

# Social Prescribing Literature Search 2019- November 2022

## 2022

Alejandre JC, Chastin S, Irvine KN, Georgiou M, Khanna P, Tiegues Z, et al. **Investigating the contextual factors and mechanisms associated with implementing Blue Prescription Programmes in health and social care settings: a systematic review using realist synthesis.** *Lancet Planetary Health* Oct, 2022; DOI: [https://doi.org/10.1016/S2542-5196\(22\)00271-6](https://doi.org/10.1016/S2542-5196(22)00271-6)

**Background:** Nature-based social prescribing programmes, such as Blue Prescription Programmes (BPPs), promote public health and the health improvement of individuals with long-term conditions. However, there is little evidence that explains the context and mechanisms of implementing BPPs in health and social care settings that could inform policy and practice. **Methods:** We conducted a systematic realist review by searching six databases (PubMed, Web of Science, PsycInfo, MEDLINE, Scopus, and CINAHL) for articles published in English, between January 2000, and June 2022. We used search terms related to health and social care professionals providing referral to or the prescription of blue space activities with health-related outcomes (eg, [prescription] AND [blue spaces OR river] AND [swimming OR fishing] AND [mental health OR physical health]). We thematically developed contextual factors by analysing the context of implementing BPPs. We used these contextual factors to develop programme theories describing the mechanisms of BPP implementation. **Findings:** 16 studies with adequate to high quality were included from 8619 records. Service users had improvements to their physical, mental, and social health, as well as their environmental knowledge, after participating in BPPs referred to or prescribed by health and social care professionals. Patient-related contextual factors were referral information, free equipment and transportation, social support, blue space environments, and the skills of service providers. Programme-related contextual factors were communication, multi-stakeholder collaboration, financing, and adequate service providers. **Interpretation:** Programme theories on patient enrolment, engagement, adherence, communication protocols, and long-term programme sustainability described the mechanisms of BPP implementation. BPPs could support health and social care services if contextual factors, mechanisms, and programme theories associated with patients' characteristics and programme delivery are considered in the planning, development, implementation, and evaluation of similar nature-based social prescribing programmes in health and social care settings.

Al-Khudairy L, Ayorinde A, Ghosh I, et al. **Evidence and methods required to evaluate the impact for patients who use social prescribing: a rapid systematic review and qualitative interviews.** Southampton (UK): National Institute for Health and Care Research; 2022 Sep. (Health and Social Care Delivery Research, No. 10.29.) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK584629/> doi: 10.3310/RMJH0230

**Background:** Social prescribing encourages health-care and other professionals to refer patients to a link worker, who will develop a personalised plan to improve the patient's health and well-being. We explore the feasibility of evaluating the service. **Objective:** The objective was to answer the following research questions. (1) What are the most important evaluation questions that an impact study could investigate? (2) What data are already available at a local or national level and what else would be needed? (3) Are there sites delivering at a large enough scale and in a position to take part in an impact study? (4) How could the known challenges to evaluation (e.g. information governance and identifying a control group) be addressed? **Data sources:** Data sources included MEDLINE ALL (via Ovid), searched from inception to 14 February 2019, and the first 100 hits of a Google (Google Inc., Mountain View, CA, USA) search. **Review methods:** Rapid systematic review – electronic searches up to February 2019. Studies included any study design or outcomes. Screening was conducted by one reviewer; eligibility assessment and data extraction were undertaken by two reviewers. Data were synthesised narratively. **Qualitative interviews –** data from 25 participants in different regions of England were analysed using a pragmatic framework approach across 12 areas including prior data collection, delivery sites, scale and processes of current service delivery, and known challenges to evaluation. Views of key stakeholders (i.e. patients and academics) were captured. **Results:** Rapid systematic review – 27 out of 124 studies were included. We identified outcomes and highlighted research challenges. Important evaluation questions included identification of the most appropriate (1) outcomes and (2) methods for dealing with heterogeneity. **Qualitative interviews –** social prescribing programmes are holistic in nature, covering domains such as social isolation and finance. Service provision is heterogeneous. The follow-on services that patients access are often underfunded or short term. **Available data –** there was significant heterogeneity in data availability, format and follow-up. Data were collected using a range of tools in ad hoc databases across sites. Non-attendance data were frequently not captured. Service users are more deprived and vulnerable than the overall practice population. **Feasibility and potential limitations of an evaluation –** current data collection is limited in determining the effectiveness of the link worker social prescribing model; therefore, uniform data collection across sites is needed. **Standardised outcomes and process measures are required. Cost–utility analysis could provide comparative values for**

assessment alongside other NHS interventions. Limitations: This was a rapid systematic review that did not include a systematic quality assessment of studies. COVID-19 had an impact on the shape of the service. We were not able to examine the potential causal mechanisms in any detail. Conclusions: We describe possible future research approaches to determine effectiveness and cost-effectiveness evaluations; all are limited in their application. (1) Evaluation using currently available, routinely collected health-care, costing and outcomes data. (2) Evaluative mixed-methods research to capture the complexity of social prescribing through understanding heterogeneous service delivery across comparative settings. Cost-effectiveness evaluation using routinely available costing and outcomes data to supplement qualitative data. (3) Interventional evaluative research, such as a cluster randomised controlled trial focused on the link worker model. Cost-effectiveness data collected as part of the trial. Future work: Mature data are currently not available. There needs to be an agreement across schemes on the key outcomes that need to be measured, harmonisation of data collection, and follow-up referrals (how and when).

**Anderst A, Hunter K, Andersen M, Walker N, Coombes J, Raman S, et al. Screening and Social Prescribing in Healthcare and Social Services to Address Housing Issues Among Children and Families: A Systematic Review. *BMJ Open*. 2022; 12(4):e054338. doi: 10.1136/bmjopen-2021-054338.**

Objectives: Housing is a social determinant of health that impacts the health and well-being of children and families. Screening and referral to address social determinants of health in clinical and social service settings has been proposed to support families with housing problems. This study aims to identify housing screening questions asked of families in healthcare and social services, determine validated screening tools and extract information about recommendations for action after screening for housing issues. Methods: The electronic databases MEDLINE, PsycINFO, EMBASE, Ovid Emcare, Scopus and CINAHL were searched from 2009 to 2021. Inclusion criteria were peer-reviewed literature that included questions about housing being asked of children or young people aged 0-18 years and their families accessing any healthcare or social service. We extracted data on the housing questions asked, source of housing questions, validity and descriptions of actions to address housing issues. Results: Forty-nine peer-reviewed papers met the inclusion criteria. The housing questions in social screening tools vary widely. There are no standard housing-related questions that clinical and social service providers ask families. Fourteen screening tools were validated. An action was embedded as part of social screening activities in 27 of 42 studies. Actions for identified housing problems included provision of a community-based or clinic-based resource guide, and social prescribing included referral to a social worker, care coordinator or care navigation service, community health worker, social service agency, referral to a housing and child welfare demonstration project or provided intensive case management and wraparound services. Conclusion: This review provides a catalogue of housing questions that can be asked of families in the clinical and/or social service setting, and potential subsequent actions.

**Araki K, Takahashi Y, Okada H, Nakayama T. Social Prescribing from the Patient's Perspective: A Literature Review. *J Gen Fam Med* 26 April 2022; <https://doi.org/10.1002/jgf2.551>**

Social prescribing (SP) has aroused widespread interest across countries. SP is a way of linking patients in primary care with sources of support within the community by empowering patients to coproduce solutions to improve their health and well-being. While previous research has demonstrated that SP contributes to reducing the total cost of the National Health Service, the analysis of its effects on patients is still inadequate. This literature review critically evaluated SP from the patient's perspective through the lens of medical anthropology. The review was made with respect to the three key concepts: treatment evaluation, coproduction, and empowerment. The study revealed that SP services in the UK enabled patients to feel comfort in many cases, but general practitioners, link workers, and patients should be collaborative with each other, and their interrelationships should not be hierarchical. Nevertheless, certain modifications may be needed to introduce SP in other healthcare systems.

**Baxter L, Burton A, Fancourt D. Community and cultural engagement for people with lived experience of mental health conditions: what are the barriers and enablers? *BMC Psychol* 2022; 10, 71, <https://doi.org/10.1186/s40359-022-00775-y>**

Background: Community and cultural engagement can support recovery, help symptom management and increase social connections for people with lived experience of mental health conditions. However, research suggests that people with mental health conditions experience significant barriers to participation. The aim of this study was to explore barriers and enablers of participation in community and cultural activities among people with mental health conditions. Methods: A qualitative interview study with 23 people with mild-to-moderate mental health conditions was undertaken. Data were analysed thematically, and themes were mapped to domains of the Capability, Opportunity and Motivation Model of Behaviour (COM-B). Results: Eleven themes were identified from the analysis. Three themes involved participant Capability: physical skills, psychological traits and physical health limitations and three themes related to Opportunity: affordability and accessibility, structure and nature of the group, and support from others to attend. Five themes mapped to Motivation: creative identity, recovery and coping, enjoyment and fun,

connecting with others, and information and planning. Participants were motivated to engage with community and cultural activities through “a creative identity”, belief that engagement would help recovery from mental illness, and a desire to connect with others and make friends. Motivation to participate was sustained by the enjoyable nature of activities. However, participants’ ability to engage was hampered by the expense, inaccessibility and sometimes unstructured nature of activities, and social anxiety associated with attending. Some participants had physical limitations such as fatigue or physical health problems to overcome. Interventions that could address these barriers include peer support, training for social prescribers to account for identity and previous experiences of participation, training for community organisations in providing a welcoming and structured environment, and provision of long-term sustainable funding to community organisations to subsidise attendance, transport or equipment costs. Conclusion: People with mental health conditions may be at risk of experiencing barriers to community and cultural engagement due to existing social inequalities and social anxiety, however believing that involvement will support mental health was an enabler to participation. Future studies are needed to test the effectiveness of potential interventions to address the barriers and harness the facilitators identified here, to enable a more socially inclusive community and voluntary sector, and a potentially more responsive and effective social prescribing service in the UK for people experiencing mental health problems.

**Beauchet O, Cooper-Brown LA, Hayashi Y, et al. Improving the mental and physical health of older community-dwellers with a museum participatory art-based activity: results of a multicentre randomized controlled trial.** *Aging Clin Exp Res* 2022; 34:1645-54. <https://doi.org/10.1007/s40520-022-02139-3>

Background: The aim of this randomized controlled trial (RCT) was to examine the mental and physical effects of a participatory art-based activity carried out at museums in older community-dwellers. Methods: Based on a bicentre (the Montreal Museum of Fine Arts (MMFA), Montreal, Quebec, Canada; the Fuji Museum, Tokyo, Japan) single-blind RCT in two parallel groups (intervention group versus control group), 228 community-dwelling older adults (mean age  $71.1 \pm 5.4$  years, 76.3% female) were enrolled. The intervention was a participatory art-based activity carried out at the MMFA and the Fuji Museum. The intervention group met weekly for 2 h over a 12-week period. The control group did not participate in any art-based intervention over the study period. Well-being was assessed before and after the first (M0) and the twelfth (M3) workshops, and quality of life and frailty before workshops at M0 and M3. These outcomes were assessed with standardized questionnaires with the same schedule in both groups. Results: Well-being and quality of life improved significantly in the intervention group compared to the control group. Mixed results were observed with frailty. Although there were significantly more vigorous and fewer mildly frail participants by the end of the session when comparing intervention to control group participants, only a trend was observed in the decrease in mean value of the intervention group’s frailty score. Interpretation: This RCT confirmed that a participatory art-based activity performed weekly over a 3-month period may improve both mental and physical health in older community-dwellers.

**Bergou N, Hammoud R, Smythe M, Gibbons J, Davidson N, Tognin S, et al. The mental health benefits of visiting canals and rivers: An ecological momentary assessment study.** *PLoS ONE* 2022; 17(8): e0271306. <https://doi.org/10.1371/journal.pone.0271306>

Existing evidence shows positive effects of being in nature on wellbeing, but we know little about the mental health benefits of spending time near canals and rivers specifically. This study investigates the association between visits to canals and rivers and mental wellbeing. We addressed the following questions: Are visits to canals and rivers associated with higher levels of mental wellbeing? Does this association depend on age and gender? Does this association vary between people with and without a diagnosis on mental illness? We used Urban Mind, a flexible smartphone application for examining the impact of different aspects of the built and social environment on mental wellbeing, a strong predictor of mental health. Participants were invited to complete an ecological momentary assessment three times a day for fourteen days. Each assessment included questions about their surrounding environment and mental wellbeing. A total of 7,975 assessments were completed by 299 participants including 87 with a diagnosis of mental illness. Multilevel regression models were used to analyse the data. We found positive associations between visits to canals and rivers and mental wellbeing ( $p < .05$ ) when compared to being anywhere else and when compared to being in green spaces. Increases in mental wellbeing were still evident after the visit had taken place. These effects remained significant after adjusting for age, gender, ethnicity and education, and were consistent in people with and without a diagnosis of mental illness. Spending time near canals and rivers is associated with better mental wellbeing. These findings have potential implications for mental health as well as urban planning and policy. Visits to canals and rivers could become part of social prescribing schemes, playing a role in preventing mental health difficulties and complementing more traditional interventions.

**Bild E, Pachana NA. Social prescribing: A narrative review of how community engagement can improve wellbeing in later life.** *J Comm Appl Soc Psychol* June 2022 online <https://doi.org/10.1002/casp.2631>

Social prescribing is being proposed by policy makers as a solution to primarily address lowered wellbeing and increased loneliness in older adults. Previous reviews have found a lack of supporting evidence for social prescribing. However, these reviews were using a narrow definition which may have left out some important evaluations. Therefore, this review aims to evaluate the evidence for social prescribing programs using a broader definition to encompass a variety of referral pathways and activities. The review was conducted by searching PsycINFO, PubMed, Scopus, and ProQuest Social Sciences databases, and a final 77 articles were included. We found that there were five main themes in the outcomes reported: social connection; improvement in the management of health and health status; improvement in mental health and wellbeing; life enrichment; and link worker support. Social prescribing programs appeared to have generally positive impacts however there was a large variety in both programs reported and quality of the research, which made drawing definitive conclusions difficult. Researchers evaluating programs in future should attempt to recruit larger sample sizes and use a mixed methods approach to further examine the evidence base for social prescribing.

**Brettell M, Fenton C, Foster E. Linking Leeds: A Social Prescribing Service for Children and Young People. *Int J Environ Res Public Health*. 2022;19(3):1426. doi: 10.3390/ijerph19031426.**

The use of social prescribing interventions for common mental health issues is expanding as clinicians seek to diverge from the traditional medical model of treatment. This intervention allows for the referral of patients to a nonclinical social activity via a link worker. Evidence for the benefits of social prescribing is growing. Most evidence is based on adults; however, a smaller number of studies involving children and young people have produced encouraging results. This evaluation reports on data routinely collected by the Linking Leeds service between 9 January 2019-11 January 2020. Linking Leeds provides Social Prescribing for people aged 16 years and above; however, the current paper focuses on service users aged between 16 and 25. Their aim is to connect people to services and activities in their community in order to benefit overall health and mental wellbeing. This evaluation of the Linking Leeds program supports the growing body of evidence to support the benefits social prescribing can have on young people's mental health. Two main mechanisms were identified which underpin social prescribing in young people: social connectedness and behavioural activation.

**Briggs R, Morris PG, Rees K. The effectiveness of group-based gardening interventions for improving wellbeing and reducing symptoms of mental ill-health in adults: a systematic review and meta-analysis. *J Mental Health* Sep 2022; <https://doi.org/10.1080/09638237.2022.2118687>**

Background: There is increasing interest in the association between nature, health and wellbeing. Gardening is a popular way in which interaction with nature occurs and numerous gardening projects aim to facilitate wellbeing among participants. More research is needed to determine their effectiveness. Aim: To systematically evaluate the effectiveness of group-based gardening interventions for increasing wellbeing and reducing symptoms of mental ill-health in adults. Methods: A systematic review of Randomised Controlled Trials was conducted following the protocol submitted to PROSPERO (CRD42020162187). Studies reporting quantitative validated health and wellbeing outcomes of the community residing, adult populations (18+) were eligible for inclusion. Results: 24 studies met inclusion criteria: 20 completed and four ongoing trials. Meta-analyses suggest these interventions may increase wellbeing and may reduce symptoms of depression, however, there was uncertainty in the pooled effects due to heterogeneity and unclear risk of bias for many studies. There were mixed results for other outcomes. Research limitations/implications: Heterogeneity and small sample sizes limited the results. Poor reporting precluded meta-analysis for some studies. Initial findings for wellbeing and depression are promising and should be corroborated in further studies. The research area is active, and the results of the ongoing trials identified will add to the evidence base.

**Brunton L, Tazzyman A, Ferguson J, et al. The Challenges of Integrating Signposting into General Practice: Qualitative Stakeholder Perspectives on Care Navigation and Social Prescribing in Primary Care. *BMC Prim. Care* 2022; 23: 66. <https://doi.org/10.1186/s12875-022-01669-z>.**

Background: A national policy focus in England to address general practice workforce issues has led to a commitment to employ significant numbers of non-general practitioner (GP) roles to redistribute workload. This paper focuses on two such roles: the care navigation (CN) and social prescribing link worker (SPLW) roles, which both aim to introduce 'active signposting' into primary care, to direct patients to the right professional/services at the right time and free up GP time. There is a lack of research exploring staff views of how these roles are being planned and operationalised into general practice and how signposting is being integrated into primary care. Methods: The design uses in-depth qualitative methods to explore a wide range of stakeholder staff views. We generated a purposive sample of 34 respondents who took part in 17 semi-structured interviews and one focus group (service leads, role holders and host general practice staff). We analysed data using a Template Analysis approach. Results: Three key themes highlight the challenges of operationalising signposting into general practice: 1) role perception – signposting was made challenging by the way both roles were perceived by others (e.g. among the public, patients and general practice staff) and

highlighted inherent tensions in the expressed aims of the policy of active signposting; 2) role preparedness – a lack of training meant that some receptionist staff felt unprepared to take on the CN role as expected and raised patient safety issues; for SPLW staff, training affected the consistency of service offer across an area; 3) integration and co-ordination of roles – a lack of planning and co-ordination across components of the health and care system challenged the success of integrating signposting into general practice. Conclusions: This study provides new insights from staff stakeholder perspectives into the challenges of integrating signposting into general practice, and highlights key factors affecting the success of signposting in practice. Clarity of role purpose and remit (including resolving tensions inherent the dual aims of ‘active signposting’), appropriate training and skill development for role holders and adequate communication and engagement between stakeholders/partnership working across services, are required to enable successful integration of signposting into general practice.

