DfH/DfE) noted that “children with a persistent mental health problem face unequal chances in life”¹⁶. While not specifically referring to social prescribing, the role of education providers in identification and referral is recognised, while early intervention is seen as key both to prevent escalation and to provide benefits both to the individual and wider society. On the subject of social prescribing, a government report made reference to issues experienced by young people in gaining employment, stating that link workers would be provided with details of resources for money support and debt advice, while their training would include COVID-19 recovery priorities including welfare and employment support and financial wellbeing¹⁷. Although improving, the rate of 16-17 year olds Not in Education, Employment or Training (NEET) is 7.8% compared to the England average of 5.5%¹⁸.

The need for interventions to support mental health and wellbeing has been identified as beginning at school, where triggers for issues such as social anxiety, depression and behavioural disorders can begin to manifest. In 2019, it was suggested that “approximately 2,800 pupils in Solihull schools could be suffering with an anxiety disorder, over 800 with a depressive disorder and over 1,800 with behavioural disorders”¹⁹ (p19). In Birmingham an estimated 10.3% of children (aged 5-16 years) have mental health disorders, with this figure estimated at 9.7% in the West Midlands region and 9.2% in England²⁰.

Further, mental ill health is more prevalent in individuals in their 20s and 30s before declining with age²¹. Poor mental health among those of working age affects individuals in terms of seeking and retaining employment, and the economy in terms of attendance and performance²⁰. This can lead to a vicious cycle of ill health and issues with employment, which would be difficult to redress without

intervention. Beyond this, the potential negative effects of mental health disorders can include an inability to work and potentially lead to homelessness and an increased risk of suicide²⁰. Further, young people are more likely to be employed in precarious sectors, which themselves are more vulnerable to economic changes, with unemployment cited as one of the key reasons for referral to some social prescribing projects^{22 23}. COVID-19 has had a disproportionately detrimental impact on employment rates for young people across the West Midlands²⁴. Research has shown that 16-25 year olds were twice as likely than their older colleagues to lose their jobs in the pandemic²⁵.

The need for such interventions is further evidenced through the understanding that economic hardship and shock are also shown to have a negative impact on mental health and wellbeing – within the last couple of years the UK economy has been affected by the COVID-19 pandemic (which also had direct effects on anxiety and wellbeing), and more recently by the cost-of-living increases and inflation. As a result, the Midlands and the North of England are set to be most heavily impacted by the present high rate of inflation^{26 27}. Prior to this, the youth claimant count to May 2020 showed that youth unemployment within the West Midlands Combined Authority area had almost doubled, affecting 8.3% of the young population²⁵. As a result, the region ranked 5th among combined authority areas, but with a much higher rate of increase than elsewhere²⁵. The unemployment rate for 16-24 year olds in Birmingham and the Black Country (males 15.6%, females 13.0%) is higher than the England average (males 13.7% and females 9.6%)²⁸. In 2018/19 46.4% of children in the West Midlands were reported to be living in households that did not have enough income to afford a minimum acceptable standard of living, above the national average of 42.3%²⁹. This can impact on personal wellbeing as well as prevent participation in day to day and social activities.

Wider economic factors are also shown to impact on the mental health and wellbeing of children and young people. Children living in low-income families represented higher rates of mental health disorders - 7% of children in the most affluent families and 15% of children in the least affluent families; while data from 2020 shows that the West Midlands also has the highest rate of fuel poverty in the UK – with figures released to date not yet taking into consideration the rises in energy prices, and likely to show larger numbers moving into fuel poverty between 2021 and 2022^{19 30}.

Given the aforementioned context, social prescribing has the potential to support individuals to develop skills associated with gaining further skills or employment, such as volunteering “to improve social connectedness”; and “to self-manage their personal situation whilst experiencing physical, emotional and social challenges”^{31 32}. These benefits also link to the concept of social capital – in respect to how people and groups refer to one another, particularly in terms of social resilience (the functioning of society in the face of difficulty) and civil society (the effectiveness of non-profit organisations)³³.

For further information about the potential employability and economic benefits of social prescribing see sections 3a and 3b.

2a. What social prescribing provision exists in the West Midlands for young people?

Our research has shown that there is a lack of publicly available information on what social prescribing provision is available for young people in the West Midlands, and how it could support employability for young people.

