

SOCIAL PRESCRIBING

Evidence Bulletin

July-September 2024



New Evidence

Bradley, G., et al. 'Occupational Therapist's Involvement in Social Prescribing: A Qualitative Interview Study.' *British Journal of Occupational Therapy*

Introduction: Social prescribing is a process of helping people to access non-medical activities to promote well-being. For occupational therapists, this is not new, although the social prescribing agenda is creating new roles around these approaches. This study aimed to explore how occupational therapists were involved in social prescribing in the United Kingdom and how they would like to contribute to future developments. Method: Semistructured interviews were carried out with 19 occupational therapists who identified they were involved in social prescribing activities. Findings: Thematic analysis led to two over-arching themes: (1) position and identity; and (2) making it work. Conclusion: Participants perceived similarity with social prescribing, leading to difficulty in positioning occupational therapy alongside this role, emotional responses, and identity challenge. Points of distinction between the roles were articulated, including occupational therapy being more medical, having oversight of more complex needs and having more senior roles within teams. To manage workflow, occupational therapists delegate to social prescribing workers, although there is a lack of clarity about competence and varying involvement in supervision. Part of desired future involvement

included clearer workflow, occupational therapy involvement in supervision and service development and creating legitimacy for both roles to address social determinants of health.;

Cooper, M., et al. (2024) 'Barriers and Facilitators to the Design and Delivery of Social Prescribing Services to Support Adult Mental Health: Perspectives of Social Prescribing Service Providers.'
Health & Social Care in the Community 2024(1)

Objective . To elicit the barriers and facilitators experienced by social prescribing service providers when designing and delivering social prescribing services to support adult mental health. Design. Semistructured interviews were conducted with social prescribing service providers across England and Wales in the third sector. Data were analysed in accordance with the Theoretical Domains Framework (TDF) and Thematic Framework Analysis (TFA). Results. Twenty- one providers (15 females and 6 males) from 17 social prescribing services agreed to participate. Nine analytical themes were identified across seven TDF domains associated with the design of services (e.g., skills and environmental context and resources). Thirteen analytical themes across nine TDF domains were associated with the delivery of services (e.g., beliefs about consequences and optimism). Key recommendations for future social prescribing services were increasing public knowledge of social prescribing; clearly communicating the role of a social prescriber to the public and professionals; providing training to providers on how to safely and effectively lived experiences; adopting a person- centred approach, including use of person- centred measures of mental health and well- being; and strategies to address sustainability of social prescribing services. Conclusions. Service providers are an essential part of the design and delivery of social prescribing services. Person- centred care, sustainable funding, and improved knowledge of social prescribing all warrant further research. Sustainable funding for social prescribing remains a salient policy- level barrier.

Elliott, S., and Haighton, C. (2024) 'Occupational Therapy Students' and Educators' Perspectives and Understanding of the Role of Occupational Therapy within Social Prescribing: A Qualitative

Interview Study.' *The British Journal of Occupational Therapy*

Social prescribing is building traction internationally and within the United Kingdom healthcare system, highlighted as the biggest investment in the National Health Service. The Royal College of Occupational Therapists has highlighted the contribution that occupational therapy can make to social prescribing. Therefore, this study aimed to investigate Bachelor of Science, Master of Science and Degree Apprenticeship Occupational Therapy students' and educators' perspectives and understanding of occupational therapists' role within social prescribing.

Hayes, S., et al. (2024) 'Link Workers' and Clients' Perspectives on how Social Prescribing Offers a Social Cure for Loneliness.' *Journal of Health Psychology*, 13591053241274090.

Social prescribing is a healthcare model designed to reduce loneliness and improve individuals' health by addressing unmet social needs. The present study adopted the Social Cure framework to provide an understanding of the psychosocial processes involved in helping participants to engage with social activities, from both the link workers' and clients' perspectives. Semi-structured interviews were conducted with 15 link workers (= 40.12; 87% female) and 15 clients (= 55.33; 73% female, 7% non-binary) of social prescribing programmes across Australia and the transcripts were analysed using reflexive thematic analysis. Three overarching themes were identified: (1) Breaking Down Barriers, (2) Finding Fit with Others, and (3) Rebuilding a Sense of Self. These findings communicate how social prescribing addressed the psychosocial barriers of clients, and how joining groups that fostered positive shared social identities resulted in meaningful improvements to clients' well-being.

