



EXPLORATION OF YOUTH SOCIAL PRESCRIBING STUDY

December 2024

Summary report of Children and Young People's
and Services Committees interagency stakeholder
meeting to explore potential of a study on Youth
Social Prescribing

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EXECUTIVE SUMMARY

OVERVIEW AND PURPOSE OF MEETING

A meeting was held in Tusla on 11th December 2024, convened by the Healthy Ireland Co-ordinator for CYPSC based in the Children and Young People's Services Committees (CYPSC) National Office, Tusla with stakeholders with an interest in responding to youth mental health needs. Twelve individuals attended from the following organisations and disciplines:

- Barnardo's – Health Promotion
- CYPSC -Healthy Ireland and National Office
- Department of Children, Equality, Disability, Integration and Youth – Parenting unit
- Family Resource Centre- Management
- HSE-Mental Health and Wellbeing Programme
- Jigsaw-Mental Health Promotion
- Local Authority- Healthy Ireland
- National Youth Council of Ireland – Health Promotion

The purpose of the meeting was to *bring some stakeholders together to inform and determine an outline scope of work to be undertaken with the ultimate purpose of creating a greater understanding of youth social prescribing and the youth social prescribing landscape in Ireland and to identify the potential for collaborative work in this area.*

UNDERSTANDING OF YOUTH SOCIAL PRESCRIBING

Amongst stakeholders present at the meeting, there was a reasonably good understanding of social prescribing for adults and an awareness of what it does or might look like in practice for young people. A baseline of understanding was taken using an online interactive tool – Mentimeter™. Potential differences of providing social prescribing for young people were said to include factors such as the role of parents and parental consent, safeguarding, family support, different referral pathways, communities and potential activities. The group agreed that social prescribing for young people needs to have a youth centred approach.

YOUTH SOCIAL PRESCRIBING IN PRACTICE

Mary Jackson, Co-ordinator of Tacú Family Resource Centre in Ballinrobe, Co. Mayo presented an overview of the project entitled *Social Prescribing & Creative Empowerment Project for Young People* (SPACE), which has received 3-year funding from Rethink Ireland. Key elements of this programme include:

- A **Youth Link Worker** is employed to directly support the young people referred to the service (including self-referrals)
- A **family support worker** was added to create a wrap-around service for the families involved.

- **The length of intervention with young people varies**, based on needs and Hardiker Level of intervention.
- The funding from Rethink includes **resources for evaluation and to develop a framework** including Theory of Change, indicators and data collection.

EXISTING STUDIES / KNOWLEDGE BASE

To guide the meeting discussions, a brief overview of existing studies/models was presented by the facilitator and added to by participants. This included:

- (i) **Rapid Review of the evidence on youth social prescribing in the UK.** See National Academy for Social Prescribing ([Children and young people's social prescribing - NASP evidence | NASP](#)).
- (ii) **National Academy for Social Prescribing survey and NHS (UK) National Snapshot survey** ([summary-of-children-and-young-people-survey-findings.pdf](#))
- (iii) **Trinity College School of Medicine & Loughborough University Study on Health Professionals' and Link Workers' Perspectives on Social Prescribing for Adolescents** ([Health Professionals' and Link Workers' Perspectives on Social Prescribing for Adolescents - Medicine | Trinity College Dublin](#))

GROUPWORK DISCUSSIONS

A series of small group and whole group discussions were held to discuss the potential of a study to support creating a greater understanding of youth social prescribing and the youth social prescribing landscape in Ireland, with an emphasis on rationale, focus, oversight and parameters. It was agreed that any study should draw on what is already known and researched and any learning from what is currently being implemented (including those working with 18–25-year-olds). An action research methodology or co-design model could be useful.

POTENTIAL OBJECTIVES AND FOCUS OF A STUDY -DISCUSSION

This included a discussion on how to approach any study. Suggestions included a Human Learning Systems approach, an action research methodology or co-design. It was considered important to explore the Hardiker level of intervention and how this might link to any funder of a youth social prescribing service. Suggestions were made around defining what needs is YSP designed to address. The experiences of those already in youth social prescribing services should be included.

PARAMETERS

- It was thought that the age range for a youth social prescribing service should be kept open, reflecting existing practice
- A total timeframe of 2 years was proposed for the entirety of any proposed project – divided into phases.

- Acknowledgement that YSP is quite different from adult social prescribing - There may be other models to influence youth social prescribing services rather than adult social prescribing.

OVERSIGHT/ADVISORY ROLES

There was strong interest from stakeholders represented in this meeting to be involved in progressing the proposed work of creating a greater understanding of youth social prescribing and the youth social prescribing landscape in Ireland and identifying the potential for collaborative work in this area.

- Differences between oversight of a study and being involved in an advisory capacity or being consulted as part of the research were noted
- Some additional representation would be beneficial. The youth work sector should be involved and an adult social prescribing service.
- Any governance/oversight structure to be finalised by funders of any proposed study.
- Clarity is required on the problem that youth social prescribing is addressing. Social prescribing can be one potential solution to address something but is rarely the only solution.

CONCLUSION OF DISCUSSIONS

- The proposed study should look at what issue YSP can address - including what needs/issues it is currently addressing or could address.
- There is no need to reinvent existing research and there should be collaboration with researchers working in this field.
- There was a sense after the discussion that YSP is quite different to adult services and that this needs to be recognised in any study.
- The proposed study may need to be carried out in stages, with time to take stock and decide on the next step after examining the findings from the initial stages. This could take the format of action research, with learning and decisions built into it.
- The proposed study would not be an evaluation of existing services (some evaluation is already happening) but would draw on their existing or emerging learning and capture and describe how they operate.
- A study on YSP could focus on Hardiker Levels 1 and 2 and the overall issue of youth mental health and wellbeing. This would be in line with the findings of CYPSC consultations that the most pressing issue for young people is mental health.

RECOMMENDED NEXT STEPS

- There was an **appetite within the group for continued involvement** in the process
- Participants expressed an interest **in finding out more about existing research**
- The collaborative approach to discussions within this meeting between **policy makers/funders and implementers of Social Prescribing and YSP was very useful** and offers opportunities for continuation in this manner and for collective learning.
- There was a consensus within the group that **some form of study on YSP should be**

conducted and they expressed a willingness to be involved in it.

POTENTIAL PATHWAY:

Part 1: Establish baseline of existing research and current practice on YSP in Ireland and learning from Ireland and the UK. This would involve collating key findings from research and documenting/describing the existing YSP programmes in Ireland and some samples from the UK.

Part 2: Action research / consultations including young people and stakeholder organisations, and adult SP services working with 18–25-year-olds. An assumption should not necessarily be made that YSP is the solution to identified needs, with recognition that other approaches may be better suited.

Part 3: Consideration of findings from Parts 1 and 2 with a view to making recommendations for whether / how and by whom YSP could be implemented in Ireland.