Whilst we are aware of some provision for young people within the region - for example provided by Active Black Country, Birmingham City Council, Gateway Family Services, Wolverhampton Voluntary and Community Action (WVCA) (formerly known as Wolverhampton Voluntary Sector Council), and a

pilot scheme run by the West Midlands Combined Authority (WMCA) - we were unable to find any further information on the details pertaining to scale of delivery, impact or challenges that we could review for the purposes of this report.

There is evidence that social prescribing, and interventions akin to social prescribing, are providing support for employment, volunteering and learning across the West Midlands (i.e., Birmingham Health Exchange, WVCA and Birmingham and Solihull Youth Promise Plus). The WVCA social prescribing service includes supporting users with practical problems such as housing, benefits or finances and has been found to improve wellbeing, confidence and self-esteem³⁴. This provision at WVCA has recently been extended to include dedicated support for young people. Meanwhile, well-being hubs and open access services across the West Midlands Combined Authority (WMCA) provide employment support, including:

job-retention; negotiating reasonable adjustments; supporting leaving negative employment with the most favourable outcome; Individual Placement and Support...; linking people in work with other services and training on workplace wellbeing²⁰ (p.53-54).

A key challenge when researching the delivery of social prescribing initiatives is that schemes are effectively delivering social prescribing but not using this term to describe its activity. This is something we aim to address in the next phase of our project.

2b. What social prescribing provision exists for young people beyond the West Midlands?

Young people's social prescribing in the UK is growing and has been highlighted through the 'Best Children and Young People Social Prescribing Project' in the Chamberlain Dunn Social Prescribing Network Awards³⁵, as well as the Social Prescribing Youth Network which currently has over 900 members and advocates for expansion and development of young people's social prescribing³⁶.

Other regions of the UK have existing social providing provision for young people, with some areas offering specialist youth social prescribers. Related to this is the THRIVE Framework for supporting the mental health and wellbeing of children and young people, and their families through a holistic approach encouraging young people to engage in social enterprise, activities, and seek help in accessing employment or training^{37 38}.

Social prescribing for young people has been found to take the form of extending existing services for adults (for instance Linking Leeds), adding a dedicated service for young people to adult provision (i.e., WVCA), or setting up a new social prescribing scheme solely for young people (i.e., No Limits, Life Hacks). A selection of examples of social prescribing initiatives for young people beyond the West Midlands are provided in Table 2.

Green social prescribing is a popular field within young people's social prescribing with many youth projects centred around activity outside and in nature³⁹. These activities range from surfing (Wave – Surf Therapy, Devon) to growing food and plants (Grow 4 Good South West) and have been used with different groups – including children and young adults with mental health conditions and young women with hormonal problems (Get your life back! – RENEW Project) (Garside et al., 2020). This focus on green social prescribing is supported by the Department for Environment, Food & Rural Affairs as a way to encourage young people to get into green spaces and use nature to improve wellbeing.

Beyond the UK, young people’s social prescribing is emerging internationally with schemes and projects underway in Ireland, Japan, and Australia^{40 41 42 43}.

Social Prescribing Initiative	Target Audience	Referral Route	Description
Cumbria LINK (Cumbria) ^{44 45}	5-19 years	Professionals (GP, school or other healthcare professional)	Launched during the COVID-19 lockdown Link Workers support children and young people in Cumbria with their emotional health and wellbeing. It offers a co-designed personalised social prescribing service to young people. The aim is to provide practical and emotional support, providing young people with strategies and tools to deal with issues.
Inspire - Wellbeing Enterprises (Halton, Cheshire) ⁴⁶	Children and young people	Main referral partner is CAMHS	Funded by Halton Borough Council, Community Wellbeing Officers support children and young people to access a wide range of social, educational and volunteering opportunities. A nominee for the Best Children and Young People Social Prescribing Project in the Chamberlain Dunn Social Prescribing Network Awards 2022.
Healthy London Partnership ⁴⁷	0-18 years (and up to 25 for people with disability and special educational needs)	Usually through GP	There is a 'strategic commitment' to build and expand social prescribing for young people in London. Pilot schemes have been run in several London boroughs and a 'Community of practice' has been created for children and young people's social prescribers in London.
Life Hacks - Active Luton ^{48 49}	5-19 years experiencing low mood, anxiety, unhealthy/risky behaviours, identity issues, loneliness/ social isolation	Professionals (i.e. Teacher, School Nurse, CAMHS, GP, Youth Worker) No self-referrals.	Community Link Worker provides support for young people in Luton to improve health and emotional wellbeing. Virtual or face-to-face sessions over 12 weeks. Winner of the Best Children and Young People Social Prescribing Project in 2021. Funded by the Department of Health and Social Care, co-ordinated by StreetGames.
No Limits (Southampton) ⁵⁰	13-25 years experiencing emotional health and wellbeing issues	Professionals and self-referral	Social Prescription Worker offers an informal chat to understand young person's needs and agree a well-being plan that connects them with activities, events and organisations.
Sunderland Carers Centre (Sunderland) ⁵¹	Young carers	All local agencies	Funded by Thriving Communities. Social Prescribing Link Workers connect young carers with Sunderland Culture and community to deliver creative social prescribing opportunities.
HALE Project (West Yorkshire) ⁵²	9-19 years	Professionals (i.e. schools, colleges, GP, specialised young people's services, youth clubs) and self-referral	For young people who are living/accessing services within the Bradford Central District. 1 to 1 tailored support to connect children and young people into wider activities and services to improve their health and well-being. Works in partnership with other organisations.