Henry, H. (2025) *Social Prescribing : Paradigms, Perspectives and Practice*. Place of publication not identified: Elsevier.

Social prescribing - the connection of people to communities, services, and activities to meet their practical, social, and emotional needs - has become an increasingly important element of healthcare policy. As debate intensifies over an appropriate national model, this new book provides the first comprehensive overview of the entire concept of social prescribing.

Hotz, J. (2024) *The Connection Cure : The Prescriptive Power of Movement, Nature, Art, Service, and Belonging*. London: *Headline Home*.

In this combination of diligent science reporting, moving patient success stories, and surprising self-discovery, journalist Julia Hotz helps us discover lasting and life-changing medicine in our own communities. Traditionally, when we get sick, health care professionals ask, "What's the matter with you?" But around the world, teams of doctors, nurses, therapists, and social workers have started to flip the script, asking "What matters to you?" Instead of solely pharmaceutical prescriptions, they offer 'social prescriptions'- referrals to community activities and resources, like photography classes, gardening groups, and volunteering gigs. The results speak for themselves. Science shows that social prescribing is effective for treating symptoms of the modern world's most common ailments- depression, ADHD, addiction, trauma, anxiety, chronic pain, dementia, diabetes, and loneliness. As health care's de facto cycle of "diagnose-treat-repeat" reaches a breaking point, social prescribing has also proven to reduce patient wait times, lower hospitalization rates, save money, and reverse health worker burnout. And as a general sense of unwellness plagues more of us, social prescriptions can help us feel healthier than we've felt in years. As Hotz tours the globe to investigate the spread of social prescribing to over thirty countries, she meets people personifying its revolutionary potential: an aspiring novelist whose art workshop helps her cope with trauma symptoms and rediscover her joy; a policy researcher whose swimming course helps her taper off antidepressants and feel excited to wake up in the morning; an army vet whose phone conversations help him form his only true friendship; and dozens more. The success stories she finds bring a long-known theory to life: if we can change our environment, we can change our health. By reconnecting to what matters to us, we can all start to feel better"

Kowalczyk, A. (2024a) 'Can Social Prescribing Aid Children's Mental Health?: By using Social Prescribing Nurses can Offer Young People Treatments that Meet their Social and Emotional Needs.' *Nursing Children and Young People* 36(5), 10–11.

Nurses across settings will be aware that social issues, such as

loneliness, poverty or problems at school or home, can negatively affect children and young people's mental health. According to children's charity Barnardo's approximately one in six children and one in four young people have a mental health disorder, yet 75% of children and young people who experience mental health problems do not get the help they need.

Kowalczyk, A. (2024b) 'Can Social Prescribing Aid Children's Mental Health?: Nurses can Offer Young People Treatments that Meet their Social and Emotional Needs by using Social Prescribing.' *Mental Health Practice* 27(5), 10–11.

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Lynch, M., et al. (2024) '57 Nature Based Social Prescribing for Enhancing Mental Health and Well-Being.' *European Journal of Public Health* 34

Abstract Objectives Nature Based Social Prescribing (NBSP) is a means of connecting people with non-clinical, nature-based community-led interventions delivered by 3rd sector organisations using local community assets. This research used a mixed-method Social Return on Investment (SROI) of a six-month pilot 'Making Well' NBSP programme to support individuals with chronic mental health conditions in Wales. Methods The 'Making Well' programme costs were estimated by means of SROI along projected 20% overheads, were incorporated to reflect sustainable costs as the charity develops and more accurately estimate the future social value expected to be generated. The 'Making Well' project delivered two separate programmes between October 2021 and April 2022. Data was collected from participants (n = 12) at baseline and eight-week follow-up along with interviews to collect in-depth data on individuals lived experience of participating in the programme. The 'Making Well' programme costs were estimated and financial proxies from the