**Calderón-Larrañaga S, Greenhalgh T, Finer S, Clinch M. What Does the Literature Mean by Social Prescribing? A Critical Review using Discourse Analysis. *Sociology Health Illness* 2022; 44(4-5):848-68.**

Social prescribing (SP) seeks to enhance the role of the voluntary and community sector in addressing patients' complex needs in primary care. Using discourse analysis, this review investigates how SP is framed in the scientific literature and explores its consequences for service delivery. Theory driven searches identified 89 academic articles and grey literature that included both qualitative and quantitative evidence. Across the literature three main discourses were identified. The first one emphasised increasing social inequalities behind escalating health problems and presented SP as a response to the social determinants of health. The second one problematised people's increasing use of health services and depicted SP as a means of enhancing self-care. The third one stressed the dearth of human and relational dimensions in general practice and claimed that SP could restore personalised care. Discourses circulated unevenly in the scientific literature, conditioned by a wider political rationality which emphasised individual responsibility and framed SP as ‘solution’ to complex and contentious problems. Critically, this contributed to an oversimplification of the realities of the problems being addressed and the delivery of SP. We propose an alternative ‘care-based’ framing of SP which prioritises (and evaluates) holistic, sustained and accessible practices within strengthened primary care systems.

**Calleja EA, BATTERY AK. Time for social prescribing to Heart Foundation Walking. *Heart Lung Circulation* 2022; 31(6):903, DOI: <https://doi.org/10.1016/j.hlc.2022.04.002>**

Social prescribing is defined as ‘connecting individuals to community services for health and wellbeing’. In 2020, the Royal Australian College of General Practitioners and the Consumers Health Forum of Australia released a roundtable report on social prescribing to improve chronic disease outcomes and overall health [[1]]. Social prescribing in Australia is growing, and there are calls for it to become embedded in routine care.

**Cheshire A, Richards R, Cartwright T. 'Joining a Group was Inspiring': a Qualitative Study of Service Users' Experiences of Yoga on Social Prescription. *BMC Complement Med Ther.* 2022 Mar 14;22(1):67. doi: [10.1186/s12906-022-03514-3](https://doi.org/10.1186/s12906-022-03514-3).**

Background: Yoga is becoming an increasingly popular holistic approach in the West to manage long-term health conditions. This study presents the evaluation of a pilot yoga intervention, Yoga4Health, that was developed for the NHS to be socially prescribed to patients at risk of developing specific health conditions (risk factors for cardiovascular disease, pre-diabetes, anxiety/depression or experiencing social isolation). The aim of this qualitative study was to explore service users' experiences of Yoga4Health and the acceptability of the programme. Methods: Qualitative data were collected from three sources: 1. Open-ended questions on questionnaires completed by services users at three different time-points (baseline, post intervention and 3 months); 2. Interviews and focus groups with a subset of participants (n = 22); 3. interviews with yoga teachers delivering Yoga4Health (n = 7). Each data source was analysed thematically, then findings were combined. Results: Of participants completing baseline questionnaires (n = 240), 82.5% were female, 50% White, with a mean age of 53 (range 23-82) years. Baseline questionnaires revealed key motivations to attend Yoga4Health were to improve psychological and physical health, and believing Yoga4Health would be accessible for people with their health condition. Post-intervention, participants reported a range of benefits across psychological, physical and social domains from Yoga4Health. Increased confidence in self-management of health was also reported, and a number of participants described making positive lifestyle changes after attending the programme. Unanticipated benefits of yoga emerged for participants, such as enjoyment and social connectedness, which facilitated ongoing attendance and practice. Also key to facilitating practice (during and after the intervention) were suitability of the classes for those with health conditions, practising with a group and qualities of the yoga teacher. Home practice was supported by course materials (manual, videos), as well as the teaching of techniques for everyday application that offered immediate benefits, such as breathing practices. Follow-up questionnaires revealed a key challenge was continuation of practice once the intervention had finished, with the structure of a class important in supporting practice. Conclusions: Yoga4Health was a highly acceptable intervention to services users,

which brought a range of biopsychosocial improvements, suggesting yoga is an appropriate intervention to offer on social prescription.

Cooper M, Avery L, Scott J, et al. **Effectiveness and active ingredients of social prescribing interventions targeting mental health: a systematic review.** *BMJ Open* 2022;12:e060214. doi: 10.1136/bmjopen-2021-060214

**Objective** This study aims to establish the effectiveness and active ingredients of UK-based social prescribing interventions targeting mental health and well-being outcomes. **Design** Systematic review adhering to Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines and a published protocol. **Data sources** Nine databases were systematically searched up to March 2022. **Eligibility criteria** Social prescribing interventions in the UK involving adults aged  $\geq 18$  years, which reported on mental health outcomes. **Data extraction and synthesis** Two reviewers extracted data on study characteristics; outcomes; referral pathways; treatment fidelity strategies; person-centredness; intervention development processes and theory-linked behaviour change techniques (BCTs). Data were narratively synthesised. **Results** 52 074 records were retrieved by the search, 13 interventions reported across 17 studies were included in this review (N=5036 participants at post-intervention). Fifteen studies were uncontrolled before-and-after designs, one a randomised controlled trial and one a matched groups design. The most frequently reported referral pathway was the link worker model (n=12), followed by direct referrals from community services (n=3). Participants were predominantly working age adults, and were referred for anxiety, depression, social isolation and loneliness. 16 out of 17 studies reported statistically significant improvements in outcomes (mental health, mental well-being, general health, or quality of life). Strategies to enhance treatment fidelity were suboptimal across studies. Only two studies used a specific theoretical framework. A few studies reported engaging service users in codesign (n=2) or usability and/or feasibility testing (n=4). Overall, 22 BCTs were coded across 13 interventions. The most frequently coded BCTs were social support-unspecified (n=11), credible source (n=7) and social support-practical (n=6). **Conclusions** Robust conclusions on the effectiveness of social prescribing for mental health-related outcomes cannot be made. Future research would benefit from comprehensive intervention developmental processes, with reference to appropriate theory, alongside long-term follow-up outcome assessment, using treatment fidelity strategies and a focus on principle of person-centred care.

Cramer H. **Social Prescribing: Bringing the Community (Back) into Medicine.** *J Integrative Complementary Med* 2022.285-286. <http://doi.org/10.1089/jicm.2022.29105.hc>

Elliott M, Davies M, Davies J, et al. **Exploring How and Why Social Prescribing Evaluations Work: a Realist Review.** *BMJ Open* 2022; 12:e057009. doi: 10.1136/bmjopen-2021-057009

**Objective:** The evidence base for social prescribing is inconclusive, and evaluations have been criticised for lacking rigour. This realist review sought to understand how and why social prescribing evaluations work or do not work. Findings from this review will contribute to the development of an evidence-based evaluation framework and reporting standards for social prescribing. **Design** A realist review: **Data sources** ASSIA, CINAHL, Embase, Medline, PsycINFO, PubMed, Scopus Online, Social Care Online, Web of Science and grey literature. **Eligibility criteria:** Documents reporting on social prescribing evaluations using any methods, published between 1998 and 2020 were included. Documents not reporting findings or lacking detail on methods for data collection and outcomes were excluded. **Analysis:** Included documents were segregated into subcases based on methodology. Data relating to context, mechanisms and outcomes and the programme theory were extracted and context-mechanism-outcome configurations were developed. Meta-inferences were drawn from all subcases to refine the programme theory. **Results:** 83 documents contributed to analysis. Generally, studies lacked in-depth descriptions of the methods and evaluation processes employed. A cyclical process of social prescribing evaluation was identified, involving preparation, conducting the study and interpretation. The analysis found that coproduction, alignment, research agency, sequential mixed-methods design and integration of findings all contributed to the development of an acceptable, high-quality social prescribing evaluation design. Context-mechanism-outcome configurations relating to these themes are reported. **Conclusions:** To develop the social prescribing evidence base and address gaps in our knowledge about the impact of social prescribing and how it works, evaluations must be high quality and acceptable to stakeholders. Development of an evaluation framework and reporting standards drawing on the findings of this realist review will support this aim.

Featherstone C, Sharpe RA, Axford N, Asthana S, Husk K. **Health and wellbeing outcomes and social prescribing pathways in community-based support for autistic adults: A systematic mapping review of reviews.** *Health Soc Care Community* 2022; 30(3):e621-e635. doi: 10.1111/hsc.13635.

Adults on the autism spectrum are affected by health disparities which significantly reduce life expectancy and experience barriers to accessing healthcare. Social prescribing is a holistic approach that diverts patients from primary care to health-enhancing activities in communities. However, there has been a lack of research attention to how autistic people navigate the social prescribing pathway and the ability of these approaches to address existing disparities. This mapping review aimed to synthesise features of non-medical, community-based interventions for autistic adults to assess their suitability for a social prescribing approach. A systematic search and screening process was used to identify literature reviews from medical databases (Embase, Medline, PsycINFO, CINAHL and Cochrane reviews) and grey literature. We extracted data from 24 reviews and 19 studies including types of services, participants, outcomes, settings and procedures. A narrative and visual synthesis is used to map the variety of services and interventions identified, the outcome measures used, and the barriers and facilitators to progression through services in relation to a realist social prescribing framework. The review found that there has been minimal evaluation of holistic, low intensity services for autistic adults, such as those offered in social prescribing approaches. Outcome measures remain focused on features of autism and reveal less about the effects of interventions on health and wellbeing. Aspects of the social prescribing model were identified in the features of service pathways, but findings also suggested how social prescribing could be adapted to improve accessibility for autistic people.

**Fitzmaurice C. Social prescribing: A new paradigm with additional benefits in rural Australia. *Aust J Rural Health* 2022; 30(2):298-299, <https://doi.org/10.1111/ajr.12871>**

Social prescribing (SP) is 'a mechanism for linking patients with nonmedical sources of support within the community.'<sup>1</sup>(p6) While the concept has been rolled out widely in the United Kingdom (UK) over a period of years, with current investments under the National Health Service (NHS) Long Term Plan aiming to train large numbers of social prescribing link workers to increase access to their services,<sup>2</sup> the notion, in a formal sense, is still in its infancy in Australia. Despite this, social prescribing has been operationalised by many health care practitioners in an informal or ad hoc manner as part of their day-to-day work, for many years.<sup>3</sup> Social prescribing aims to integrate health and social services, addressing the socioeconomic determinants of health such as housing, education, employment and community connectedness.<sup>4</sup> The World Health Organisation (WHO) estimates that the 'social determinants of health account for between 30 and 55 per cent of health outcomes

**Fixsen DA, Barrett DS, Shimonovich M. Supporting Vulnerable Populations During the Pandemic: Stakeholders' Experiences and Perceptions of Social Prescribing in Scotland During Covid-19. *Qual Health Res.* 2022; 32(4):670-682. doi:10.1177/10497323211064229**

Social prescribing schemes refer people toward personalized health/wellbeing interventions in local communities. Since schemes hold different representations of social prescribing, responses to the pandemic crisis will vary. Intersectionality states that social divisions build on one another, sustaining unequal health outcomes. We conducted and inductively analysed interviews with twenty-three professional and volunteer stakeholders across three social prescribing schemes in urban and rural Scotland at the start and end of year one of the pandemic. Concerns included identifying and digitally supporting disadvantaged and vulnerable individuals and reduced capacity statutory and third-sector services, obliging link workers to assume new practical and psychological responsibilities. Social prescribing services in Scotland, we argue, represent a collage of practices superimposed on a struggling healthcare system. Those in need of such services are unlikely to break through disadvantage whilst situated within a social texture wherein inequalities of education, health and environmental arrangements broadly intersect with one another.

**Fixsen A, Barrett S. Challenges and Approaches to Green Social Prescribing During and in the Aftermath of COVID-19: A Qualitative Study. *Front. Psychol.* 2022; <https://doi.org/10.3389/fpsyg.2022.861107>**

The last decade has seen a surge of interest and investment in green social prescribing, however, both healthcare and social enterprise has been impacted by the COVID-19 crisis, along with restricted access to public green spaces. This study examines the challenges and opportunities of delivering green social prescribing during and in the aftermath of COVID-19, in the light of goals of green social prescribing to improve mental health outcomes and reduce health inequalities. Thirty-five one-to-one interviews were conducted between March 2020 and January 2022. Interviewees included Link Workers and other social prescribers, general practitioners (GPs), managers, researchers, and volunteers working in urban and rural Scotland and North East England. Interview transcripts were analyzed in stages, with an inductive approach to coding supported by NVivo. Findings revealed a complex social prescribing landscape, with schemes funded, structured, and delivered diversely. Stakeholders were in general agreement about the benefits of nature-based interventions, and GPs and volunteers pointed out numerous benefits to participating in schemes such as parkrun. Link Workers were more circumspect about suggesting outdoor activities, pointing out both psychological and practical obstacles, including health anxieties, mobility issues, and transport deficits. Exacerbated by the pandemic, there was a way to go before older and/multi-morbidity clients (their largest cohort) would feel

comfortable and safe to socialize in open air spaces. Our findings support the premise that time spent in open green spaces can alleviate some of the negative mental health effects compounded by the pandemic. However, the creation of healthy environments is complex with population health intrinsically related to socioeconomic conditions. Social disadvantage, chronic ill health and health crises all limit easy access to green and blue spaces, while those in the most socially economically deprived areas receive the lowest quality of healthcare. Such health inequities need to be borne in mind in the planning of schemes and claims around the potential of future nature-based interventions to reduce health inequalities.

Fleming J, Wellington C, Parsons J, Dale J. **Collaboration Between Primary Care and a Voluntary, Community Sector Organisation: Practical Guidance from the Parkrun Practice Initiative.** *Health Soc Care Community.* 2022; 30(2):e514-e523. doi: 10.1111/hsc.13236.

Voluntary and community sector organisations are increasing their role in supporting primary care services through 'social prescribing'. parkrun is a charity that delivers free, weekly 5 km events, on a Saturday morning in areas of open space across the UK and globally. In June 2018, parkrun and the Royal College of General Practitioners launched an initiative to encourage the linking of general practitioner practices and local parkrun events. This study investigates the interaction between parkrun events and practices in order to understand why and how parkrun events' promote such linkage, and their experiences of doing so. Its purpose was to provide practical recommendations for developing the parkrun practice initiative and similar collaborations between primary care and voluntary and community sector organisations. An online survey, which included both tick box questions and free text comments was sent to Event Directors for all UK parkrun events and completed by half (322/634, 50.8%). Over two-thirds (225/322; 69.6%) of the event teams were knowingly linked with one or more general practices; and this was generally viewed as having been a positive experience and was motivated by wanting to positively impact on the health and well-being of their community. Challenges centred on the process of initiating contact between parkrun events and practices; the lack of time among parkrun event volunteers to promote the scheme; and the difficulty of clarifying parkrun event and practice responsibilities, including who takes the lead. Practical recommendations include: ensuring clear pathways of communication between event teams and practices (e.g. via a Link Worker or designated person within the practice and/or parkrun event); minimising resource implications and ensuring mutual understanding from practices and parkrun event teams as to expected roles and involvement. Our findings, while focused on the parkrun practice initiative, are likely to have relevance to other collaborations between primary care and voluntary and community sector organisations.

Gibson K, Moffatt S, Pollard TM. **'He Called Me Out of the Blue': An Ethnographic Exploration of Contrasting Temporalities in a Social Prescribing Intervention.** *Sociology of Health & Illness* 2022 online, <https://doi.org/10.1111/1467-9566.13482>

Social prescribing, a way of connecting patients to local services, is central to the NHS Personalised Care agenda. This paper employs ethnographic data, generated with 19 participants between November 2018 and July 2020, to explore the socio-temporal relations shaping their experiences of a local social prescribing intervention. Our focus is on the ways in which the intervention synchronised with the multitude of shifting, complex and often contradictory 'timespaces' of our participants. Our focus on the temporal rhythms of everyday practice allows us to trace a tension between the linearity and long horizon of the intervention and the oft contrasting timeframes of participants, sometimes leading to a mismatch that limited the intervention's impact. Further, we observed an interventional 'drift' from continuity towards unsupported signposting and 'out-of-the-blue' contacts which favour the temporality of the intervention. We demonstrate a need for intervention planning to be flexible to multiple, often conflicting, temporalities. We argue that health interventions must account for the temporal relations lived by the people they seek to support.

Gould VF. **Social Prescribing Arts for Brain Health as Peri-Diagnostic Practice for Dementia-From Despair to Desire.** *Medp Psychiatry Behav Sci.* 2022; 1(1): mppbs-202206001. <http://medpresspublications.com/articles/mppbs/mppbs-202206001.pdf>

A.R.T.S. for Brain Health: Social Prescribing transforming the diagnostic narrative for Dementia: From Despair to Desire, (2021, Arts 4 Dementia) demonstrates how referral to weekly arts from the onset of symptoms empowers individuals and family carers to maintain fulfilling active life in the community and thereby relieve strain in the isolating fear-filled period leading to memory assessment and diagnosis.