Table 2: Examples of social prescribing initiatives currently running in England

3a. What are the employability benefits of social prescribing for young people?

The indirect benefits of social prescribing on service users can include developing personal skills, which could be transferable to the workplace, including building resilience and relationships, and the “ability to take on work and reintegrate into the community”⁵³ (p30). Social prescribing can enable service users to ‘put something back’ into their community, both through volunteering and gaining employment³¹. However, these benefits are currently underreported⁵³. These positive aspects of social prescribing would be of benefit to young people in the West Midlands, and particularly young people who are NEET¹⁵.

Through volunteering and developing social skills, people can build motivation^{54 55} and confidence in their abilities^{56 57 58 59 60 61} which can in turn mean that people feel more confident and able to apply for and become involved in employment and other opportunities. While volunteering has been shown to help improve social skills and confidence, this is an area which warrants further review – not least in determining what is available and measuring how these interventions improve opportunities for employment³¹.

Social prescribing can also connect people to opportunities, support, and networks which can extend beyond the prescribed activity within their community^{10 62}. This can subsequently lead to employment opportunities, continued volunteering, and raise awareness of available opportunities and support^{63 64 65 66 67 68 69}. Social prescribing programmes may also directly provide support with employment development such as CV writing, interview skills and financial advice^{69 70 71 72 73 74}. However, it is important to note that these interventions could only be measured as effective providing that there is suitable employment to be found within the area⁵³. In turn, increased employment could have a positive effect on health and wellbeing, with joblessness seen as a “significant contributor to poor health and welfare” (p15)³¹.

3b. What are the potential economic benefits of social prescribing?

It is important to acknowledge the potential economic impact and return on investment from social prescribing that could arise. The economic benefit of social prescribing can include that on local authorities and central government, and savings in NHS costs associated with treating patients as mental health conditions become more severe. Additionally, identifying and enabling users to access the benefits that they are entitled to brings further economic benefit to the individual⁵³. A review of the economic impact of social prescribing on behalf of the National Academy for Social Prescribing in 2022 found that there were few existing economic evaluations for social prescribing services, with those available taking the form of small-scale public health economic analyses⁷⁵. Further, it noted that little work had been undertaken in order to define and assess cost-effectiveness, and that the quality of estimates of return on investment could have been improved with more accurate data.

For evaluations of social prescribing for adults, improvements in mental wellbeing and employment have been used as examples of positive externalities within Social Return on Investment (SROI) analysis estimating the monetary value of benefits on stakeholders including patients, Local Authorities and the Department of Work and Pensions⁷⁶. SROI provides a framework for evaluating value in terms of social, environmental and economic costs and benefits as relevant to the people or organisations that experience or contribute to it, representing them in terms of evaluative or forecast monetary value⁷⁷. Importantly, a key principle is being transparent in the approach taken and assumptions made during the process of estimating the SROI⁷⁷.