HACT Social Value (SV) bank were applied to identified benefits. Results The estimated cost of 'Making Well' programme inputs were £1,312 per participant and the net value of well-being benefits were £4,313 to £6,130 per participant, giving a range of SVR's between £3.30 to £4.70 for every £1 invested in this NBSP intervention. The SROI forecast provides a three-year projection of the annual social value created and the estimated forecast cost of programme inputs was £797 per participant. The net value of well-being benefits was £4,313 to £6,130 per participant, giving a range of social value ratios between £5.40 to £7.70 for every £1 invested. Conclusions The SROI results demonstrate that the 'Making Well' programme is an effective NBSP intervention for supporting people with enduring mild to moderate mental health conditions. This SROI contributes to emerging evidence on the use of community assets and NBSP in generating a return on investment and positive social value. SROI forecasting for socially prescribed interventions delivered by local community assets, such as The Fathom Trust, can help organisations demonstrate transparent and effective investment of public funds and support optimal future social value creation and long-term public health outcomes.

Melam, C., and National Association of Link Workers, issuing body. (2024) [The Social Prescribing Link Worker Model : Insights and Perspectives from Practice](#), Bridgwater: Class Professional Publishing.

Social prescribing is now embedded in the UK healthcare system, aiming to alleviate many of the pressures currently facing our healthcare system. Simultaneously, it offers a holistic approach to patients' health and well-being. In light of this, Social Prescribing Link Workers are playing a more crucial role than ever. They work in partnership with individuals, providing non-medical holistic support tailored to individual needs, preferences, and goals. They connect individuals with community-based support services and activities, serving as a bridge between clinicians and local community resources.

Newstead, S., et al. (2024) ['Speaking the Same Language - the Development of a Glossary of Terms for Social Prescribing in](#)

Wales.' *International Journal of Integrated Care* 24(3), 3.

Social prescribing can facilitate the integration of health, social care and community support but has a diverse and confusing terminology that impairs cross-sectoral communication and creates barriers to engagement. To address this issue a mixed-methods approach that incorporated a scoping review, a group concept mapping study and consultation was employed to identify and classify the terminology associated with social prescribing. The findings were then used to inform the development of a glossary of terms for social prescribing. Many terms are used interchangeably to describe the same specific aspects of social prescribing. Much of the terminology originates from the health and social care literature of England. The terminology used in the academic literature may not accurately reflect the terminology used by the social prescribing workforce. The innovative and interactive glossary of terms identifies the terminology associated with social prescribing and provides additional contextual information. The process of developing the dual language glossary presented several considerations and challenges. The glossary of terms will facilitate cross-sector communication and reduce barriers to engagement with social prescribing. It takes an important first step to help clarify and standardise the language associated with social prescribing, for professionals and members of the public alike.

Nielsen, R., et al. (2024) '76 *Defining Social Prescribing within a Physical Activity Context.*' *European Journal of Public Health* 34

Abstract Purpose Social prescribing involves linking citizens with non-medical services and support within their community to enhance their health and well-being. In social prescribing, referring citizens to physical activities are often emphasized, probably due to their already existing availability within most communities. Various definitions of social prescribing exist in the scientific literature. Since then, a call for constructive criticism and incorporation of unique perspectives from different contexts was made as it was acknowledged that the definition of social prescribing will evolve over time, including within the domain of physical activity. On this basis, the purpose of the present study was to develop a definition of social prescribing within a physical activity context. **Methods** Based on previous consensus-based and non-consensus-based definitions of