Griffiths C, Hina F, Jiang H. **Social Prescribing through Primary Care: A Systematic Review of the Evidence.** *Open J Preventive Med* 2022; 12:31-58. doi: 10.4236/ojpm.2022.122003.

Background: In primary care, social prescribing (SP) is where a patient is referred to a "link worker", who considers their needs and then "prescribes" or connects them to appropriate community-based resources and services. Recent

policy and guidance in the UK has significantly expanded the provision of SP to improve patient health and wellbeing. Methods: This study conducted a systematic review of evidence for SP effectiveness and to report needs addressed, interventions provided, and behaviour change techniques employed. Inclusion criterion was patient referral from primary care to a SP link worker. Online databases were searched for studies published from February 2016 to July 2021. Searches were restricted to English language only. Risk of bias assessment and a narrative analysis were undertaken. Results: Eight studies were included. All studies reported some positive outcomes. There were weaknesses and limitations in study design and in reporting of results: a lack of comparative controls, short duration and single point follow-up, a lack of standardised assessments, missing data, and a failure to consider potential confounding factors. All studies had features which indicated a high risk of bias. Conclusion: Evidence for the value and positive impact of SP is accumulating, but evaluation design remains relatively weak. There is a need to improve evaluation through robust methodological design and the adoption of universal outcome measures and evaluation/analytical framework. SP should seek to assess patient wellbeing, self-management, and quality of life outcomes systematically, and adopt behaviour change techniques to enable healthier lifestyles in the short and long term.

Griffith B, Pollard T, Gibson K, Jeffries J. **Constituting link working through choice and care: An ethnographic account of front-line social prescribing.** *Sociology of Health Illness* 25 Oct 2022; <https://doi.org/10.1111/1467-9566.13569>

Link worker social prescribing has become a prominent part of NHS England's personalisation agenda. However, approaches to social prescribing vary, with multiple discourses emerging about the potential of social prescribing and different interpretations of personalisation. The transformational promise of social prescribing is the subject of ongoing debate, whilst the factors that shape the nature of front-line link working practices remain unclear. Based on 11 months of in-depth ethnographic research with link workers delivering social prescribing, we show how link workers' practices were shaped by the context of the intervention and how individual link workers navigated varied understandings of social prescribing. Following the work of Mol, we show how link workers drew differentially on the interacting logics of choice and care and trace a multiplicity in front-line link working practices within a single intervention. However, over time, it appeared that a logic of choice was becoming increasingly dominant, making it harder to deliver practices that aligned with a logic of care. We conclude that interpreting personalisation through a logic of choice could potentially undermine link working practices that privilege care whilst obscuring the need for wider investment in health care systems and the social determinants of health.

Haake S, Quirk H, Bullas A. **Parkrun as a Tool to Support Public Health: Insights for Clinicians.** *Br J General Practice* 20 May 2022; BJGP.2022.0001. DOI: <https://doi.org/10.3399/BJGP.2022.0001>

Background: To support efforts to grow social prescribing and reduce levels of physical inactivity, parkrun UK and the Royal College of GPs developed the parkrun Practice initiative to link General Practices to local parkruns (free, weekly, timed, physical activity events). Practice staff are encouraged to take part themselves and also encourage their patients to participate. Aim: To provide insight for clinicians about parkrun participants, especially those with characteristics of a patient who might be signposted to physical activity. Design and setting: Secondary analysis of an online survey of 59,999 parkrunners in the UK. Method: Respondents were ranked into 13 categories using mean parkrun finish time allowing the following definitions: front runners, median runners, slower runners, runners/walkers and walkers. Measures included demographics, health conditions, motives for first participating and perceived impact of health and wellbeing. Results: Over 9% of all participants were found to have at least one long term health condition: this rose to 45% for walkers and included arthritis, obesity, depression, chronic pain, hypertension and anxiety. Walkers were less likely to be motivated by fitness or competition and more likely to be motivated by physical health. Despite these differences, perceived improvements to wellbeing were broadly similar for all parkrunners regardless of finishing time. Conclusions: The study shows that parkrunners are a diverse population in terms of physical health. The information here could be combined with other research on barriers to participation and successful brief interventions to help address the key issues of practitioner knowledge and confidence.

Hayes D, Olsson A, Begum S, Bertotti M, Javis-Beesley P, Stapley E. **Barriers and facilitators to social prescribing in child and youth mental health: Perspectives from the frontline.** *Research Square preprint* DOI: <https://doi.org/10.21203/rs.3.rs-2073370/v1>

There is growing interest in the role of Social Prescribing (SP) to help promote mental wellbeing and support individuals with mental health difficulties. Yet, implementation of SP to children and young people (CYP) has proved slow and underdeveloped compared with adult populations. Understanding the barriers and facilitators will help key stakeholders to better embed SP for CYP into practice. Using the Theoretical Domains Framework (TDF), a comprehensive, theoretical-led framework, underpinned by 33 behaviour change theories and 128 constructs, perceived barriers and facilitators to SP were investigated. The sample comprised of 11 Link Workers and 9 individuals involved in facilitating SP with CYP, who took part in semi-structured interviews. Transcripts were analysed using a deductive thematic analysis, and themes were coded under each theoretical domain. Overall, 36 barriers and

facilitators for SP were identified across 12 domains of the TDF. Under capability, barriers and facilitators were found for knowledge, skills, memory/attention/decision making processes, and behavioural regulation. For opportunity, barriers and facilitators were found for social/professional influences, as well as environmental context and resources. Finally, for motivation, domains covered included: beliefs about consequences, beliefs about capabilities, optimism, motivations/goals, reinforcement, and emotions. Findings suggest that a wide range of barriers and facilitators affect the implementation of CYP SP to improve mental health and wellbeing. Interventions which target different domains related to capability, opportunity and motivation should be developed to better facilitate CYP SP.

Helitzer E, Clements-Cortes A, Moss H. **Group singing on social prescription: A scoping review: Singing on social prescription.** *Music and Medicine* 2022; 14(4), DOI: <https://doi.org/10.47513/mmd.v14i4.849>

The aim of this international scoping review was to assess the evidence of group singing as a form of social prescription. While efforts have grown over the last two decades to catalogue and evaluate the health benefits of arts and cultural activities as part of social prescribing, there has been limited exploration into group singing on social prescription, specifically. Given the growing body of research supporting the health and wellbeing gains of both group singing and social prescribing, this first scoping review is needed and timely. Published evidence is very limited at the moment, and only nine studies met the eligibility requirements. Identified barriers to wider integration of singing on prescription included lack of formalization of the social prescribing process, challenges solidifying buy-in from general practitioners and other healthcare professionals, difficulties sustaining funding, and shifts to organizational structure resulting in staff changeover and loss of institutional knowledge. Recommendations for future research, wider implementation of singing on social prescription and standardization of evaluation methods are included.

Jensen A. **Arts on prescription (AoP) in primary healthcare in Sweden.** *Perspectives Public Health* 2022; 142(2):64-65. doi:10.1177/17579139211072772

Joseph CA, Seguin ML. **"Something Fun to Look Forward to": Lessons from Implementing the Prescription for Health Farmers' Market Initiative in Rural Upper Michigan.** *Health Promot Pract.* 2022 Jun 17:15248399221093966. doi: 10.1177/15248399221093966

Fruit and vegetable (FV) prescription programs are an increasingly popular community-based approach to addressing food insecurity and improving nutrition by connecting local health care and food systems. The Prescription for Health farmers' market FV prescription program was piloted in a rural, low-access low-income Michigan community in 2017. The program enrolled 33 adult participants with chronic disease and provided weekly farmers' market FV vouchers, educational nutrition handouts, and seasonal healthy recipes over 10 weeks. Weight, blood pressure, and the following self-rated variables were assessed pre- and post program: dietary habits, food literacy, physical health, and mental health. While most metrics remained generally unchanged, one of the strongest findings from our data included significant improvement in quality of life. Increased social interaction as a result of the attending the farmers' market was a prominent theme from informal open-ended participant feedback. Given the ongoing public health crisis of loneliness and social isolation, this finding led us to consider the farmers' market as an avenue for creating opportunities for meaningful social connection among participants and farmers. To this end, we discuss health outcomes of the Prescription for Health pilot program, reflect on unique aspects of implementing this program in a rural area, and explore future opportunities for farmers' market prescription programs as an innovative form of nature-based social prescribing.

Khan K, Ward F, Halliday E, Holt V. **Public perspectives of social prescribing.** *J Public Health (Oxf).* 2022; 44(2):e227-e233. doi: 10.1093/pubmed/fdab067.

Background: There is a strong national drive within the UK government and National Health Service for social prescribing. Previous research studies have mainly focused on service user perspectives and evaluating their experiences. There is limited evidence on how the general public perceive and understand what social prescribing is and how these views could influence service planning and delivery. This paper seeks to understand perceptions of social prescribing within the wider community. Methods: Semi-structured focus groups were conducted with 37 members of the public in four areas in north-west England. We explored public awareness and understanding of social prescribing. Results: Limited knowledge of the term social prescribing was found amongst participants as well as limited involvement in community discussions of the topic. Concerns were raised about the short-term nature of activities and the need for adequate resourcing to support continuity of service provision. The social prescribing link worker was considered to be important in supporting engagement with services and it was preferred this role was undertaken by people with local knowledge. Conclusions: The findings provide evidence of public perspectives on social prescribing and highlight how wider community perceptions can supplement service user feedback to support social prescribing service planning, commissioning and delivery.

Kimberlee R, Bertotti M, Dayson C, Asthana S, Polley M, Burns L, Tierney S, Husk K. [On behalf of the NASP Academic Partners Collaborative]. **The economic impact of social prescribing**. London: National Academy for Social Prescribing 2022. <http://shura.shu.ac.uk/29932/1/evidence-summary-the-economic-impact-of-social-prescribing.pdf>

Kimberlee R, Bertotti M, Dayson C, Elston J, Polley M, Burns L, Husk K. [On behalf of the NASP Academic Partners Collaborative]. **(Sustainable) funding models for social prescribing**. London: National Academy for Social Prescribing 2022. <http://shura.shu.ac.uk/29933/1/evidence-summary-funding-models.pdf>

Kolster A, Heikkinen M, Pajunen A, Mickos A, Partonen T. **Health Promotion with Guided Nature Walks or Guided Sports Activities: A Controlled Trial in Primary Care**. Prepublication 2022; <http://dx.doi.org/10.2139/ssrn.4260505>

Contact with nature promotes human wellbeing through several pathways, providing a potential way to support health especially in primary care, where clients commonly suffer from poor health rather than specific diagnoses. Measuring affinity to residential greenness is a common method to investigate interconnection between health and green space. This study digs deeper and explores the impact on an individual level. All participants live in an area with abundant, accessible, green and blue space. The aim is to explore whether participation in a nature-based social prescribing scheme improves mental wellbeing, sleep, and physical activity, comparing the outcomes to a guided sports program. Primary care clients identified to benefit from health improvement were recruited to this non-randomized, intention-to-treat, pilot study. Participants (n=79) chose between two group interventions, either taking part in guided walks in nature, including immersion in a forest with high biodiversity, or participating in a versatile sports program. Mental wellbeing was assessed with the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), with additional questions evaluating health and sleep. Impact on mental wellbeing was explored in relation to perceived health. The amount and quality of sleep and physical activity were measured with wrist-worn accelerometers. With a focus on everyday life effects, assessments took place before and after the 8-week intervention. Participation in the prescribed nature program improved mental wellbeing (average WEMWBS change 3,15 p=0,008). Meanwhile, the sports intervention was beneficial for those initially healthy. Neither group showed change in physical activity, but sleep duration improved in the sports group. However, participants in the nature group reported better sleep, and showed reduced time awake after sleep onset. We attest that even where surroundings are green, active interventions can further improve health in a primary care population, and that nature based social prescribing is favourable for those in poor health.

Lee KH, Low LL, Lu SY, Lee CE. **Implementation of social prescribing: Lessons learnt from contextualising an intervention in a community hospital in Singapore**. *Lancet Regional Health - Western Pacific* 2022; 100561, <https://doi.org/10.1016/j.lanwpc.2022.100561>.

The need to develop holistic public health approaches that go beyond treating the biological causes of ill health, to addressing the social determinants of health, have highlighted in the global health agenda. Social prescribing, where care professionals link individuals to community resources that tackle social needs have gained increasing traction worldwide. In Singapore, SingHealth Community Hospitals introduced social prescribing in July 2019 to manage the complex health and social needs of the aging populace. Faced with the paucity of evidence on the effectiveness of social prescribing and its implementation, implementers had to contextualise the theory of social prescribing to patients' needs and setting of practice. Using an iterative approach, the implementation team constantly reviewed and adapted practices, work processes and outcome measurement tools based on data and stakeholder feedback to address implementation challenges. As social prescribing continues to scale in Singapore and take root in the Western Pacific region, agile implementation and continued evaluation of programmes to build an evidence pool will help to guide best practices. The aim of this paper is to review the implementation of a social prescribing programme from the exploratory phase to full implementation, and draw lessons learned in the process.

Lee H, Lim J-A, Nam H-K. **Effect of a Digital Literacy Program on Older Adults' Digital Social Behavior: A Quasi-Experimental Study**. *Int J Environ Res Public Health*. 2022; 19(19):12404. <https://doi.org/10.3390/ijerph191912404>

In South Korea, digital literacy education programs are expected to help its older population participate in online welfare services to increase their social support, self-esteem and well-being. This quasi-experimental study assesses the effects of digital literacy education on digital device usage among rural-dwelling adults aged 65 and above and evaluates the positive effects of digital literacy education on depression, happiness, quality of life, self-efficacy and cognitive function. A digital literacy education program and a customized questionnaire survey were conducted to evaluate smartphone use competency and the program's effects, respectively. We also conducted a chi-square test, paired t-test and difference-in-differences regression analysis. The experimental group showed a significant increase in smartphone usage and video recording capacity than the control group. The happiness and cognitive function scores for dementia screening increased significantly by a mean of 3.7 and 1.1 points, respectively, after digital literacy education. Cognitive function increased significantly by 1.305 points in the experimental group compared to the control group ( $\beta = 1.305$ ,  $p = 0.05$  \*). Digital literacy education for older adults in rural areas greatly increased

smartphone use, video recording capacity, happiness and cognitive function. Based on these findings, it is recommended that the government should implement digital literacy education for older adults in rural areas to increase their happiness and cognitive function.

Liebmann M, Pitman A, Hsueh YC. et al. **Do people perceive benefits in the use of social prescribing to address loneliness and/or social isolation? A qualitative meta-synthesis of the literature.** *BMC Health Serv Res* 2022; 22, 1264 <https://doi.org/10.1186/s12913-022-08656-1>

Social prescribing is a means by which clinical services can link individuals who have psychological, social and/or practical needs with non-clinical services within their local community. There is a lack of empirical evidence investigating whether social prescribing helps such individuals and which interventions are the most effective and accepted by them to address their loneliness. This meta-synthesis aimed to synthesise findings from qualitative studies exploring experiences of people (of any age) who participated in any social prescribing intervention aimed at loneliness and/or social isolation to ascertain whether they felt it helped address loneliness/isolation and the potential mechanisms by which this might occur. We conducted a systematic search of 5 electronic databases and 4 other databases that would yield grey literature in April 2021 to identify qualitative articles on this topic written in English or French. We assessed the quality of the included studies using recognised tools, and synthesised findings using the approach of thematic analysis. We identified 19 records analysed (e.g. journal articles) from 18 studies meeting inclusion criteria. Our analysis identified three themes: (1) increased sense of wellbeing (with six subthemes), (2) factors that engendered an ongoing desire to connect with others, and (3) perceived drawbacks of social prescribing. These themes illustrate the benefits and difficulties people perceive in social prescribing programmes addressing loneliness and social isolation, with an overall balance of more benefits than drawbacks in social prescribing participation. However, given the unhelpful aspects of social prescribing identified by some participants, greater thought should be given to potential harms. Moreover, further qualitative and quantitative research is needed to better understand mechanisms and effectiveness, and how different components of social prescribing might be best matched to individual participants.

