BROMLEY Y
Building Strengths
Empowering Youth and Fostering Wellbeing since 1965

ACTIVATE

ABOUT SOCIAL PRESCRIBING FOR YOUNG PEOPLE IN 2026

CONTENTS

Social prescribing and young people's mental health: working alongside counselling to widen the therapeutic frame

Bromley Y has developed a social prescribing pathway known as Activate. This programme has been running for two years and is designed for young people aged 16 and over who may have previously engaged in traditional therapeutic support but require additional input to build social skills, confidence, and self-esteem to participate fully in society. The pathway combines access to community-based activities alongside counselling guidance, providing a more holistic approach to wellbeing and ongoing support.

"Two years into delivering our Social Prescribing Programme, we're seeing the most engagement from boys, young people who are NEET, and those with diagnosed or suspected neurodivergence. By meeting young people where they are and creating personalised action plans, social prescribing offers flexible support that helps them reconnect with opportunities, interests and their communities.

As we move into the next phase of the programme, we'll be exploring how to ensure our support continues to meet the needs of all young people, including those who may be showing early signs of disengagement, avoidance or social withdrawal. Through ongoing learning and adaptation, we aim to make our approach as inclusive, accessible and effective as possible." Lillee Myers, Practice Lead, Mental Health & Emotional Wellbeing service, Bromley Y.

Introduction

Over the past decade, increasing numbers of children and young people have presented to counselling services with distress rooted not only in intrapsychic difficulty, but in social disconnection, poverty, educational pressure and limited access to safe, meaningful activities. For many practitioners, this has raised an uncomfortable question: *how much can talking therapy hold on its own when the wider context remains unchanged?*

Social prescribing has emerged as one response to this dilemma. While often discussed in adult primary care, social prescribing is increasingly being used with children and young people (CYP), either through link workers, youth services, schools or voluntary sector provision. When used thoughtfully, it can sit alongside counselling to support young people in ways that are relational, embodied and socially rooted.

This article explores what social prescribing is, how it can complement counselling for young people, and what therapists need to consider ethically and clinically when working alongside it.

What is social prescribing in a CYP context?

Social prescribing refers to the process of connecting individuals to **non-clinical, community-based supports** that may improve wellbeing. For young people, this might include:

- Creative or arts-based groups
- Sports or movement activities
- Youth clubs or peer support groups
-
- Nature-based or outdoor programmes

- Volunteering or skills-building opportunities
- Practical support with housing, benefits or education

Unlike referral to another mental health service, social prescribing is usually facilitated by a **link worker** or key adult who works collaboratively with the young person to identify what might be meaningful and accessible for them.

Importantly, social prescribing is not a replacement for therapy. Rather, it can be understood as addressing **the social and relational conditions in which mental health develops**, while counselling offers space for reflection, meaning-making and emotional processing.

Why social prescribing matters for young people

Many young people entering counselling present with difficulties that make sense in context:

- Loneliness and social isolation
- Loss of routine and identity
- Limited opportunities for play, creativity or autonomy
- Chronic stress linked to poverty or family instability

In these situations, therapy can risk becoming a place where distress is articulated but not materially relieved. Social prescribing offers a way of responding to the *whole ecology* of a young person's life.

For some young people, particularly those who are wary of services or verbal expression, a prescribed activity can feel **less exposing than therapy** and may act as a bridge into deeper engagement.

How social prescribing complements talking therapy

1. Supporting regulation through embodied experience

Many social prescribing activities involve movement, rhythm, creativity or time outdoors. These can support emotional regulation in ways that talking alone may not, particularly for young people who are developmentally or neurobiologically primed for action rather than reflection.

Therapy can then provide a space to notice and integrate these experiences:

- *"What do you notice in your body after football?"*
- *"How is it different when you paint compared to when you talk?"*

This can help young people build language for embodied states and expand their emotional vocabulary.

2. Reducing isolation and strengthening relational capacity

For young people experiencing loneliness or marginalisation, group-based social prescribing can offer **safe peer contact** without the pressure of disclosure. Shared activity often allows connection to develop organically.

In counselling, this can be reflected on:

- How it feels to belong
- Fears of rejection or comparison
- Patterns of withdrawal or over-adaptation

The therapist is not required to *fix* social isolation but can support the young person to make sense of new relational experiences.

---

3. Restoring agency and choice

Social prescribing works best when young people are active participants rather than passive recipients. Being asked what matters to them, and supported to pursue it, can counter experiences of powerlessness that many young people encounter in statutory systems.

Counselling can support this by:

- Exploring ambivalence or anxiety about trying something new
- Reflecting on success, disappointment or perseverance
- Linking agency in activities to agency in other areas of life

In this way, therapy helps consolidate learning rather than positioning itself as the sole site of change.

---

4. Addressing social determinants without over-clinicalising

Therapists working with young people are often acutely aware of the risk of locating distress *inside* the individual when it arises from structural factors such as poverty, racism or exclusion.

Social prescribing can be a way of responding practically without colluding with over-pathologisation. It acknowledges that:

- Not all distress requires a clinical solution
- Wellbeing is shaped by opportunity and environment
- Support can be relational, practical and collective

Therapy can then remain a reflective space rather than being stretched to compensate for systemic gaps.