social prescribing published in scientific journals (n = 3), the authors (n = 12) of the present abstract co-produced a new definition of social prescribing within the context of physical activity based on face-to-face meetings and correspondence. Results The new definition of social prescribing reads: “Social prescribing in a physical activity context has the overall goal of contributing to health and well-being through a process of trusted entities (e.g. GPs) referring individuals directly or through a link worker to groups that are physically active and that support social belongingness.” In this definition, the individual has medial or non-medical needs and is therefore in need of help from trusted entities. Trusted entities can be, but are not limited to family, friends, health professionals, authorities, job-centre personnel, and patient associations. Link workers are knowledgeable about the possibilities of physical activity in the local area, and they support the individual in a co-creating manner to find the best fitting activity. Social belongingness is essential, meaning that the physical activity is not carried out on one’s own, but together with others, thereby supporting physical, mental, and social well-being, including the need to belong. Conclusion Given the rapid scaling and rollout of social prescribing globally, we hope this definition serves as a complementary contribution to the field of social prescribing by helping to build a common understanding of social prescribing within the field of physical activity.

Osborn-Forde, &., & Charlotte. (2024, 23 Sep). Building a healthier population and a healthier economy in Britain. *The Guardian*

From workplaces and schools to our vast expanse of green spaces, readers suggest routes to better health in response to an IPPR report

Ridge, A., et al. (2024) 'Promotion of a Social Prescribing Pathway to General Practitioners in a Rural Area (a Feasibility Study Protocol).' *Journal of Integrated Care (Brighton, England)* 32(3), 270–284.

Purpose Psychosocial problems, including social isolation and loneliness, are prevalent in rural communities and can impact the use of health services and health outcomes. Current approaches to managing patients with predominantly psychosocial issues may not

be the most appropriate. Social prescribing (SP) is a relatively new way of linking patients with sources of non-medical support within the community. Emerging literature suggests that community-based, non-medical activities are an effective and preferred approach to managing psychosocial problems. However, there is little evidence describing the attitudes of general practitioners (GPs) towards formal SP pathways.

Design/methodology/approach This research will occur in a general practice in a rural area of Tasmania, Australia. The project will deliver an education module to rural GPs to highlight the benefits of SP and provide a streamlined pathway for referring patients to community support hubs. Existing community organisations will act as “link workers” to connect patients with suitable community activities. GPs will complete a baseline and follow-up survey to measure their perception of SP and the acceptability, feasibility, and appropriateness of such an intervention.

Findings The acceptability, feasibility and appropriateness of the pathway will be assessed using published measures. Free-text responses to open-ended questions will be used to complement the quantitative data. A hybrid effectiveness-implementation method will be used to gather information about the rate of uptake and quality of the SP referral process and identify barriers and facilitators of the process in a real-world setting.

Research limitations/implications While qualitative data for SP programmes is predominantly positive, quantitative data is lacking. Although the planned project is relatively short, it will provide a basis for future SP programme implementation and guide the approach to data collection and implementation assessment.

Social implications the barriers to and facilitators of introducing a SP programme in a rural general practice setting may be used to guide the development and implementation of future large-scale SP interventions. This research is both timely and relevant as the problem of social isolation and loneliness, especially in rural areas of Australia, is becoming more well-recognised as a driver of poor health and unnecessary health service usage.

Originality/value Using SP to address psychosocial risks may reduce healthcare burden and costs. Few SP programmes have been delivered and formally assessed in Australia, and the best way to implement SP locally remains unclear. By delivering a SP

intervention in a rural setting and assessing GPs' responses, future SP projects will be better able to design and integrate social and medical care services.

Saluja, K., and Dahrouge, S. (2024) 'Guides for Facilitating the Implementation and Evaluation of Social Prescribing: Lessons from the "Access to Resources in the Community" Model.' *Chronic Diseases in Canada* 44(9), 397–400.

Social prescribing (SP) embodies a comprehensive approach to addressing the social determinants of health. Access to Resources in the Community (ARC) is an innovative SP program offering bilingual services that involves a single point of entry for health and social needs and introduces practice changes to assist primary care providers in engaging patients, along with a nonclinical lay navigator who supports patients in accessing relevant community resources. The ARC team has created a SP toolkit offering practical guidance for setting up, implementing, monitoring the progress of and evaluating SP programs. The four ARC guides can be easily customized for application in diverse practice and research settings.