Lindsay RK, Carmichael C, Allen PM, Fossey M, Godier-McBard L, Butler L, Trott M, Pardhan S, Tully MA, Wilson JJ, Torrance A, Smith L. **Fishing Participation, Motivators and Barriers among UK Anglers with Disabilities: Opportunities and Implications for Green Social Prescribing.** *Int. J. Environ. Res. Public Health* 2022, 19, 4730. <https://doi.org/10.3390/ijerph19084730>

Green social prescribing, which includes the referral of patients to nature-based activities, could exacerbate inequalities between people with disabilities and people without. Research suggests fishing could be more inclusive relative to other outdoor sports. To understand if fishing is an inclusive sport, and the potential benefits and barriers to prescribing fishing, the present study compared participation, motivators and barriers to fishing, between anglers with and without disabilities. UK adults were invited to participate in an online survey. Chi-square tests examined differences between anglers with and without disabilities regarding the type of fishing anglers engaged in, the frequency of fishing, the length of time spent fishing, motivators for fishing and barriers to fishing. Among 1799 anglers (97.5% male), 292 (16.2%) anglers reported having a disability. Most anglers with disabilities were over 55 years old (56.5%). There was no difference in fishing participation, or motivators for fishing, between anglers with and without disabilities; however, anglers with disabilities were more likely to report 'costs', 'lack of transport' and 'having no one to go with them' as barriers. Overall, there appeared to be no differences in fishing participation between anglers with versus without disabilities, although additional barriers to participation may exist

Makanjuola A, Lynch M, Hartfiel N, Cuthbert A, Wheeler HT, Edwards RT. **A Social Return on Investment Evaluation of the Pilot Social Prescribing EmotionMind Dynamic Coaching Programme to Improve Mental Wellbeing and Self-Confidence.** *Int J Environ Res Public Health* 2022; 19(17):10658. <https://doi.org/10.3390/ijerph191710658>

The COVID-19 pandemic contributed to longer waiting lists for people seeking to access mental health services. The NHS Five Year Forward View encourages the development of empowerment-based social prescribing interventions to supplement existing mental health programmes. Based in South Wales, EmotionMind Dynamic (EMD) is a lifestyle coaching programme that supports individuals suffering from anxiety or depression. In this evaluation of lifestyle coaching, a mixed-method social return on investment (SROI) methodology was used to value quantitative and qualitative data from face-to-face and online participants. Data collection took place between June 2021 and January 2022. Participants included both self-referred clients and those referred from health services. Mental wellbeing data were collected at baseline and at the end of the programme using the short Warwick–Edinburgh Mental Wellbeing Scale (SWEMWBS) and the General Self-Efficacy Scale (GSES). Baseline and follow-up data were available for 15 face-to-face participants and 17 online clients. Wellbeing valuation quantified and valued outcomes from participants. Results indicated that for every GBP 1 invested, lifestyle coaching generated social values ranging from GBP 4.12–GBP

7.08 for face-to-face clients compared with GBP 2.37–GBP 3.35 for online participants. Overall, lifestyle coaching generated positive social value ratios for both face-to-face and online clients

**Makanjuola A, Lynch M, Hartfiel N, Cuthbert A, Edwards RT. A Social Return on Investment evaluation of the Emotion-Mind Dynamic (EMD) two phase social prescribing life coaching intervention to support mental health and wellbeing. *Int J Pop Data Sci* 2022; 7(2). doi: 10.23889/ijpds.v7i2.1743.**

Background: The COVID-19 pandemic has created excess waiting lists to access Mental Health Services in the UK (Stats Wales, 2021). It is important to find effective solutions to alleviate the pressures that Mental Health services experience. The NHS Five Year Forward View encourages the development of new social prescribing empowerment-based interventions to supplement existing mental health programmes (Mental Health Taskforce, 2016). The EmotionMind Dynamic (EMD) is a lifestyle coaching programme that supports individuals suffering from anxiety or depression referred from the health and social care sectors. EMD offers a unique, non-clinical mixed-modality approach combining coaching, mentoring, counselling skills, teaching and mindfulness. Methods: Social Return On Investment (SROI) methodology is applied to evaluate the EMD service. The aim of the SROI analysis is to develop a programme-level theory of change to establish how inputs (e.g. costs, staffing) are converted into outputs (e.g. numbers of clients seen), and subsequently into outcomes that matter to clients impacted by EMD service (e.g. improved mental wellbeing). Wellbeing valuation will quantify and value outcomes using two value sets. The SROI mixed-method approach collects quantitative and qualitative data from questionnaires and interviews with former face-to-face EMD clients as well as new clients, undertaking the online blended learning programme. Findings: Initial results indicate that the social prescribing face-to-face EMD programme generated positive social value ratios ranging from £9 to £23 for every £1 invested. In addition, the General Self-Efficacy Scale (GSES) which measures participant's self-reported self-efficacy and confidence indicated that the face-to-face EMD participants experienced improved mental wellbeing and resilience as a result of participating in the EMD lifestyle coaching programme. Sensitivity analyses were conducted with Social Value Bank (SVB) figures for improved confidence and confirmed assumptions that former EMD clients experienced positive mental wellbeing improvements as a result of undertaking the lifestyle coaching programme. Conclusions: This is the first study to undertake an SROI analysis of a social prescribing lifestyle coaching programme aimed at improving mental wellbeing and resilience. Phase one of this novel SROI study of the face-to-face EMD clients indicates that the EMD lifestyle coaching programme has the potential to generate positive social value ratios. Phase two analysis of the online EMD blended learning programme will compare the effectiveness of the two lifestyle coaching formats: face to face and the online blended format to improve mental wellbeing and self-efficacy by participating in this innovative lifestyle coaching programme.

**McGuire I, Morris SL, Pollard TM. Community gardening and wellbeing: The understandings of organisers and their implications for gardening for health. *Health & Place* 2022; 75, 102773**

Community gardening is increasingly framed and promoted as a way to foster healthful behaviours, as a wellbeing practice, and as a public health tool. This paper draws on semi-structured interviews with community gardening organisers (n = 9) in the North East of England, who were engaged in translating and transforming discourses and ideas about community gardening into places and practices that people can draw benefit from. Here, community gardening can be understood as a bricolage of ideas, resources, and skills at the nexus of several influences and movements, assembled to produce a localised, everyday sort of social change. We conclude that framing community gardening as a simple solution to be harnessed in the promotion of health and wellbeing undermines the richness that sustains it and may lead to disenchantment within health services and community gardening organisations that could threaten the future of 'green social prescribing'.

**Mimoglu E, Alhakmi F. Using Social Prescribing in Obstetrics and Gynaecology to Improve the Climate: A Review. *Authorea*. August 2022; DOI: 10.22541/au.166117864.48599946/v1**

Climate change is a public health emergency, and its global impact on women's health has been well-described. As a key tool in this arena, social prescribing enables climate-conscious, cost-effective, and holistic solutions to many patient concerns by encouraging local, environmentally friendly care that can effectively prevent carbon-heavy outpatient appointments and surgical procedures. A variety of obstetric and gynaecological issues can be tackled through this route, including menorrhagia, labour choices, and vaginal pessaries. Existing evidence suggests that there is great scope for the development of social prescribing programs that can pave the way for collective action towards greener, holistic patient care.

**Moore EJ, Thew M. Exploring the perspectives of 'young adults' (18–24) who have been in formal care and their experiences of attending a socially prescribed community allotment gardening group. *Br J Occupational Therapy*. 2022; doi:10.1177/03080226221117447**

Introduction: Young adults who have experienced periods of time being 'in care' are one of the most socially deprived populations within society, with their needs largely unmet and often not fully understood. Despite the significant attempts to invest in community-based 'social prescribing' interventions to address such health inequalities, there is a dearth of understanding regarding how such occupation-based community groups are experienced by this particular population. This UK based qualitative study aimed to explore the experiences of young adult 'Care Leavers' regarding their participation in a socially prescribed community gardening group. Method: Semi-structured online interviews were conducted with six young care leavers aged between 18 and 24 years who regularly participated in a community gardening group. Interviews were recorded transcribed verbatim and analysed Braun and Clarke's Thematic Analysis process by two researchers to maximise validity. Findings: Four key themes emerged: 'Social belonging and connection', 'A safe space', 'Sense of achievement from active engagement' and 'The facilitatory aspects of nature'. The findings suggested nature-based co-occupation within a local group, enhanced social capital, self-identity and wellbeing. Conclusion: This study supports the emerging scope of using community occupation-based interventions with young adult 'Care Leavers' and offers an insight into their particular needs.

Moore C, Unwin P, Evans N, Howie F. **Social prescribing: Exploring general practitioners' and healthcare professionals' perceptions of, and engagement with, the NHS model.** *Health Soc Care online* 23 July 2022; <https://doi.org/10.1111/hsc.13935>

Social prescribing (SP) has rapidly expanded over recent years. Previously a bottom-up, community-led phenomenon, SP is now a formal part of structured NHS policy and practice. This study was designed to ascertain how general practitioners and other primary healthcare professionals (HCPs) within one clinical commissioning group (CCG) perceive and engage with this new NHS model. The research comprised an online survey distributed to HCPs within a predominately rural, English CCG between June and August 2021. Qualitative data were gathered and analysed using reflexive thematic analysis. Positive portrayals of SP were found, although definitions and perceptions varied greatly. Many HCPs reported high levels of engagement with SP services; yet referral rates appeared to remain significantly lower than the previously estimated 20% of primary care attendees referred for social reasons. Moreover, 96% of HCPs reported signposting patients directly to community or external services, rather than referring them to SP. This signposting, which has been positioned as a model of SP, reflects engagement with SP in practice, which is likely to have pre-dated the introduction of the fuller NHS model. HCPs may be unaware that this could be classed as a social prescription, and this type of SP remains uncaptured within NHS statistics. These results indicate an underuse of the national system set up to deliver one particular model of SP, rather than that SP does not occur. Additionally, despite national guidance issued to accompany the NHS model, practices such as referral and feedback processes, and link worker presence within practices, were not uniform even within this single CCG. Nevertheless, understanding is increasing as SP becomes embedded within primary care. The lack of consistency in referrals between practices warrants further examination in terms of equity of service choices to patients, as does the very low self-reported referral rate to SP.

Morris SL, Gibson K, Wildman JM, et al. **Social prescribing during the COVID-19 pandemic: a qualitative study of service providers' and clients' experiences.** *BMC Health Serv Res* 2022; 22, 258 <https://doi.org/10.1186/s12913-022-07616-z>

Background: COVID-19 public health restrictions, such as social distancing and self-isolation, have been particularly challenging for vulnerable people with health conditions and/or complex social needs. Link worker social prescribing is widespread in the UK and elsewhere and is regarded as having the potential to provide support to vulnerable people during the pandemic. This qualitative study explores accounts of how an existing social prescribing service adapted to meet clients' needs in the first wave of the pandemic, and of how clients experienced these changes. Methods: Data were collected in a deprived urban area of North East England via remote interviews with clients (n = 44), link workers (n = 5) and service provider managerial staff (n = 8) from May–September 2020. Thematic data analysis was conducted. Results: The research found that service providers quickly adapted to remote intervention delivery aiming to serve existing clients and other vulnerable groups. Service providers experienced improved access to some existing clients via telephone in the first months of remote delivery and in some cases were able to engage clients who had previously not attended appointments at GP surgeries. However, link workers also experienced challenges in building rapport with clients, engaging clients with the aims of the intervention and providing a service to digitally excluded people. Limited link worker capacity meant clients experienced variable contact with link workers with only some experiencing consistent support that was highly valued for helping to manage their conditions and mental wellbeing. Limited access to linked services also adversely affected clients. Clients living in less affluent circumstances and/or with worse health were more likely to experience negative impacts on their long-term condition. Some found their health and progress with social prescribing was 'on hold' or 'going backwards', which sometimes negatively affected their health. Conclusion: Social prescribing offered valued support to some during the pandemic, but remote support sometimes had limited impact for clients and findings highlight the vulnerability of social prescribing's success when

linked services are disrupted. Findings also show the need for more to be done in the upscaling of social prescribing to provide support to digitally excluded populations.

Morse DF, Sandhu S, Mulligan K, Tierney S, Polley M, Chiva Giurca B et al. **Global Developments in Social Prescribing.** *BMJ Global Health* 2022; 7:e008524.

Social prescribing is an approach that aims to improve health and well-being. It connects individuals to non-clinical services and supports that address social needs, such as those related to loneliness, housing instability and mental health. At the person level, social prescribing can give individuals the knowledge, skills, motivation and confidence to manage their own health and well-being. At the society level, it can facilitate greater collaboration across health, social, and community sectors to promote integrated care and move beyond the traditional biomedical model of health. While the term social prescribing was first popularised in the UK, this practice has become more prevalent and widely publicised internationally over the last decade. This paper aims to illuminate the ways social prescribing has been conceptualised and implemented across 17 countries in Europe, Asia, Australia and North America. We draw from the 'Beyond the Building Blocks' framework to describe the essential inputs for adopting social prescribing into policy and practice, related to service delivery; social determinants and household production of health; workforce; leadership and governance; financing, community organisations and societal partnerships; health technology; and information, learning and accountability. Cross-cutting lessons can inform country and regional efforts to tailor social prescribing models to best support local needs.

Nakagomi A, Yasufuku Y, Ueno T. et al. **Social determinants of hypertension in high-income countries: A narrative literature review and future directions.** *Hypertens Res* 2022; 45, 1575–1581 <https://doi.org/10.1038/s41440-022-00972-7>

Hypertension is a leading cause of cardiovascular disease and despite established strategies to lower blood pressure, the control of hypertension remains poor. This is true even in high-income countries with well-established welfare and medical systems. Among the social factors associated with hypertension (i.e., social determinants of hypertension, SDHT), individual socioeconomic status (SES), including education, income, and occupation, can be crucial for hypertension management (prevalence, awareness, treatment, and control). This article reviews the findings of recently published studies that examined the association between SES and hypertension management in high-income countries. It also discusses social prescribing, which targets social isolation and loneliness as modifiable SDHT to improve hypertension management.

Napierala H, Krüger K, Kuschick D, Heintze C, Herrmann WJ, Holzinger F. **Social Prescribing: Systematic Review of the Effectiveness of Psychosocial Community Referral Interventions in Primary Care.** *Int J Integrated Care* 2022; <https://www.ijic.org/articles/10.5334/ijic.6472/>

Introduction: Social prescribing (SP) aims to provide targeted psychosocial support and close the gap between medical and non-medical services. This review assesses the effectiveness of community-based SP interventions. Methods: We performed a systematic review and qualitative synthesis of interventional studies of community referral interventions focused on facilitating psychosocial support. We considered health-related endpoints, other patient reported outcomes, or health care utilization. Six databases, grey literature, and additional trials registers were searched. Results were screened in a two-step process, followed by data extraction, each by two independent reviewers. If data permitted such, effect sizes were calculated. Risk of bias was assessed with the EPHPP and the Cochrane RoB2 tools. Results: We identified 68 reports from 53 different projects, three were controlled studies. Uncontrolled studies with shorter time frames frequently reported positive effects. This could largely not be seen in controlled settings and for longer follow-up periods. Designs, populations, and outcomes evaluated were heterogeneous with high risk of bias for most studies. Discussion and conclusion: Current evidence suggests positive effects of SP on a variety of relevant endpoints. Due to quality deficits in the available studies, scope for conclusions concerning clinical relevance and sustainability is limited. Further methodologically rigorous controlled trials are needed.

O'Grady M, Barrett E, Broderick J, Connolly D. **The Role of Intermediaries in Connecting Community-Dwelling Adults to Local Physical Activity and Exercise: A Scoping Review Protocol.** *HRB Open Research* 2022; 5:29, <https://doi.org/10.12688/hrbopenres.13523.2>

Introduction: Physical inactivity is a major global issue affecting health. Promoting, supporting and encouraging physical activity amongst community-dwelling adults is essential. An intermediary is a clinical or non-clinical professional based in primary care, community or voluntary settings. They support individuals referred to them to connect with appropriate community services with the goal of improving health and wellbeing. This may be a promising method to establish a connection to local physical activity and exercise; however the process has been poorly described to date. Objective: The objectives of this scoping review will be to identify and summarise the literature describing the process of connecting community-dwelling adults to an intermediary, the characteristics of

these adults, the processes (role, practice and procedure) of an intermediary in connecting these adults to local physical activity and exercise opportunities, and to map these processes of connection to outcomes. Methods: This scoping review will be conducted in accordance with the scoping review methodology of the Joanna Briggs Institute. A comprehensive search strategy will identify relevant studies in Embase, Medline, Web of Science and CINAHL, along with a structured grey literature search. Studies which describe an intermediary connecting community-dwelling adults (aged  $\geq 18$  years) to local physical activity and exercise will be included. Data will be charted and narratively summarised. Intermediary processes will be mapped to outcomes related to physical activity, and the PAGER (patterns, advances, gaps, evidence for practice and research recommendations) framework will be used to identify evidence gaps and research recommendations. Conclusions: This scoping review will be the first to describe the process of an intermediary connecting community dwelling adults to local physical activity and exercise. This review will identify, map and summarise the existing research on the processes and outcomes. The results will also identify any evidence gaps and will guide future research.

Ohta R, Maiguma K, Yata A, Sano C. **Rebuilding Social Capital through Osekkai Conferences in Rural Communities: A Social Network Analysis**. *Int J Environ Res Public Health* 2022, 19, 7912. <https://doi.org/10.3390/ijerph19137912>

Social prescribing can promote the creation of new relationships, which may then promote the building of social capital in communities. One example of a social prescribing tool in Japan is Osekkai conferences, which increase social participation and mitigate the degree of loneliness in rural communities. A clarification of the changes in social interaction and intensity of connections among people through Osekkai conferences could contribute to better social prescribing in rural communities. This social network study was conducted among people who have participated in an Osekkai conference. The primary outcomes of degrees and centrality were measured as the degree of social capital. The primary outcomes were compared between April and September 2021 and between October 2021 and March 2022. The continuous performance of Osekkai conferences as social prescribing tools led to an increase in conference participation, mainly by middle-aged women in the communities. Based on a social network analysis, the average direct connection with each person did not increase; the network density decreased gradually; the network diameter decreased from 6 to 5. Regarding the node-level statistics, harmonic closeness centrality and eccentricity decreased, and modularity increased. Social prescribing initiatives should focus on improving social capital in communities, which may improve the number and meaningfulness of the collaborations among organizations and indigenous communities.