Schemes within the wider UK which estimated their economic benefit include the London Borough of Waltham Forest, which calculated a potential economic benefit of £17,012 for three respondents if they remained in full time employment for at least twelve months (based on both the reduced

burden on the Inland Revenue and the tax generated from a living wage)⁷⁸. Further, based on 32 users, there were “a total of 72 fewer consultations and a saving to GPs of nearly £7.776”⁷⁸. In Rotherham, the “estimated total NHS costs avoided between 2012-15 were more than half a million pounds: an initial return on investment of 43 pence for each pound (£1) invested”⁷⁹. This research group also found that out of the 246 participants, 84 people had continued to engage in voluntary sector activity once their social prescription had ended⁸⁰. Kimberlee et al. stated that the SROI for Waltham Forest ranged between £1.09-£1.92, noting that this was “below average” (p4-5)⁷⁵. In comparison, a social prescribing service for children and young people in Sheffield recorded an SROI of (£5.04 for every £1 spent) which is stated to be above average over six months (p5)⁷⁵. This included considerable gains for improvements in wellbeing and gaining full-time employment¹². There is therefore a need to take into account the sample size and length of the review, together with the target users and activities of the scheme when undertaking a comparative analysis to identify potential savings. Other schemes identified through the review undertaken by Kimberlee et al. included the Shropshire social prescribing service where it was inferred that the service itself was contributing to a significant reduction in visits to the GP⁷⁵.

From our review of cases where economic evaluations were undertaken – both for young people and adults (n=5), the evaluation approaches and methodologies varied as shown in the table below:

Evaluation Approach/Methodology	Studies Cited within Initial Scoping Review
Identifying Literature and outcomes of social prescribing	53
Interviews	53, 78
Focus Groups	53
Pilot(s) and study of outcomes	12, 76, 78, 79
Process evaluations	12
Economic evaluations	12, 78
Patient-level Hospital Episode Statistics (HES)	79
Wellbeing outcome data	79
NHS costs and demand for urgent hospital care	79
Randomised controlled trial	76

Table 3: Evaluation Approaches and Methodologies

4. What are the barriers to social prescribing for young people?

Barriers to young people accessing social prescribing include travel, including lengthy and expensive travel on public transport, or reliance on parents, for those who may not have a driving licence or access to a car. This would particularly be an issue for those from low-income households. Other issues include language barriers, and lack of cultural appropriateness⁸¹. This can lead to young people, particularly those who identify as being from Global Majorityⁱ groups, disabled and/or low income being excluded and thus feeling discouraged from taking part in social prescribing activities⁸².

Within social prescribing practice and research there is a focus on using social prescribing programmes to reduce social isolation in older people, with many activities targeted towards older

ⁱ A note on terminology. We adopt the term Global Majority following the ‘That’s me!’ project at the University of Wolverhampton. This project began by using BAME, but on the advice of project participants changed the language to Global Majority. For more information see: [That's Me! – Eliminating barriers to postgraduate research study \(thatsmeproject.co.uk\)](https://thatsmeproject.co.uk)

people^{83, 84}. This is reflected in the feedback, with one UK study showing that 40-year-olds felt that it was like 'an old people's club' and not appropriate for their age⁸². Research has also highlighted that there was a lack of social prescribing support fit to meet the needs of young people, and that thus youth social prescribing must take a holistic, varied and context specific considerations approach⁸⁵.

Conclusions and Recommendations

As stated in the introduction to this report, the conditions in which individuals are born, live and work have implications on their health and economic status. Our research to date has shown that there is a clear need for specific social prescribing services aimed at young people in the West Midlands, and that providing appropriate support has the potential to enable young people to enter the workplace (for example, addressing mental health conditions and raising self-esteem)¹⁵. To be effective, consideration should be given to the issues and barriers specific to this group. To this end, it may be helpful for young people to be given a voice in the designing, running and evaluation of such services, and where necessary to work with their parents and guardians. It is also relevant to note referrals may be impacted if GPs and other referees are not fully aware of the extent of the need for, and availability of, social prescribing for young people. Research to date suggests there is the potential for social prescribing to close skills gaps and further develop soft skills such as communication and confidence, with a link to making a positive effect on individual economic status, social capital and employability for adults. This requires further exploration and evaluation with young people.

Our recommendations from this review are three-fold:

- Better understand the current provision of social prescribing for young people in the West Midlands that is not readily publicly accessible, and how employment features in this provision.
- Establish and develop effective co-ordinated social prescribing interventions for young people within the West Midlands that provide financial and employment support and involves young people in the design of the services - early intervention through appropriate youth social prescribing has the potential to have long lasting impact.

Social providing schemes should have a robust method to track the effectiveness and impact of financial and employment support. While initial financial outlay on the provision of such services may be difficult in the current economic climate, our research shows that the economic benefits to both the individual and the region could potentially outweigh this, so it is important that there is the ability to capture this within monitoring data.

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