Saragosa, M., et al. (2024) 'A Qualitative Study of National Perspectives on Advancing Social Prescribing using Co- Design in Canada.' *Health Expectations: An International Journal of Public Participation in Health Care and Health Policy* 27(4), e14144–n/a.

ABSTRACT Introduction Social prescribing offers a formal pathway of connecting patients in the health system with sources of support within the community to help improve their health and well-being. Since its launch in March 2022, the Canadian Institute for Social Prescribing has acted as a collective impact network to identify, connect and build upon established social prescribing initiatives using a co-design methodology. The institute received input from a participant advisory council, co-design partners and several communities of interest groups. This study aimed to describe the perceptions of the Canadian Institute for Social Prescribing's role in advancing social prescribing using a co-design approach and the barriers and facilitators to implementing social prescribing in Canada. Methods We used a qualitative descriptive study design, document

analysis, participant observation and semi- structured individual interviews (n = 7) with members of the Canadian Institute for Social Prescribing co- design group and the institute's leadership. We also analysed documents, field notes and transcripts using codebook thematic analysis. Results Four themes were developed representing the facilitators of implementing the Canadian Institute for Social Prescribing to support social prescribing: Creating relational mechanisms (i.e., partnerships and connections), Bringing awareness to social prescribing and contributing to the evidence (i.e., values and beliefs), Addressing systemic conditions (i.e., having a common language for social prescribing and organizing the community health sector) and Enabling funding and policy to drive social prescribing initiatives (i.e., shifting evidence into policy and securing sustainable funding). Conclusion Participants' reflections on the co- design process demonstrated that the Canadian Institute for Social Prescribing development provided networking opportunities and shared resources relevant to social prescribing. Co- design efforts also fostered relational and informational support, which laid the necessary groundwork in Canada to overcome the complex interplay between the macro- and micro- level settings in which social prescribing is practiced. Patient or Public Contribution The interviews and observations involved participants with lived experience of delivering, receiving, or advocating for social prescribing.

Sellars, P., et al. (2024) '130 Promoting Health Enhancing Physical Activity through Social Prescribing in Wales: A Delivery and Recommendations Framework for Nature-Based Wellbeing Support Programmes.' *European Journal of Public Health* 34

Abstract Purpose In 2024 the Welsh Government published the National Framework for Social Prescribing, which sets out their plan for social prescription throughout Wales. Generally, social prescribing is a means of connecting people to non-clinical services in their community to improve health and wellbeing (WHO, 2022). 'Wild Skills, Wild Spaces' (WSWS) is an ecotherapy based social prescribing project run by Montgomeryshire Wildlife Trust. WSWS provides nature-based physical activity aimed at improving the health and wellbeing of people with mental health problems, as well as

supporting the management and conservation of the sites where it is delivered. The Centre for Health, Activity and Wellbeing Research (CAWR), commissioned by the Montgomeryshire Wildlife Trust, conducted a two-year mixed-methods evaluation resulting in findings that confirmed the role WSWS has for both health and wellbeing benefits through being active. Informed by the findings and in alignment with the Welsh National Framework for Social Prescribing, the current project sought to develop a transferable delivery and recommendations framework for programmes in nature, aimed at enhancing physical, mental, and social wellbeing for people with mental health problems. Methods The 'Delivery and Recommendations Framework for Nature-based Wellbeing Support Programmes' was developed through a collaborative and iterative process incorporating four aspects: (i) WSWS evaluation findings, (ii) relevant peer reviewed journal articles, (iii) collaborative discussions with the WSWS staff, and (iv) the context of the Welsh National Framework for Social Prescribing. Results Following the iterative process, a delivery and recommendations framework for nature-based wellbeing support programmes was developed, encompassing a diagram and six tables. The diagram reflects the Welsh National Framework for Social Prescribing and locates where nature-based activities fit within the framework. The six tables include recommendations/guidelines for nature-based conservation programmes pertaining to: • Social prescribing services • People • Activities • Facilities • Setting/environment • Continued engagement and sustainability. Conclusion Overall, the delivery and recommendations framework provide recommendations/guidelines for people designing and delivering programmes in nature, aimed at promoting health enhancing physical activity, and mental and social wellbeing. The recommendations/guidelines encompass six delivery areas and are transferable to other setting across Europe. Support WSWS was funded by the Welsh Government.