Percival A, Newton C, Mulligan K, et al. **Systematic review of social prescribing and older adults: where to from here?** *Fam Med Community Health* 2022; 10:e001829. doi: 10.1136/fmch-2022-001829

Objective Social prescribing is a person-centred model of care with emphases on lessening the impact of unmet social needs, supporting the delivery of personalised care, and reducing non-medical resource use in the primary care setting. The purpose of this systematic review was to synthesise the effect of social prescribing for older adults within primary care. Design We followed standard systematic review guidelines, including protocol registration, screening studies (title/abstract and full text) and assessing the study quality. Eligibility and information sources We searched multiple online databases for studies that included older adults 60+ years (group mean age), an intervention defined and called social prescribing (or social prescription) via health provider referrals to non-medical services, and quantitative physical and psychosocial outcomes and/or health resource use. We included experimental and observational studies from all years and languages and conducted a narrative synthesis. The date of the last search was 24 March 2022. Results We screened 406 citations (after removing duplicates) and included seven studies. All studies except one were before–after design without a control group, and all except one study was conducted in the UK. Studies included 12–159 participants (baseline), there were more women than men, the group mean (SD) age was 76.1 (4.0) years and data collection (baseline to final) occurred on average 19.4 (14.0) weeks apart. Social prescribing referrals came from health and social providers. Studies had considerable risk of bias, programme implementation details were missing, and for studies that reported data ( $n=6$ ) on average only 66% of participants completed studies (per-protocol). There were some positive effects of social prescribing on physical and psychosocial outcomes (eg, social participation, well-being). Findings varied for health resource use. These results may change with new evidence. Conclusions There were few peer-reviewed studies available for social prescribing and older adults. Next steps for social prescribing should include co-creating initiatives with providers, older people and communities to identify meaningful outcomes, and feasible and robust methods for uptake of the prescription and community programmes. This should be considered in advance or in parallel with determining its effectiveness for meaningful outcomes at multiple levels (person, provider and programme).

Polley M, Chatterjee H, Asthana S, Cartwright L, Husk K, Burns L, Tierney S. [On behalf of the NASP Academic Partners Collaborative]. **Measuring outcomes for individuals receiving support through social**

**prescribing.** London: National Academy for Social Prescribing 2022, <https://socialprescribingacademy.org.uk/wp-content/uploads/2022/04/Evidence-summary-measuring-impact-and-outcomes-for-social-prescribing.pdf>

Polley M, Chatterjee H, Asthana S, Bertotti M, Cartwright L, Husk K, Burns L, Tierney S. [On behalf of the NASP Academic Partners Collaborative]. **Are there any medium- to long-term outcomes reported for social prescribing and, if so, what are they?** London: National Academy for Social Prescribing 2022, <https://socialprescribingacademy.org.uk/wp-content/uploads/2022/04/Evidence-summary-long-term-impact-of-social-prescribing.pdf>

Rasmussen LG, Nielsen RO, Kallestrup P, Hawkins J, Ryom K. **Study design of ‘Move More’: Development and feasibility of a social-prescribing intervention to increase physical activity among inactive Danes.** *Scand J Public Health.* June 2022. doi:10.1177/14034948221098929

**Aim:** This paper describes the design of the ‘Move More’ study, which aims to develop and assess the feasibility of a social-prescribing intervention to increase physical activity among physically inactive Danes. **Background:** Physical inactivity constitutes a public-health challenge in Denmark. Social prescribing may be a promising tool to tackle physical inactivity by linking physical activity support from general practitioners with community-based activities in sports clubs, as this may help physically inactive citizens become more physically active. Given the range of stakeholders and behaviours required for social prescribing of physical activity, an intervention that harnesses this approach may constitute a complex intervention. The methods and decisions made in the stages of developing complex interventions are seldom reported. The present study enabled us to describe how co-creation can be used in a pragmatic development process for a complex intervention that considers the needs of stakeholders and the conditions of the delivery context. **Methods:** The study is based on the core elements of the development and feasibility phases of the Medical Research Council Framework for Developing and Evaluating Complex Interventions. Additionally, it is informed by a framework for the co-creation and prototyping of public-health interventions, drawing from a scoping review, stakeholder consultations and co-creation workshops. Ultimately, a feasibility study will be conducted to refine the programme theory by introducing the proposed intervention in case studies. **Perspectives:** The study will result in a prototype intervention manual and recommendations for implementation of an adapted social-prescribing intervention targeting physical inactivity in Denmark.

Sandhu S, Alderwick H, Gottlieb LM. **Financing Approaches to Social Prescribing Programs in England and the United States.** *Milbank Q.* March 29, 2022. <https://doi.org/10.1111/1468-0009.12562>

Policy Points:

- The number of social prescribing practices, which aim to link patients with nonmedical services and supports to address patients’ social needs, is increasing in both England and the United States.
- Traditional health care financing mechanisms were not designed to support social prescribing practices, and flexible payment approaches may not support their widespread adoption.
- Policymakers in both countries are shifting toward developing explicit financing streams for social prescribing programs. Consequently, we need an evaluation of them to assess their success in supporting both the acceptance of these programs and their impacts.
- Investment in community-based organizations and wider public services will likely be crucial to both the long-term effectiveness and the sustainability of social prescribing.

Sharman LS, McNamara N, Hayes S, Dingle GA. **Social prescribing link workers—A qualitative Australian perspective.** *Health Social Care* 22 Oct 2022; <https://doi.org/10.1111/hsc.14079>

Social prescribing (or community referral) is a model of healthcare designed to address social needs that contribute to poor health. At the heart of social prescribing programs is the link worker, who liaises between clients, health professionals and community organisations. Social prescribing is newly emerging in Australia but there are already calls for a large-scale roll out. This research, therefore, aimed to understand Australian link workers' role and skills required, to determine where such a workforce could be drawn from in Australia, and to identify what training and resources are needed to support this potential new workforce. To explore these questions, interviews were conducted with 15 link workers in Queensland, New South Wales and Victoria, and the transcripts were analysed using thematic analysis. Participants were predominantly female (87%); and primarily had qualifications in social work (47%) or nursing (27%). Three overarching themes were identified: (1) skills of successful social prescribing, identifying that link work requires multifaceted social and emotional skills; (2) workforce issues, presenting that link workers experienced challenges such as a lack of available support and training, lack of public awareness of social prescribing and a lack of sustained funding; and (3) job fulfilment, related to link workers' sense of reward and accomplishment from the job.

We suggest that fostering job fulfilment in conjunction with the provision of increased support, training and security will reduce feelings of overwork and burnout among link workers and likely lead to longevity in the role. Social prescribing has the potential to be hugely beneficial to clients and the community and fulfilling for link workers, provided that sufficient advocacy and resources are put in place.

Smyth N, Thorn L, Wood C, Hall D, Lister C. **Increased Wellbeing following Engagement in a Group Nature-Based Programme: The Green Gym Programme Delivered by the Conservation Volunteers.** *Healthcare (Basel)*. 2022 May 25;10(6):978. doi: 10.3390/healthcare10060978

The wellbeing benefits of engaging in a nature-based programme, delivered by the Voluntary, Community and Social Enterprise sector, were examined in this study. Prior to attending The Conservation Volunteers' Green Gym™, attendees (n = 892) completed demographics, health characteristics and the Warwick Edinburgh Mental Wellbeing Short-Form Scale. Attendees (n = 253, 28.4%) provided a measure on average 4.5 months later. There were significant increases in wellbeing after engaging in Green Gym, with the greatest increases in those who had the lowest starting levels of wellbeing. Wellbeing increases were sustained on average 8.5 months and 13 months later in those providing a follow up measure (n = 92, n = 40, respectively). Attendees who continued to engage in Green Gym but not provide follow up data (n = 318, 35.7%) tended to be more deprived, female and self-report a health condition. Attendees who did not continue to engage in Green Gym (n = 321, 36.0%) tended to be less deprived and younger. These findings provide evidence of the wellbeing benefits of community nature-based activities and social ('green') prescribing initiatives and indicate that Green Gym targets some groups most in need.

Stevenson LD, Lucarelli J, Stewart SA, Acosta S, Yoakum B, Yoakum C. **Implementing a Produce Prescription Program in Partnership with a Community Coalition.** *Health Promotion Practice* March 2022. doi:10.1177/15248399221081406

Healthy eating reduces risk for chronic disease, but can be out of reach for many Americans experiencing food insecurity. Produce Prescription Programs (PPPs) have emerged as an intervention to address barriers related to fruit and vegetable consumption. Using a social prescribing model, PPPs connect patients with referrals to community resources to reduce barriers to healthy eating. There is evidence of success of PPPs at improving dietary intake, yet little discussion within the literature of practical aspects of implementation. As interest grows around establishing PPPs within communities, increased attention to strategic planning and implementation remains necessary to develop robust and effective programming. We describe implementing the Pontiac Prescription for Health pilot program, highlighting the participatory planning process with partners. Development and implementation included a program model, recruitment methods and materials, a voucher contract and tracking system with produce vendors, physical activity opportunities, culturally competent health education sessions, and evaluation tools. We offer insight into lessons learned and practical implications for future "on-the-ground" planning and implementation. Engaging in a rigorous participatory planning process with all community partners, allowing adequate time to establish service agreements and a voucher system with vendors, and engaging program participants in different ways and spaces throughout the community can enhance program success

Stuart A, Stevenson C, Koschate M, Cohen J, Levine M. **'Oh no, not a group!' The factors that lonely or isolated people report as barriers to joining groups for health and well-being.** *Br J Health Psychology* 2022; 27(1):179-193

**Objectives.** Belonging to groups can significantly affect people's health and well-being for the better ('the social cure') or worse ('the social curse'). Encouraging people to join groups is a central component of the Social Prescribing movement; however, not everyone who might benefit from Social Prescribing aspires to participating in groups. This study aims to identify what barriers are preventing people from experiencing the associated health and well-being benefits of group belonging. **Method.** Semi-structured interviews analysed using reflexive thematic analysis. Participants were 11 white British people (aged 48-86), 1 male and 10 female, recruited by a charity partner of a Social Prescribing project. **Results.** The themes derived from the interviews are as follows: (1) 'The dread, the fear of being in a group': When groups do not meet needs; (2) 'I can remember as quite a young child backing out of things': Accumulative barriers over the lifetime, and (3) 'I'm singing away and feeling terribly miserable': the challenges of fitting in with others in groups. The themes reflect how people can feel deterred from social interaction, which interferes with their ability to derive a sense of belonging or shared identity associated with the 'social cure'. **Conclusions.** A key challenge for Social Prescribing is to meet the social needs of people disinclined to join groups; groups can be detrimental to health and well-being if there are barriers to integration. Alternative ways of structuring groups or activities may be more effective and can still avail of the belonging and identity associated with 'the social cure'.

Sandhu S, Lian T, Drake C, Moffatt S, Wildman J, Wildman J. **Intervention components of link worker social prescribing programmes: A scoping review.** Health Social Care 1 Oct 2022; <https://doi.org/10.1111/hsc.14056>

In the United Kingdom (UK), link worker social prescribing has emerged as an option to improve long-term condition management and address primary care patients' non-medical needs by linking patients with community-based activities and support. Social prescribing is a complex, heterogenous intervention, and there is currently no taxonomy of components to guide its implementation and evaluation. This study aimed to identify and categorise the components of link worker social prescribing schemes in the United Kingdom. A scoping review of peer-reviewed literature was conducted. Six databases were used to identify papers that met inclusion criteria. Eligible articles were original research studies in the United Kingdom describing interventions that included (1) initial referral of adults with chronic physical health conditions and/or unmet social needs from primary care to a link worker or equivalent role, (2) consultation with a link worker or equivalent role and (3) referral to a community-based or government service. Of the 1078 articles identified, 32 met study eligibility criteria, representing 22 social prescribing schemes. We drew from the template for intervention description and replication (TIDieR) to identify, organise and report intervention components. We found wide variations in geography, target populations and intervention components such as activities and procedures conducted by primary care staff and link workers, organisational and staffing configurations and use of tools and financing approaches to facilitate adoption. Intervention components are summarised into a taxonomy to guide future research, policy and practice efforts in addition to supporting standardised intervention reporting.

Sandhu S, Alderwick H, Gottlieb LM. **Financing Approaches to Social Prescribing Programs in England and the United States.** Milbank Q 29 Mar 2022, DOI: 10.1111/1468-0009.12562.

Policy Points: The number of social prescribing practices, which aim to link patients with nonmedical services and supports to address patients' social needs, is increasing in both England and the United States. Traditional health care financing mechanisms were not designed to support social prescribing practices, and flexible payment approaches may not support their widespread adoption. Policymakers in both countries are shifting toward developing explicit financing streams for social prescribing programs. Consequently, we need an evaluation of them to assess their success in supporting both the acceptance of these programs and their impacts. Investment in community-based organizations and wider public services will likely be crucial to both the long-term effectiveness and the sustainability of social prescribing.

Tierney, S., Libert, S., Gorenberg, J. et al. **Tailoring cultural offers to meet the needs of older people during uncertain times: a rapid realist review.** BMC Med 2022; 20: 260. <https://doi.org/10.1186/s12916-022-02464-4>.

Background: Non-medical issues (e.g. loneliness, financial concerns, housing problems) can shape how people feel physically and psychologically. This has been emphasised during the Covid-19 pandemic, especially for older people. Social prescribing is proposed as a means of addressing non-medical issues, which can include drawing on support offered by the cultural sector. Method: A rapid realist review was conducted to explore how the cultural sector (in particular public/curated gardens, libraries and museums), as part of social prescribing, can support the holistic well-being of older people under conditions imposed by the pandemic. An initial programme theory was developed from our existing knowledge and discussions with cultural sector staff. It informed searches on databases and within the grey literature for relevant documents, which were screened against the review's inclusion criteria. Data were extracted from these documents to develop context-mechanism-outcome configurations (CMOCs). We used the CMOCs to refine our initial programme theory. Results: Data were extracted from 42 documents. CMOCs developed from these documents highlighted the importance of tailoring—shaping support available through the cultural sector to the needs and expectations of older people—through messaging, matching, monitoring and partnerships. Tailoring can help to secure benefits that older people may derive from engaging with a cultural offer—being distracted (absorbed in an activity) or psychologically held, making connections or transforming through self-growth. We explored the idea of tailoring in more detail by considering it in relation to Social Exchange Theory. Conclusions: Tailoring cultural offers to the variety of conditions and circumstances encountered in later life, and to changes in social circumstances (e.g. a global pandemic), is central to social prescribing for older people involving the cultural sector. Adaptations should be directed towards achieving key benefits for older people who have reported feeling lonely, anxious and unwell during the pandemic and recovery from it.

Tierney S, Potter C, Eccles K, Akinyemi O, Gorenberg J, Libert S, Wong G, Turk A, et al. **Social prescribing for older people and the role of the cultural sector during the COVID-19 pandemic: What are link workers' views and experiences?** Health Social Care 23 July 2022; <https://doi.org/10.1111/hsc.13949>

Older people's well-being can be bolstered by engaging with cultural activities and venues. They may be encouraged to try cultural offers by a link worker as part of social prescribing. However, the cultural sector, like all parts of life, was affected by the COVID-19 pandemic; this has had implications for cultural offers available to link workers. A study was conducted to explore the views and experiences of link workers in using the cultural sector within social prescribing, particularly for older people (aged 60+) during the pandemic. An online questionnaire was distributed to and completed by link workers in the UK. Data were analysed mainly using descriptive statistics. Open text responses were clustered into similar ideas to create key concepts. Useable responses were received from 148 link workers. They highlighted a general lack of interaction between link workers and the cultural sector about how the latter could support social prescribing. Results suggested that personal familiarity with cultural offers might prompt link workers to refer to them. Some respondents proposed that cultural offers were regarded as elitist, which deterred them from referring there. However, there was a general acknowledgement that the cultural sector could contribute to social prescribing. Link workers need to regard the cultural sector as accessible, appropriate, adequate, affordable and available before referring older people to cultural offers as part of social prescribing. Link workers may benefit from becoming more familiar with cultural sector staff and offers, including online resources, so they can then propose them to patients with confidence.

Tierney S, Mahtani KR, Wong G, Todd J, Roberts N, Akinyemi O, Howes S, Turk A. **The role of volunteering in supporting well-being - What might this mean for social prescribing? A best-fit framework synthesis of qualitative research.** *Health Soc Care Community.* 2022 Feb; 30(2):e325-e346. doi: 10.1111/hsc.13516.

Volunteering for an organisation, charity or group enables people to make connections with others and to be involved in interesting, worthwhile and/or enjoyable pursuits. Engaging in volunteering can form part of a social prescribing action plan developed between a patient and link worker. Greater understanding of the processes through which volunteering can improve people's well-being as part of social prescribing will help to support link workers in their role. We conducted a best-fit framework synthesis of qualitative literature on volunteering and well-being. Our search of eight electronic databases, complemented by a Google search, conducted in June 2020, resulted in the location of 2210 potentially relevant references. After screening, 335 papers were read in full and 54 drawn upon within the review. They were published between 1993 and 2020. We used the New Economics Foundation's Five Ways to Well-Being model to guide data extraction and synthesis. From this, we developed a conceptual framework that highlights how volunteering can contribute to identity validation and modification leading to the establishment of an acceptable sense of self. Our findings have implications for: (a) the use of volunteering as part of a link worker's toolkit as they seek to support people with varying psychosocial needs and (b) requirements of organisations accepting referrals to volunteering as part of social prescribing.

Turk A, Tierney S, Wong G, Todd J, Chatterjee HJ, Mahtani KR. **Self-growth, wellbeing and volunteering - Implications for social prescribing: A qualitative study.** *SSM Qualitative Research in Health* 2022; 2:100061, <https://doi.org/10.1016/j.ssmqr.2022.100061>

Volunteering - the giving of time and support, without expectation of payment, for the good of others, a community or organization - may bring about benefits to health and wellbeing. Formal volunteering may be considered as part of a social prescription to which link workers may refer patients. This paper explores the role that volunteering may play as part of social prescribing by considering the impact it can have on health and wellbeing and highlighting factors that link workers may need to consider when connecting patients to volunteering opportunities. We conducted interviews with 22 museum volunteers to explore how volunteering affected their physical and emotional wellbeing, and consider the potential consequences of these experiences for social prescribing. We analysed the interviews using thematic analysis to develop a descriptive model of how volunteering may influence health and wellbeing through encouraging self-growth. Our analysis highlights that volunteering can provide "enabling environments" and opportunities for "stretch" and can contribute to people's health and wellbeing by improving their "sense of self", "connection to others", and "sense of community". Our findings have implications for the use of volunteering as part of social prescribing and for volunteering organizations accepting social prescribing referrals to volunteering. These include the need to recognise the diverse needs of people receiving social prescribing and the need to tailor volunteering offers to these needs, as well as the need for link workers to be aware of the environments and support available to individuals at the volunteering organizations they are being referred to.