---

5. Holding safeguarding and risk

Social prescribing does not remove safeguarding responsibilities. Therapists should ensure that:

- Activities are appropriately risk-assessed
- Communication with link workers is clear and ethical
- Young people understand boundaries and confidentiality

Where risk is present, therapy remains a crucial space for containment and reflection, even if additional support is introduced.

---

6. Respecting difference and access

Not all young people will experience social prescribing as supportive. Barriers may include:

- Cultural mismatch
- Financial or transport limitations
- Neurodiversity or social anxiety

Therapists can play a role in validating reluctance and ensuring that non-participation is not framed as resistance or failure.

---

7. Working collaboratively with link workers and services

When social prescribing is effective, it tends to involve **clear communication and mutual respect** between professionals. Therapists do not need to become coordinators, but some shared understanding helps avoid fragmentation.

Useful questions include:

- What is the purpose of this activity for this young person?
- How will progress or difficulty be communicated?
- How can the young person's voice remain central?

---

8. Conclusion

For children and young people, mental health is lived not only in thoughts and feelings, but in bodies, relationships and communities. Social prescribing offers a way of responding to this reality by widening the frame of support beyond the therapy room.

When used thoughtfully alongside counselling, social prescribing can:

- Enhance regulation and resilience
- Reduce isolation
- Support agency and identity
- Prevent over-clinicalisation of social distress

For therapists, the task is not to compete with these interventions, but to **integrate them reflectively**, ensuring that emotional meaning, ethical practice and the therapeutic relationship remain central.

In doing so, counselling retains its depth while becoming part of a broader, more holistic response to young people's mental health.

References

https://sbbresearch.org/wp-content/uploads/2025/01/NHS-Children-Young-Peoples-Social-Prescribing-Toolkit.pdf

https://www.bacp.co.uk/bacp-journals/bacp-children-young-people-and-families-journal/2025/articles-march/camhs-into-the-wild/

https://www.barnardos.org.uk/research/missing-link-social-prescribing-children-young-people

---

Our data

ACTIVATE since 2024, Summarised Report

The **Activate social prescribing service**, launched in April 2024, has now completed two years of delivery. Engagement this year has been **lower than expected**, with **7 completed cases and 6 early disengagements**, alongside additional referrals that did not progress to active participation. Barriers included difficulty contacting young people, likely linked to **high social isolation**, and some opting for **therapeutic rather than social prescribing support** after assessment.

Among those who completed the programme:

- Participants attended an **average of 10 sessions** (range 6–15), suggesting a need for **longer-term support** rather than brief interventions.
- Referrals came from a **range of sources** (parents, internal services, GPs, social care, and self-referrals), showing broad accessibility.
- The group was mainly **male (71%)**, split evenly between ages **16–17 and 18–24**.
- All had **special educational needs**, most commonly **autism**, often with additional conditions (e.g. ADHD).
- Although **29% were NEET**, many others showed vulnerability despite being in education or work.
- The programme both **re-engaged known service users (43%)** and reached **new individuals (57%)**.
- Delivery was flexible, combining **on-site and community-based sessions**.

Of those who disengaged early:

- Attendance averaged **2.8 sessions**, with most leaving quickly or not attending.
- This group was predominantly **female (83%)**, aged **16–17**, with **suspected but undiagnosed neurodevelopmental needs**.
- All were **NEET**, and lack of diagnosis may have limited appropriate support and engagement.
- Many were **self-referred but not specifically seeking social prescribing**, suggesting a mismatch between expectations and the offer.

Key Insights

- The service is reaching a **high-need, neurodiverse population**, often requiring **sustained and tailored support**.
- Engagement challenges are significant, especially among **socially isolated young people and undiagnosed females**.
- Early disengagement points to a need for **clearer expectation-setting**, more **flexible and outreach-based approaches**, and **neurodiversity-informed practice**.
- Overall, Activate shows value in both **engagement and re-engagement**, but requires adaptation to improve uptake and retention.

Feedback from Young People:

Young people have told us:

"I felt less alone, more confident, and actually able to think about my future."

"It helped me get my life back on track and believe I could manage things on my own."

"I felt listened to, supported, and able to make real changes in my life."

Example: Case Study and Impact

Jordan* young person who attended *Boxing Personal Trainer London* sessions at Bromley Y (*name changed)

1. The plan:

To improve Jordan's mood, confidence, and wellbeing by connecting him with positive, enjoyable activities that build skills and supportive relationships. Bromley Y would fund access to a chosen activity for an initial 6–10 week period, depending on his needs, allowing time to develop trust with the trainer or facilitator and gain confidence through regular participation.

2. Coach's Notes:

During the sessions Jordan learned all boxing fundamentals: stance, movement, punches, and defence. He demonstrated a steady improvement in stamina, agility, and coordination. In the final sessions he showed excellent form and coach rated technique at 10/10. Jordan's fitness

gains have been consistent and measurable.

Jordan has shown resilience and steady development despite external pressures. He has grown further in communication and focus. He has improved both physically and technically, with his boxing skills now strong and applied with confidence. Continued training would help him sustain his fitness and further strengthen his abilities.

3. Bromley Y Outcome Measures:

Scores from the Warwick Wellbeing Scale (pictured in graph below) show a gradual improvement in Jordan's wellbeing throughout his mentoring intervention with Bromley Y with the biggest increase of 5.78 points since the boxing intervention.

Jordan had the opportunity to continue mentoring with Phil until the end of 2025 to support with his progress and his goals which included practicing his boxing, attending the gym and gaining work experience.