Staras, C. O., et al.'An Evaluation of the Role of Social Identity Processes for Enhancing Health Outcomes within UK- based Social Prescribing Initiatives Designed to Increase Social Connection and Reduce Loneliness: A Systematic Review.'

The UK's National Health Service has introduced Social Prescribing

initiatives to tackle loneliness and ill-health, yet it lacks a theoretical foundation and evidence base for Social Prescribing's effectiveness. Recent research applies the Social Identity Approach to Health (SIAH) to explain Social Prescribing's health benefits, emphasising how social connection unlocks health-enhancing psychological mechanisms. This systematic review therefore aims to assess UK-based Social Prescribing programmes designed to boost social connection and alleviate loneliness, examining programme efficacy and the role of SIAH processes in health outcomes. Following PRISMA guidelines, a narrative synthesis of articles published from May 5, 2006 (when social prescribing was first introduced in the NHS), to April 8, 2024, was conducted, and their quality assessed using CONSORT-SPI (2018). Of these programmes, 10 employed a mixed-methods design, 8 qualitative and 1 quantitative service evaluation, totalling 3,298 participants. Results indicate that Social Prescribing's psychological value lies in quality rather than quantity of social connections, with meaningful connections fostering shared identity, perceived support and self-efficacy, the latter of which sustains social engagement post-programme. The SIAH was a useful tool for mapping mixed-methods findings onto a common theoretical framework to highlight these key proponents. Overall, this review underscores the importance of SIAH-informed Social Prescribing interventions in enhancing social connectedness, reducing loneliness, and promoting overall health.

Turk, A., et al. (2024) 'A Meta-Ethnography of the Factors that Shape Link Workers' Experiences of Social Prescribing.' *BMC Medicine* 22(1), 280–24.

Social prescribing is gaining traction internationally. It is an approach which seeks to address non-medical and health-related social needs through taking a holistic person-centred and community-based approach. This involves connecting people with and supporting them to access groups and organisations within their local communities. It is hoped that social prescribing might improve health inequities and reduce reliance on healthcare services. In the UK, social prescribing link workers have become core parts of primary care teams. Despite growing literature on the implementation of social prescribing, to date there has been no synthesis that develops a theoretical

understanding of the factors that shape link workers' experiences of their role. We undertook a meta-ethnographic evidence synthesis of qualitative literature to develop a novel conceptual framework that explains how link workers experience their roles. We identified studies using a systematic search of key databases, Google alerts, and through scanning reference lists of included studies. We followed the eMERGe guidance when conducting and reporting this meta-ethnography. Our synthesis included 21 studies and developed a "line of argument" or overarching conceptual framework which highlighted inherent and interacting tensions present at each of the levels that social prescribing operates. These tensions may arise from a mismatch between the policy logic of social prescribing and the material and structural reality, shaped by social, political, and economic forces, into which it is being implemented. The tensions highlighted in our review shape link workers' experiences of their role. They may call into question the sustainability of social prescribing and the link worker role as currently implemented, as well as their ability to deliver desired outcomes such as reducing health inequities or healthcare service utilisation. Greater consideration should be given to how the link worker role is defined, deployed, and trained. Furthermore, thought should be given to ensuring that the infrastructure into which social prescribing is being implemented is sufficient to meet needs. Should social prescribing seek to improve outcomes for those experiencing social and economic disadvantage, it may be necessary for social prescribing models to allow for more intensive and longer-term modes of support.

Yadav, U. N., et al. (2024) "“Social Prescribing” another Stolen Indigenous Concept?' *Medical Journal of Australia* 221(6), 346.

A common feature of settler colonialism is the appropriation of lands, knowledge, and concepts in the name of discovery. This supplanting of holistic care with social prescribing is another demonstration of the continuing settler colonial approach, where the Aboriginal and Torres Strait Islander holistic model has been erased and reframed as social prescribing.

Additional Resources

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