Tierney S, Potter C, Eccles K, Akinyemi O, Gorenberg J, Libert S, et al. **Social prescribing for older people and the role of the cultural sector during the COVID-19 pandemic: What are link workers' views and experiences?** *Health Soc Care Community.* 2022 Jul 23:10.1111/hsc.13949. doi: 10.1111/hsc.13949.

Older people's well-being can be bolstered by engaging with cultural activities and venues. They may be encouraged to try cultural offers by a link worker as part of social prescribing. However, the cultural sector, like all parts of life, was affected by the COVID-19 pandemic; this has had implications for cultural offers available to link workers. A study was

conducted to explore the views and experiences of link workers in using the cultural sector within social prescribing, particularly for older people (aged 60+) during the pandemic. An online questionnaire was distributed to and completed by link workers in the UK. Data were analysed mainly using descriptive statistics. Open text responses were clustered into similar ideas to create key concepts. Useable responses were received from 148 link workers. They highlighted a general lack of interaction between link workers and the cultural sector about how the latter could support social prescribing. Results suggested that personal familiarity with cultural offers might prompt link workers to refer to them. Some respondents proposed that cultural offers were regarded as elitist, which deterred them from referring there. However, there was a general acknowledgement that the cultural sector could contribute to social prescribing. Link workers need to regard the cultural sector as accessible, appropriate, adequate, affordable and available before referring older people to cultural offers as part of social prescribing. Link workers may benefit from becoming more familiar with cultural sector staff and offers, including online resources, so they can then propose them to patients with confidence.

Wakefield JRH, Kellezi B, Stevenson C, McNamara N, Bowe M, Wilson I, Halder MM, Mair E. **Social Prescribing as 'Social Cure': A longitudinal study of the health benefits of social connectedness within a Social Prescribing pathway.** *J Health Psychol.* 2022; 27(2):386-396. doi: [10.1177/1359105320944991](https://doi.org/10.1177/1359105320944991).

We examined whether the Social Cure (SC) perspective explains the efficacy of a Social Prescribing (SP) pathway which addresses healthcare needs through enhancing social connections. Data were collected at pathway entry from patients with long-term health conditions, or who felt isolated/lonely/anxious (N = 630), then again 4 months later (N = 178), and 6-9 months later (N = 63). Being on the pathway was associated with increased group memberships between T0 and T1. The relationship between increased group memberships and quality-of-life was serially mediated by belonging, support and loneliness. This study is the first to show SP enhances health/well-being via SC mechanisms.

Wallace S, Wallace C, Elliott M, Davies M, Pontin D. **Enhancing higher education student well-being through social prescribing: a realist evaluation protocol.** *BMJ Open* 2022 Mar 10; 12(3):e052860. doi: [10.1136/bmjopen-2021-052860](https://doi.org/10.1136/bmjopen-2021-052860).

Introduction: UK higher education (HE) student numbers are increasing and students report higher levels of mental health and well-being issues. Social prescribing links individuals to community-based, non-medical support. It is widely implemented throughout the UK, and is supported by the Welsh Government. This protocol presents an evaluation of a new social prescribing service to enhance student well-being, a first for UK HE students. Methods and analysis: A realist evaluation to articulate why, how and to what extent and circumstances social prescribing works for students, using a mixed-methods sequential design of four cycles. Cycle 1 informs the model and programme theory development of how the model works; activities include a Realist Review, Group Concept Mapping and producing bilingual short films about the evaluation and model. Cycle 2 involves secondary analysis of routine service data, and outcome measurements from students receiving a social prescription. Cycle 3 uses reflective diaries and qualitative realist interviews with stakeholders to understand the process and outcome of the model. Cycle 4 concludes with a world café workshop with stakeholders to agree and finalise the framework specification of 'how, why, when and to what extent' the model works. A meta-matrix construction will determine convergence, complementarity or discrepancy across the cycles. An advisory group of key stakeholders informs each cycle. Ethics and dissemination: University of South Wales Life Sciences and Education Ethics Committee and Wrexham Glyndwr University (WGU) Research Ethics Sub-Committee approved secondary data analysis of participant demographics (200 805LRL:USW, id441:WGU), outcome measurement tools (200 902LR:USW, id441:WGU) and qualitative data collection (200 804LR:USW, id449:WGU). The authors will publish findings in peer-reviewed journals, produce an evaluation report to the funder and a short film for dissemination via stakeholders, university networks, United Nations Regional Centre of Expertise in Wales, PRIME Centre Wales, Wales School for Social Prescribing Research, conferences and social media.

Westlake D, Elston J, Gude A, Gradinger F, Husk K, Asthana S. **Impact of COVID-19 on Social Prescribing Across an Integrated Care System: A Researcher in Residence study.** *Health Social Care* 30 Mar 2022; <https://doi.org/10.1111/hsc.13802>

Emerging evidence suggests that connecting people to non-medical activities in the community (social prescribing) may relieve pressure on services by promoting autonomy and resilience, thereby improving well-being and self-management of health. This way of working has a long history in the voluntary and community sector but has only recently been widely funded by the National Health Service (NHS) in England and implemented in Primary Care Networks (PCNs). The COVID-19 global pandemic coincided with this new service. There is wide variation in how social prescribing is implemented and scant evidence comparing different delivery models. As embedded researchers within an Integrated Care System in the Southwest of England, we examined the impact of COVID on the implementation of social prescribing in different employing organisations during the period March 2020 to April 2021. Data were collected from observations and field notes recorded during virtual interactions with over 80 social prescribing

practitioners and an online survey of 52 social prescribing practitioners and middle managers. We conceptualise social prescribing as a pathway comprising access, engagement and activities, facilitated by workforce and community assets and strategic partnerships. We found that these elements were all impacted by the pandemic, but to different degrees according to the way the service was contracted, whether referrals (access) and approach (engagement) were universal ('open') or targeted ('boundaried') and the extent to which practitioners' roles were protected or shifted towards immediate COVID-specific work. Social prescribers contracted in PCNs were more likely to operate an 'open' model, although boundaries were developing over time. We suggest the presence of an explicit, agreed delivery model (whether 'open' or 'boundaried') might create a more coherent approach less likely to result in practitioner role drift, whilst allowing flexibility to adjust to the pandemic and enhancing practitioner satisfaction and well-being. The potential consequences of different models are examined.

White C, Bell J, Reid M, Dyson J. **More than signposting: Findings from an evaluation of a social prescribing service.** *Health Social Care* August 2022; <https://doi.org/10.1111/hsc.13925>

This paper presents findings from an evaluation of a social prescribing service, undertaken between January 2019 and December 2020. Data was collected through interviews and focus groups with a range of groups including social prescribing managers, link workers (LWs), referrers (GPs and social work practitioners), clients, Voluntary and Community Sector (VCS) agencies and groups. Thematic analysis of data was undertaken, and findings were presented in respect of clients' journeys into social prescribing; the support received from LWs; their onward journeys to VCS support. The findings highlight the challenges for individuals in contacting new agencies/groups and the importance of practitioner referral into and onwards from social prescribing, as well as buddying to support clients on initial agency visits. The depth of the LW role is highlighted, as well as the complexity of client circumstances, highlighting a need for 'more than signposting', and challenging the notion of self-referral as an indicator of motivation. Social prescribing has been positioned as amongst the solutions to the challenges of primary care. However, referrals from GPs were low and significantly outnumbered by those from social workers; this suggests a need to explore in greater depth the use of social prescribing by social workers, who have, to date, been absent from social prescribing research.

Wood CJ, Polley M, Barton JL, Wicks CL. **Therapeutic community gardening as a green social prescription for mental ill-health: Impact, barriers, and facilitators from the perspective of multiple stakeholders.** *Int J Environ Res Public Health* 2022; 19(20):13612; <https://doi.org/10.3390/ijerph192013612>

The UK government has invested £5.77 million in green social prescribing to prevent and tackle mental ill-health. Therapeutic community gardening, one type of green social prescription, provides a range of health outcomes. However, for increased accessibility, a greater understanding of how it impacts mental health and the facilitators and barriers to referral, uptake, and attendance by individuals with mental health problems is required. We conducted and thematically analysed interviews with thirteen stakeholders including social prescribing link workers and garden staff; and focus groups with twenty garden members. The mechanisms by which therapeutic community gardening were suggested to impact mental health were by engaging members with nature and the outdoors, providing hope for the future and facilitating social support and relationships. Factors facilitating referral, uptake, and attendance included a holistic and person-centred approach, which is flexible around health needs. Barriers included awareness of the full offering of therapeutic community gardens and accessibility, in terms of physical location and waiting lists. Given that nature-based interventions have the potential to protect and enhance population health and offer cost savings through reduced reliance on other health services; overcoming these barriers is key to ensuring that therapeutic community gardening is more widely available as an additional mental health treatment

Wood CJ, Barton JL, Wicks CL. **The Impact of Therapeutic Community Gardening on the Wellbeing, Loneliness, and Life Satisfaction of Individuals with Mental Illness.** *Int J Environ Res Public Health*. 2022; 19(20):13166. <https://doi.org/10.3390/ijerph192013166>

Background: literature on the mental health benefits of therapeutic community gardening is not specific to individuals with mental illness and reports short-term outcomes. The impact of the coronavirus pandemic on intervention effectiveness is also unknown. This study examined the impact of therapeutic community gardening prior to and across the pandemic on the wellbeing of individuals referred for support with their mental illness. Methods: garden members (n = 53; male = 36, female = 17) aged 47.38 ± 13.09 years reported their wellbeing at baseline and four follow-up points (FU1–FU4) across the pandemic. Results: there was significant quadratic growth in wellbeing (−1.248; p < 0.001) that varied between genders (p = 0.021). At baseline, male wellbeing scores were significantly lower (p = 0.020) than the UK population norm, but there were no significant differences at any other follow-up point. Female wellbeing was significantly lower than the UK population norm at baseline (p < 0.001), FU1 (p = 0.012) and FU2 (p < 0.001), but not FU3 and FU4. Conclusion: therapeutic community gardening can improve and maintain the wellbeing of individuals with mental illness, even when wellbeing is deteriorating nationally. Future research should further demonstrate the long-term and cost-effectiveness of interventions.

Zisman-Ilani Y, Byrne L. **Shared Decision Making and Peer Support: New Directions for Research and Practice [Commentary]** *Psychiatry online* 27 Sep 2022; <https://doi.org/10.1176/appi.ps.20220407>

## 2021

Arab A, Christie GJ, Mansouri M, Ahmadzadeh M, Sixsmith A, Ester M, Moreno S. **Moderate-Intensity Physical Activity, Music and Art Activities Preserved Cognitive Health in Older Adults: An Argument for Social Prescribing Solution.** *Front Aging Neurosci.* 2021 Aug 16; 13:693791. doi: [10.3389/fnagi.2021.693791](https://doi.org/10.3389/fnagi.2021.693791).

Introduction: Rates of dementia are projected to increase over the coming years as global populations age. Without a treatment to slow the progression of dementia, many health policies are focusing on preventing dementia by slowing the rate of cognitive decline with age. However, it is unclear which lifestyle changes in old age meaningfully reduce the rate of cognitive decline associated with aging. Objectives: Use existing, multi-year longitudinal health data to determine if engagement in a variety of different lifestyle activities can slow the rate of cognitive decline as older adults age. Method: Data from the English Longitudinal Study of Aging was analyzed using a quasi-experimental, efficient matched-pair design inspired by the clinical trial methodology. Changes in short-term memory scores were assessed over a multi-year interval for groups who undertook one of 11 different lifestyle activities, compared to control groups matched across confounding socioeconomic and lifestyle factors. Results: Two factors, moderate-intensity physical activity and learning activities, resulted in significant positive impact on cognitive function. Conclusion: Our analysis brings cognitive benefit arguments in favor of two lifestyle activities, moderate-intensity physical activity and learning activities, while rejecting other factors advanced by the literature such as vigorous-intensity physical activity. Those findings justify and encourage the development of new lifestyle health programs by health authorities and bring forward the new health system solution, social prescribing.

Aggar C, Thomas T, Gordon C, Bloomfield J, Baker J. **Social Prescribing for Individuals Living with Mental Illness in an Australian Community Setting: A Pilot Study.** *Community Mental Health J.* 2021; 57(1):189-195. doi: [10.1007/s10597-020-00631-6](https://doi.org/10.1007/s10597-020-00631-6).

Social prescribing, also known as "community referral", is a means of referring individuals living in the community to existing local non-clinical health, welfare, and social support services. International evidence demonstrates that social prescribing improves biopsychosocial quality of life, and burden on health services. Australia's first social prescribing pilot program for individuals with mental illness (mood and psychotic spectrum disorders) was implemented in Sydney in 2016/2017; this study evaluates that program. Participants included 13 adults who were assessed at baseline and six-month follow-up. Outcomes included self-perceived quality of life, welfare needs, health status, loneliness, social participation, and economic participation. Results indicate significant improvements in quality of life and health status. This pilot program demonstrates that social prescribing may improve participant outcomes. It fits well within Australian health policy and funding models which focus on bolstering community care, and may be scalable, particularly in geographically isolated communities.

Baska A, Kurpas D, Kenkre J, Vidal-Alaball J, Petrazzuoli F, Dolan M, Śliż D, Robins J. **Social Prescribing and Lifestyle Medicine-A Remedy to Chronic Health Problems?** *Int J Environ Res Public Health.* 2021; 18(19):10096. doi: [10.3390/ijerph181910096](https://doi.org/10.3390/ijerph181910096). P

Social prescribing has been identified as a chance to take a holistic approach to people's health and wellbeing, especially for people with one or more long-term conditions. Its systemic implementation was a part of the recent United Kingdom National Health Service Long Term Plan. With a lifestyle medicine focus on equipping patients in tools necessary for self-care and self-management of their lifestyle-related health problems that coexists with the need for creating an environment supporting healthy choices, a social prescribing model seems to offer a promising strategy for advancing lifestyle medicine. This idea was discussed during a meeting hosted by the Polish Society of Lifestyle Medicine in collaboration with European Rural and Isolated Practitioners Association, Polish Society of Young Family Doctors ("Młodzi Lekarze Rodzinni"), British Society of Lifestyle Medicine and European Lifestyle Medicine Council in June 2020. The aftermath-this position statement is an Authors' attempt at summarizing the common ground for social prescribing and lifestyle medicine. It collects experiences of practitioners and researchers from five European countries as well as making recommendations for applying this model in Poland. Despite referring to local conditions, it might provide universal takeaway messages for any healthcare providers interested in combining social prescribing with lifestyle medicine practice.

Benson T, Seers H, Webb N, McMahon P. **Development of social contact and loneliness measures with validation in social prescribing.** *BMJ Open Qual.* 2021; 10(2):e001306. doi: [10.1136/bmjopen-2020-001306](https://doi.org/10.1136/bmjopen-2020-001306).

**Aims:** This paper describes two patient-reported measures of social contact and loneliness, which are closely related concepts. The first measure (R-Outcomes Social Contact measure) was developed from scratch, based on customer needs and literature review. It covers emotional and social aspects using positive terms. The second measure (R-Outcomes Loneliness measure) is adapted from the GSS Loneliness Harmonised Standard. Both measures are patient-reported outcome measures, based on patients' own perception of how they feel. **Method:** This development started in 2016 in response to customers' requests to measure social contact/loneliness for patients in social prescribing projects. Both measures are compared with three other loneliness measures (the GSS Loneliness Harmonised Standard, De Jong Gierveld and Campaign to End Loneliness). Both measures are short (36 and 21 words, respectively). Mean improvement is reported as a positive number on a 0-100 scale (where high is good). We tested the psychometric performance and construct validity of the R-Outcomes Social Contact measure using secondary analysis of anonymised data collected before and after social prescribing interventions in one part of Southern England. **Results:** In the validation study, 728 responses, collected during 2019-2020, were analysed. 90% were over 70 years old and 62% women. Cronbach's  $\alpha=0.76$ , which suggests that it is appropriate to use a single summary score. Mean Social Contact scores before and after social prescribing intervention were 59.9 (before) and 66.7 (after,  $p<0.001$ ). Exploratory factor analysis shows that measures for social contact, health status, health confidence, patient experience, personal well-being, medication adherence and social determinants of health are correlated but distinct factors. Construct validation shows that the results are consistent with nine hypotheses, based on the loneliness literature. **Conclusion:** The R-Outcomes Social Contact measure has good psychometric and construct validation results in a population referred to social prescribing. It is complementary to other R-Outcomes measures.

**Bhatti S, Rayner J, Pinto AD, Mulligan K, Cole DC. Using self-determination theory to understand the social prescribing process: a qualitative study. BJGP Open. 2021; 5(2):BJGPO.2020.0153. doi: 10.3399/BJGPO.2020.0153**

**Background:** Social prescribing (SP) assists patients to engage in social activities and connect to community supports as part of a holistic approach to primary care. **Rx:** Community was a SP project, which was implemented within 11 community health centres (CHCs) situated across Ontario, Canada. **Aim:** To explore how SP as a process facilitates positive outcomes for patients. **Design & setting:** Qualitative methods were used. Eighteen focus groups were conducted at CHCs or by videoconferencing and involved 88 patients. In addition, eight in-depth telephone interviews were undertaken. **Method:** Interviews and focus groups were transcribed verbatim and analysed thematically using a theoretical framework based on self-determination theory (SDT). **Results:** Participants who had received social prescriptions described SP as an empathetic process that respects their needs and interests. SP facilitated the patient's voice in their care, helped patients to develop skills in addressing needs important to them, and fostered trusting relationships with staff and other participants. Patients reported their social support networks were expanded, and they had improved mental health and ability in self-management of chronic conditions. Patients who became involved in SP as voluntary 'health champions' reported this was a positive experience and they gained a sense of purpose by giving back to their communities in ways that felt meaningful for them. **Conclusion:** SP produced positive outcomes for patients, and it fits well within the community health centre model of primary care. Future research should examine the impact on health outcomes and examine the return on investment of developing and implementing SP programmes.

**Bloch G, Rozmovits L. Implementing social interventions in primary care. CMAJ November 08, 2021; 193 (44) E1696-E1701; DOI: <https://doi.org/10.1503/cmaj.210229>**

#### KEY POINTS

- Primary care-based social interventions offer an important means to mitigate threats to individual and community health posed by adverse social conditions.
- Effective interventions include those that target individual-level determinants, connections with community resources, community-focused partnerships and structures within health teams that affect equity.
- Accumulating evidence points to the positive impacts of social interventions on broad markers of health; however, most research in this area has focused on implementation and process measures, rather than outcomes.
- Some interventions require large, interdisciplinary health care resources to implement, but many are accessible to small group practices or individual providers.

**Brown RCH, Mahtani K, Turk A, Tierney S. Social Prescribing in National Health Service Primary Care: What Are the Ethical Considerations? Milbank Q. 2021; 99(3):610-628. doi: 10.1111/1468-0009.12516**

**Policy Points** Social prescribing is proposed as a way of improving patients' health and well-being by attending to their non-clinical needs. This is done by connecting patients with community assets (typically voluntary or charitable organizations) that provide social and personal support. In the United Kingdom, social prescribing is used to improve

patient well-being and reduce use of National Health Service resources. Although social prescribing schemes hold promise, evidence of their effects and effectiveness is sparse. As more information on social prescribing is gathered, it will be important to consider the associated ethical issues for patients, clinicians, link workers, and community assets.

**Burman R, Wilson L. Growing our Greenspace-Polytunnels and Plots. Medical Science Pulse 2021 Suppl 15:55-56.**

**Background** The Covid-19 pandemic has highlighted the importance of being outdoors and accessing greenspace. Greenspace exposure can enhance all aspects of health (physical, mental and social) and has been associated with a greater psychological connection to the natural world, which encourages pro-environmental behaviour. **Aim** of the study To enhance an area of greenspace by the construction of three polytunnels which will deliver better outcomes for individuals health and wellbeing, deliver on public health priorities, provide opportunities to use greenspace in personalised care plans, drive forward NHS Orkney's sustainability agenda, promote Isles -based activity that supports green and inclusive exemplar practices and supports our ambitions as an anchor institution. **Methodology** The inclusive polytunnel facility will be constructed using durable and sustainable materials that supports local procurement. We will engage widely with staff, patients and the community across the rural Orkney Islands to promote the facility. Furthermore, positive discussions between staff and patients around using the facility in an individual's care plan will be encouraged. We intend to conduct qualitative interviews with users to evaluate its success and impact. **Results** The facility will provide a safe and inclusive greenspace area in hospital grounds. It will promote population health and wellbeing and aspires to help reduce health inequalities across Orkney. We intend to use the facility to provide opportunities for social prescribing initiatives or therapeutic treatment for NHS Orkney patients and the wider community. In addition, the project will contribute to reducing NHS Orkney's carbon footprint and educating users on the importance of the environment and its direct links to health. **Conclusions** In conclusion, this project will enhance a greenspace on the NHS Orkney estate and increase the potential for it to deliver better health and environmental outcomes to the rural population of Orkney. We anticipate the project will be a leading example to other health boards and rural European settings.

**Calderón-Larrañaga S, Milner Y, Clinch M, Greenhalgh T, Finer S. Tensions and opportunities in social prescribing. Developing a framework to facilitate its implementation and evaluation in primary care: a realist review. BJGP Open. 2021; BJGPO.2021.0017. doi: 10.3399/BJGPO.2021.0017**

**Background:** Social prescribing (SP) involves linking patients in primary care with services provided by the voluntary and community sector (VCS). Despite growing interest within NHS primary care, it remains unclear how and under what circumstances SP might contribute to good practice. **Aim:** To define 'good' practice in SP by identifying context-specific enablers and tensions. To contribute to the development of an evidence-based framework for theorising and evaluating SP within primary care. **Design & setting:** Realist review of secondary data from primary care-based SP schemes. **Method:** Academic articles and grey literature were searched for qualitative and quantitative evidence following the Realist And Meta-narrative Evidence Syntheses - Evolving Standards (RAMESES). Common SP practices were characterised in three settings (general practice, link workers, and community sector) using archetypes that ranged from best to worst practice. **Results:** A total of 140 studies were included for analysis. Resources were identified influencing the type and potential impact of SP practices and four dimensions were outlined in which opportunities for good practice arise: 1) individual characteristics (stakeholder's buy-in, vocation, and knowledge); 2) interpersonal relations (trustful, bidirectional, informed, supportive, and transparent and convenient interactions within and across sectors); 3) organisational contingencies (the availability of a predisposed practice culture, leadership, training opportunities, supervision, information governance, resource adequacy, accessibility, and continuity of care within organisations); and 4) policy structures (bottom-up and coherent policymaking, stable funding, and suitable monitoring strategies). Findings were synthesised in a multilevel, dynamic, and usable SP framework. **Conclusion:** The realist review and resulting framework revealed that SP is not inherently advantageous. Specific individual, interpersonal, organisational, and policy resources are needed to ensure SP best practice in primary care.

**Calderón Larrañaga S, Clinch M, Greenhalgh T, Finer S. Could social prescribing contribute to type 2 diabetes prevention in people at high risk? Protocol for a realist, multilevel, mixed methods review and evaluation. BMJ Open. 2021; 11(4):e042303. doi: 10.1136/bmjopen-2020-042303.**

**Introduction:** Social prescribing is an innovation being widely adopted within the UK National Health Service policy as a way of improving the management of people with long-term conditions, such as type 2 diabetes (T2D). It generally involves linking patients in primary care with non-medical community-based interventions. Despite widespread national support, evidence for the effectiveness of social prescribing is both insufficient and contested. In this study, we will investigate whether social prescribing can contribute to T2D prevention and, if so, when, how and in what circumstances it might best be introduced. **Methods and analysis:** We will draw on realist evaluation to investigate the

complex interpersonal, organisational, social and policy contexts in which social prescribing relevant to T2D prevention is implemented. We will set up a stakeholder group to advise us throughout the study, which will be conducted over three interconnected stages. In stage 1, we will undertake a realist review to synthesise the current evidence base for social prescribing. In stage 2, we will investigate how social prescribing relevant to people at high risk of T2D 'works' in a multiethnic, socioeconomically diverse community and any interactions with existing T2D prevention services using qualitative, quantitative and realist methods. In stage 3 and building on previous stages, we will synthesise a 'transferable framework' that will guide implementation and evaluation of social prescribing relevant to T2D prevention at scale. Ethics and dissemination: National Health Service ethics approval has been granted (reference 20/LO/0713). This project will potentially inform the adaptation of social prescribing services to better meet the needs of people at high risk of T2D in socioeconomically deprived areas. Findings may also be transferable to other long-term conditions. Dissemination will be undertaken as a continuous process, supported by the stakeholder group. Tailored outputs will target the following audiences: (1) service providers and commissioners; (2) people at high risk of T2D and community stakeholders; and (3) policy and strategic decision makers.

Camic PM, Dickens L, Zeilig H, Strohmaier S. **Subjective wellbeing in people living with dementia: exploring processes of multiple object handling sessions in a museum setting.** Wellcome Open Res. 2021; 6:96. doi: [10.12688/wellcomeopenres.16819.2](https://doi.org/10.12688/wellcomeopenres.16819.2).

Background: Dementia care guidance highlights the importance of supporting people living with dementia to access engaging and meaningful activities to promote their quality of life. There is a growing evidence base for the efficacy of heritage settings and arts-based interventions to provide social prescribing opportunities to help support wellbeing in this population. This study extended previous research and explored the potential processes underlying this effect in multiple small group object handling sessions in a museum setting. Methods: A mixed-methods design was used comprising a measure of subjective wellbeing and thematic analysis to explore in-the-moment session content across multiple sessions. Four people with dementia participated in three, one-hour group object handling sessions led by two facilitators. Results: Pre-post wellbeing scores showed increases after each session though this was largely not significant. Qualitative findings provided more compelling results, however, and identified four key themes: facilitating, interest in exploring objects, active participation, and group collaboration; interpretations were made around the dynamic interaction of themes and subthemes over the course of three sessions. Conclusions: This is the first study we are aware of that has taken an in-depth look at multiple museum-based group object handling sessions for people living with dementia. Findings offer ways to optimise object handling sessions for people with dementia by providing in-depth information about the processes involved across multiple object handling sessions facilitated by museum/heritage professionals in a museum setting. This has useful implications for community-based activities as part of dementia care planning and public health programming. The study contributes to a deeper understanding and elucidates the processes that enhance wellbeing for this population who participate in such sessions. It also helps to develop further theoretical understanding about why these types of activities are helpful in community-based dementia care. Limitations and implications for future research are discussed.

Chng NR, Hawkins K, Fitzpatrick B, O'Donnell C, MacKenzie M, Wyke S, Mercer S. **Implementing social prescribing in primary care in areas of high socioeconomic deprivation: process evaluation of the 'Deep End' community links worker programme.** Br J Gen Pract. 2021; BJGP.2020.1153. doi: [10.3399/BJGP.2020.1153](https://doi.org/10.3399/BJGP.2020.1153).

Background: Social prescribing involving primary care-based 'link workers' is a key UK health policy which aims to reduce health inequalities. However, the process of implementation of the link worker approach has received little attention despite this being central to desired impact and outcomes. Aim: Our objective was to explore the implementation process of such an approach in practice. Design and setting: Qualitative process evaluation of the 'Deep End' Links Worker Programme (LWP) over a two-year period, in seven general practices in deprived areas of Glasgow. Methods: We used thematic analysis to identify the extent of LWP integration in each practice and key factors associated with implementation. Analysis was informed by Normalisation Process Theory. Results: Only three of the seven practices fully integrated the LWP into routine practice within two years, based on NPT constructs of coherence, cognitive participation, and collective action. Compared to 'Partially Integrated Practices', 'Fully Integrated Practices' had better shared understanding of the programme among staff, higher staff engagement with LWP, and were implementing all aspects of LWP at patient, practice and community levels of intervention. Successful implementation was associated with GP buy-in, collaborative leadership, good team dynamics, link worker support, and the absence of competing innovations. Conclusions: Even in a well-resourced government funded programme, the majority of practices involved had not fully integrated the LWP within the first two years. Implementing social prescribing and link workers within primary care at scale is unlikely to be a 'quick fix' for mitigating health inequalities in deprived areas.

**Costa, A; Sousa, CJ; (...); Alarcao, V Effectiveness of Social Prescribing Programs in the Primary Health-Care Context: A Systematic Literature Review. SUSTAINABILITY Mar 2021; 13 (5)**

Social prescribing (SP) is an approach that promotes the use of local non-clinical activities by people. The referral is usually made by primary health-care professionals, in a process wherein local providers play a pivotal role. The main objective of this study was to identify domains of intervention and evidence about the effectiveness of SP programs regarding health-related outcomes. A systematic literature review was carried out following Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. A literature search was conducted in PubMed, CINHAL, and SCOPUS. Inclusion criteria of the reviewed papers were as follows: (i) effectiveness studies of interventions designated as SP or interventions entailing SP conceptual components; (ii) interventions with adults. Quality assessment was performed with the Cochrane tool for assessing risk of bias in randomized trials; an assessment tool developed by the US National Heart, Lung and Blood Institute was applied to observational studies. Overall, 13 articles were included for analysis, with a total of 4603 patients. Although three studies comprised a control group, only two followed a randomized controlled trials (RCT) design. Nine principal domains of intervention within SP were identified, with three categories of outcome measures: Physical and psychological wellbeing; Health behaviors and self-efficacy; and Health care resources and economic evaluation. SP is an emergent and promising health-care intervention, and it has been used to promote different health behaviors. Evidence of SP effectiveness on patient's health and wellbeing is not strong. Further research is needed for understanding how SP can be applied efficiently.

**Costa, A., Lopes, J., Sousa, C.J. et al. Developing a social prescribing local system in a European Mediterranean country: a feasibility study to promote active and healthy aging. BMC Health Serv Res 2021; 21, 1164. <https://doi.org/10.1186/s12913-021-07186-6>**

**Background:** Social Prescribing (SP) is an innovative strategy to respond to the non-clinical health needs of the population. A Social Prescribing Local System (SPLS) can be defined as a set of joined community, health, and social organizations to foster SP-oriented activities. This study aimed to develop and assess the feasibility of an SPLS implemented in a Mediterranean country, to promote health and wellbeing and contribute to active and healthy aging. **Methods:** A mixed-methods approach was followed, including three sequential components: 1) Cross-sectional online survey targeting health professionals (HP) working in a primary health care cluster, Portugal's southern region; 2) Pilot study implementing an on-the-job training program for HP, designed to meet identified training needs in the survey; 3) Focus group (FG) with the HP who participated in the pilot study, two individual interviews, with an elderly patient and a community provider for assessing the satisfaction with the pilot test. **Results:** Sixty-five HP completed the survey; of these, 13 completed the theoretical part of the on-the-job training program; and six (out of these 13) completed the full program. Five HP participated in the FG, one patient and one community provider were interviewed. The surveyed HP perceived as facilitators to implement SP: an automatic system of notifications to prompt the use of SP, contribute to patient satisfaction, human and community resources' stability. The survey also highlighted barriers to SP implementation: length of appointments, shortage of human resources, data records confidentiality, low patient adherence rates, bureaucratic issues, time constraints, and financial costs. Participants were satisfied with the training. Identified SPLS implementation benefits were grouped into four dimensions (from the qualitative approach): gains for patients' health and wellbeing, support for the health services, sustainability of the community resources, and HP' professional satisfaction. **Conclusions:** Our study took the first steps towards the implementation of an SPLS. Findings reinforce that training HP in SP and on-the-job training seems feasible. This approach was well received and appears to represent a suitable and sustainable strategy. It can promote professional satisfaction, support health services, contribute to the stability of community resources, improve health and promote active and healthy aging.

**Efstathopoulou L, Bungay H. Mental health and resilience: Arts on Prescription for children and young people in a school setting. Public Health. 2021; 198:196-199. doi: 10.1016/j.puhe.2021.07.021.**

**Objectives:** Arts on Prescription (AoP) programmes were among the first forms of social prescribing in the UK. Most of the studies of AoP programmes focus on adults and currently there is no published research on the impact of AoP on children and young people. This study investigates the impact of 10 weekly AoP workshops delivered in a school setting on the mental well-being and resilience of adolescents aged 13-16 years at risk of emotional or behavioural problems. **Study design:** The study design used is a longitudinal cohort study of an AoP programme implemented in 10 schools in the East of England. **Methods:** Changes in mental well-being and resilience of school children were assessed using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), and the True Resilience Scale applied pre- and post-intervention, with follow-up at 3 months. In total, 91 young people participated in the programme and 65 completed pre- and post-intervention measures. **Results:** Data from the WEMWBS and True Resilience Scale indicated that the AoP Programme had a positive impact on both well-being and resilience of participants with a statistically significant increase recorded immediately post-intervention. However, these improvements were not sustained upon

observation at 3-month follow-up. Conclusion: This article presents the first indication of the effectiveness of a programme of AoP workshops on the mental well-being and resilience of children and young people. It suggests the potential of AoP as a means of support the mental health and well-being of secondary school aged children.

Estevao, C; Fancourt, D; (...); Pariante, CM. **Scaling-up Health-Arts Programmes: the largest study in the world bringing arts-based mental health interventions into a national health service** BJPSYCH BULLETIN 2021; 45(1):32-39

The Scaling-up Health-Arts Programme: Implementation and Effectiveness Research (SHAPER) project is the world's largest hybrid study on the impact of the arts on mental health embedded into a national healthcare system. This programme, funded by the Wellcome Trust, aims to study the impact and the scalability of the arts as an intervention for mental health. The programme will be delivered by a team of clinicians, research scientists, charities, artists, patients and healthcare professionals in the UK's National Health Service (NHS) and the community, spanning academia, the NHS and the charity sector. SHAPER consists of three studies - Melodies for Mums, Dance for Parkinson's, and Stroke Odysseys - which will recruit over 800 participants, deliver the interventions and draw conclusions on their clinical impact, implementation effectiveness and cost-effectiveness. We hope that this work will inspire organisations and commissioners in the NHS and around the world to expand the remit of social prescribing to include evidence-based arts interventions.

Featherstone C, Sharpe RA, Axford N, Asthana S, Husk K. **Health and wellbeing outcomes and social prescribing pathways in community-based support for autistic adults: A systematic mapping review of reviews.** Health Soc Care Community. 2021 Nov 5. doi: 10.1111/hsc.13635.

Adults on the autism spectrum are affected by health disparities which significantly reduce life expectancy and experience barriers to accessing healthcare. Social prescribing is a holistic approach that diverts patients from primary care to health-enhancing activities in communities. However, there has been a lack of research attention to how autistic people navigate the social prescribing pathway and the ability of these approaches to address existing disparities. This mapping review aimed to synthesise features of non-medical, community-based interventions for autistic adults to assess their suitability for a social prescribing approach. A systematic search and screening process was used to identify literature reviews from medical databases (Embase, Medline, PsycINFO, CINAHL and Cochrane reviews) and grey literature. We extracted data from 24 reviews and 19 studies including types of services, participants, outcomes, settings and procedures. A narrative and visual synthesis is used to map the variety of services and interventions identified, the outcome measures used, and the barriers and facilitators to progression through services in relation to a realist social prescribing framework. The review found that there has been minimal evaluation of holistic, low intensity services for autistic adults, such as those offered in social prescribing approaches. Outcome measures remain focused on features of autism and reveal less about the effects of interventions on health and wellbeing. Aspects of the social prescribing model were identified in the features of service pathways, but findings also suggested how social prescribing could be adapted to improve accessibility for autistic people.

Fixsen A, Barrett S, Shimonovich M. **Weathering the storm: A qualitative study of social prescribing in urban and rural Scotland during the COVID-19 pandemic.** SAGE Open Med. 2021; 30;9: 20503121211029187. doi: 10.1177/20503121211029187.

Objectives: The non-clinical approach known as social prescribing aims to tackle multi-morbidity, reduce general practitioner (GP) workload and promote wellbeing by directing patients to community services. Usual in-person modes of delivery of social prescribing have been virtually impossible under social distancing rules. This study qualitatively examined and compared the responses of three social prescribing schemes in Scotland to the COVID-19 pandemic. Methods: We interviewed a theoretical sample of 23 stakeholders in urban and rural social prescribing schemes at the start of COVID-19 pandemic. Follow-up interviews with a representative sample were conducted around 10 months later. Interviewees included social prescribing coordinators (SPCs) GPs, managers, researchers and representatives of third sector organizations. Interview transcripts were analysed in stages and an inductive approach to coding was supported by NVivo. Results: Findings revealed a complex social prescribing landscape in Scotland with schemes funded, structured and delivering services in diverse ways. Across all schemes, working effectively during the pandemic and shifting to online delivery had been challenging and demanding; however, their priorities in response to the pandemic had differed. With GP time and services stretched to limits, GP practice-attached 'Link Workers' had taken on counselling and advocacy roles, sometimes for serious mental health cases. Community-based SPCs had mostly assumed a health education role, and those on the Western Isles of Scotland a digital support role. In both rural or urban areas, combatting loneliness and isolation - especially given social distancing - remained a pivotal aspect of the SPC role. Conclusion: This study highlights significant challenges and shifts in focus in social prescribing in response to the pandemic. The use of multiple digital technologies has assumed a central role in social prescribing,

and this situation seems likely to remain. With statutory and non-statutory services stretched to their limits, there is a danger of SPCs assuming new tasks without adequate training or support.

Foster A, Thompson J, Holding E, Ariss S, Mukuria C, Jacques R, Akparido R, Haywood A. **Impact of social prescribing to address loneliness: A mixed methods evaluation of a national social prescribing programme.** *Health Soc Care Community.* 2021; 29(5):1439-1449. doi: 10.1111/hsc.13200.

Loneliness is considered a global public health issue because of its detrimental impact on physical and mental health but little is known about which interventions can reduce loneliness. One potential intervention is social prescribing, where a link worker helps service-users to access appropriate support such as community activities and social groups. Some qualitative studies have identified that social prescribing may help to reduce service-users' loneliness. Given this, the British Red Cross (a third sector organisation) developed and delivered a national social prescribing service in the United Kingdom to support people who were experiencing, or at risk of, loneliness. Service-users could receive up to 12 weeks of support from a link worker. A mixed methods study was conducted to understand the impact of the support on loneliness, and to identify the facilitators and barriers to service delivery. The study included: (a) analysis of quantitative data collected routinely between May 2017 and December 2019 (n = 10,643) including pre-post analysis of UCLA data (n = 2,250) and matched comparator work to measure changes in loneliness; (b) semi-structured interviews with service-users, link workers and volunteers (n = 60) and (c) a Social Return on Investment Analysis. The majority of the service-users (72.6%, n = 1634/2250) felt less lonely after receiving support. The mean change in UCLA score was -1.84 (95% CI -1.91 to -1.77) of a maximum change of 6.00 (decrease indicates an improvement). Additional benefits included improved wellbeing, increased confidence and life having more purpose. The base case analysis estimated a social return on investment of £3.42 per £1 invested in the service. Having skilled link workers and support tailored to individual needs appeared key. However, challenges included utilising volunteers, meeting some service-users' needs in relation to signposting and sustaining improvements in loneliness. Nonetheless, the service appeared successful in supporting service-users experiencing loneliness.

Frostick C, Bertotti M. **The frontline of social prescribing - How do we ensure Link Workers can work safely and effectively within primary care?** *Chronic Illn.* 2021; 17(4):404-415. doi: 10.1177/1742395319882068.

Objective: To identify the training, skills and experience social prescribing Link Workers, working with patients presenting with long-term conditions, need to carry out their role safely and effectively within primary care services. Method: Qualitative data were collected from Link Workers as part of the evaluation of three social prescribing schemes. Interviews and focus groups were audio-recorded and transcribed. Results: Link Workers describe the complexity of the work and the need to define the boundaries of their role within existing services. Previous life and work experience were invaluable and empathy was seen as a key skill. A variety of training was valued with counselling skills felt to be most critical. Clinical supervision and support were felt to be essential to conduct the work safely. Discussion: Social prescribing is a significant theme within UK health policy and internationally and schemes in primary care services are common. Patient accounts consistently suggest that the Link Worker is key to the success of the pathway. Link Workers can facilitate positive behaviour change; however they must be recruited, trained and supported with a clear understanding of the demands of this complex role.

Gibson K, Pollard TM, Moffatt S. **Social prescribing and classed inequality: A journey of upward health mobility?** *Soc Sci Med.* 2021; 280:114037. doi: 10.1016/j.socscimed.2021.114037.

Social prescribing, characterised by a link worker connecting patients with local groups and services, is currently being widely implemented in the UK. Taking clients' experiences of a social prescribing intervention in the North of England between November 2019 and July 2020 as its focus, this paper employs ethnographic methods to explore the complex social contexts in which social prescribing is delivered. Building on Bourdieusian approaches to class, we concentrate on four case studies to offer a theoretically-grounded analysis which attends to the relationship between everyday contexts and the classed processes by which health capital may be accrued. By following clients' experiences and trajectories through shifting positions across time - often entailing moments of tension and disjuncture - we explore how processes of classed inequality relate to engagement in the social prescribing intervention. Our results show how structural contexts, and relatedly the possession of capital, shape clients' priorities to invest in the cultural health capital offered by the intervention. Importantly, while inequalities shaped participants' capacity to engage with the intervention, all participants recognised the value of the health capital on offer. We conclude by arguing that inequalities cannot be tackled through focusing on the individual in the delivery of personalised care and therefore offer a counter narrative to socio-political assumptions that social prescribing reduces health inequalities. Crucially, we argue that such assumptions wrongly presuppose that people are homogeneously disposed to engaging in their future health.

Giebel C, Rodgers S, Barr B, Collins B, Akpan A, Shenton J, Fuller E, Gabbay M. **Does Social Support Affect Older Adults' General Practitioner Attendance Rates? Findings from the North West Coast Household Health Survey.** *Clin Gerontol.* 2021; 44(4):381-391. doi: 10.1080/07317115.2020.1783044.

Objective: The aim of this study was to explore whether social support and socio-economic status have an effect on primary care attendance in older adults (aged 65+). Methods: This study used data from the longitudinal North West Coast (NWC) Household Health Survey (HHS) from across 20 disadvantaged and 8 less disadvantaged neighborhoods. Data included the EQ-5D, social support, frailty-related measures, healthcare utilization, and the Index of Multiple Deprivation (IMD). Principal component analysis was used to derive a factor for social support. Poisson regression analysis was employed to explore the effects of frailty, social support, General Practitioner (GP) distance, education, IMD, living situation, and depression on the number of GP attendances in the past 12 months. Results: 1,685 older adults were included in this analysis. Of those older adults who visited their GP (87.4%), most had visited their GP twice in the past 12 months. Having an educational qualification, higher levels of social support, and being physically fit reduced GP utilization. Being moderately frail, depressed, and living further away from the nearest GP increased attendance. Older adults living in the most disadvantaged neighborhoods were more likely to visit their GP. Conclusions: Increasing social support impacts to a small, but important, extent on reducing GP attendance in older adults. Future research needs to explore whether improving social support in old age can reduce GP utilization. Clinical implications: Findings suggest a need for improving social prescribing in older adults to reduce some GP visits which could be avoided and might not be necessary.

Giebel C, Morley N, Komuravelli A. **A socially prescribed community service for people living with dementia and family carers and its long-term effects on well-being.** *Health Soc Care Community.* 2021 Feb 2. doi: 10.1111/hsc.13297

Support services for people with dementia are variable depending on the area or town they live. People with dementia and family carers can often get very little support after a diagnosis. Services might not be suitable or they may not be aware of the service in the first place. The aim of this study was to evaluate a socially prescribed community service provided to people with dementia and family carers offering physical and mental activities. People with dementia and family carers were recruited from a community centre in the North West of England to complete in this study. Participants provided demographic information and completed the Short Warwick-Edinburgh Mental Well-Being Scale at baseline, and after 3 and 6 months. Postcode data were used to generate an Index of Multiple Deprivation score for information on participants' socioeconomic background. Data were analysed using paired samples t-tests to compare well-being scores between baseline and follow-up assessments. A total of 25 people with dementia (n = 14) and family carers (n = 11) participated in the service. Visits ranged from 1 to 36, with 22 and 15 participants completing the 3- and 6-month follow-up respectively. Some reasons for discontinuation were lack of transport and other commitments. Most participants lived in some of the most disadvantaged neighbourhoods. Compared to baseline, well-being was significantly higher at both follow-ups. This is one of the first studies reporting the benefits of a social prescribing service in dementia. Future implementation work needs to design an implementation plan so that the service can be implemented in other community centres across the country.

Halder MM, Wakefield JR, Bowe M, et al. **Evaluation and exploration of a social prescribing initiative: Study protocol.** *J Health Psychol.* 2021;26(3):345-356. doi: 10.1177/1359105318814160.

Attention is being given to healthcare initiatives with the potential to save money and improve lives. One example is social prescribing, which supports patients whose ill-health is exacerbated by loneliness. While evidence has accumulated attesting to social prescribing's efficacy, one limitation has been the lack of a theoretical framework, which limits understanding of how tackling loneliness improves health. In our evaluation of a social prescribing pathway, we adopt a 'Social Cure' approach, which posits that social relations affect health. Our study will evaluate the efficacy of the pathway and determine the extent to which group processes are responsible for health improvements.

Hanlon P, Gray CM, Chng NR, Mercer SW. **Does Self-Determination Theory help explain the impact of social prescribing? A qualitative analysis of patients' experiences of the Glasgow 'Deep-End' Community Links Worker Intervention.** *Chronic Illn.* 2021 Sep;17(3):173-188. doi: 10.1177/1742395319845427.

Objectives: The Links Worker Programme is a primary care-based social prescribing initiative in Glasgow, Scotland, targeting patients with complex needs in areas of high socioeconomic deprivation. The programme aims to improve wellbeing by connecting patients to appropriate community resources. This study explored the utility of Self-Determination Theory in understanding the reported impacts of the intervention. Methods: Thematic analysis of semi-structured interviews with 12 patients (34-64 years, six female) referred to Community Links Practitioners using Self-Determination Theory as a framework. Impact was assessed from participants' description of their personal

circumstances before and after interaction with the Community Links Practitioner. Results: Four patients described no overall change in daily life, two described slight improvement and six described moderate or major improvement. Improvers described satisfaction of the three psychological needs identified in Self-Determination Theory: relatedness, competence and autonomy. This often related to greater participation in community activities and sense of competence in social interaction. Patients who benefitted most described a change towards more intrinsic regulation of behaviour following the intervention. Conclusions: Understanding the impact of this social prescribing initiative was facilitated by analysis using Self-Determination Theory. Self-Determination Theory may therefore be a useful theoretical framework for the development and evaluation of new interventions in this setting.

[Hazeldine E, Gowan G, Wigglesworth R, Pollard J, Asthana S, Husk K. Link worker perspectives of early implementation of social prescribing: A 'Researcher-in-Residence' study. Health Soc Care Community. 2021; 29\(6\):1844-1851. doi: 10.1111/hsc.13295.](#)

Social prescribing (SP) is increasing in popularity in the UK and can enable healthcare providers to respond more effectively to a range of non-clinical needs. With the NHS commitment to establish an SP link worker in all GP practices, there is a rapid increase in the number of SP schemes across the country. There is currently insufficient evidence concerning the implementation and acceptability of SP schemes. In this paper, we report our analysis of the descriptions of the experiences of SP link workers, regarding the early implementation of SP link workers in two SP programmes in the South West. Data were gathered using the 'Researcher in Residence' (RiR) model, where the researcher was immersed in the environments in which the SP was managed and delivered. The RiR undertook conversations with 11 SP link workers, 2 SP link worker managers and 1 SP counsellor over six months. The RiR visited seven link workers at their GP practices (service 1) and four at their head office (service 2). The RiR met with the link worker managers at their offices, and the RiR spoke with the SP counsellor on the telephone. Data from these conversations were analysed using Thematic Analysis and six codes were constructed to advance our understanding of the components of early implementation of the SP programmes. Training (particularly around mental health), workforce support, location and SP champions within GP practices were found to be key strategies of SP implementation, link worker involvement acting as a conduit for the impacts of these strategies. This paper suggests that the implementation of SP programmes can be improved by addressing each of these areas, alongside allowing link workers the flexibility and authority to respond to challenges as they emerge.

[Hoffmeister LV, Nunes MF, Figueiredo CEM, Coelho A, Oliveira MFF, Massano P, Gama A, Aguiar P, Dias S. Evaluation of the Impact and Implementation of Social Prescribing in Primary Healthcare Units in Lisbon: A Mixed-Methods Study Protocol. Int J Integr Care. 2021; 21\(2\):26. doi: 10.5334/ijic.5592.](#)

Background: Social Prescribing (SP) is an intervention to link users of the primary healthcare services to non-clinical organizations based on the community to tackle social determinants of health. Despite the potential benefits of SP, the effectiveness of this complex intervention remains uncertain. This paper presents the study protocol of the evaluation of the first SP project in Portugal. Methods: A mixed-methods study will be conducted to evaluate the SP project. For the quantitative component, a longitudinal, prospective study with a pre-post design will be performed. Data on patients referred to SP will be collected in four different points in time throughout the intervention, using questionnaires on patients' health status and sociodemographic characteristics, and scales on patients' well-being, quality of life and activation. The secondary data will be collected using patients' medical records and SP's forms about the referral and social responses elaborated within the intervention. Semi-structured interviews with patients and focus groups with stakeholders will be conducted to assess experiences of participation and improvement suggestions on SP. Conclusion: Comprehensive and complementary evidence will provide insights and learning for the implementation of future SP interventions. This can contribute to inform policy and practice, and to increase investment in social prescribing interventions.

[Jensen, A and Bungay, H Swedish primary healthcare practitioners' perspectives on the impact of arts on prescription for patients and the wider society: a qualitative interview study. BMC Health Services Research 2021; 21 \(1\)](#)

Background There is growing evidence that participating in arts activities are beneficial for mental health and wellbeing. Many patients attending primary care services have mental ill-health or social issues that healthcare practitioners currently do not have adequate ways of supporting. This study set out to explore the perspectives of primary healthcare practitioners on Arts on Prescription (AoP) as an additional referral pathway. Methods A qualitative exploratory descriptive approach within an interpretive framework using semi-structured interviews was used to explore healthcare practitioners' perspectives and experiences of AoP programmes in Sweden. Ten interviews were conducted with healthcare practitioners in primary care. Data were analysed using an inductive thematic approach. Results The healthcare practitioners interviewed, recognised the need for more holistic approaches to care for those with mental health issues. They perceived that AoP is beneficial for patients in terms of motivation, creating

routines, providing social interactions, and increasing self-esteem. In addition, AoP was felt to have the potential to impact upon current service provision and wider society. However, whilst the opportunity to refer patients to AoP in conjunction with conventional treatments was valued, participants reported that time pressures on practitioners and the continuing dominance of the medical model of care were barriers to wider acceptance amongst practitioners at the present time. Conclusions AoP enabled primary healthcare practitioners to offer an additional pathway for patients that is an adjunct to the traditional care pathway. However, the programmes tend to be project-based and often time limited. For programmes to be sustainable and be included as part of a wider range of interventions available to healthcare practitioners' suitable levels of funding would be required.

[Johansson, E; Jonsson, F; \(...\); Nilsson, I Let's Try Social Prescribing in Sweden \(SPiS\) - an Interventional Project Targeting Loneliness among Older Adults Using a Model for Integrated Care: A Research Protocol. \*Int J Integrated Care\* 2021; 21 \(2\).](#)

**Introduction:** Loneliness and social isolation among older adults ( $\geq 65$ ) are an emerging issue of public concern, associated with increased morbidity and mortality. Today there is no systematic intervention developed, implemented or evaluated in Sweden addressing loneliness. The overall aim for this project is to develop, test and refine a person-centred Swedish model for social prescribing (SPiS), and to assess whether and how it reduces loneliness, promotes health and improves well-being among older adults. **Description:** The focus will be to develop, culturally adapt, evaluate and refine the SPiS model. Following the sequential structure of realist evaluation in three consecutive phases qualitative and quantitative data along with subsequent analysis methods will be collected and utilized. The project will provide knowledge of what works with the social prescribing model, for whom, in what conditions and why, in relation to loneliness, health and well-being among older adults. **Discussion:** SPiS has the unique position of providing initial knowledge regarding how to reduce loneliness in the Swedish context. However, evaluation is complex as this research goes beyond the unidimensional question "Is it working?". **Conclusion:** Developing, implementing and evaluating such a complex program needs systematic and close evaluation.

[Khan K, Ward F, Halliday E, Holt V. Public perspectives of social prescribing. \*Journal of Public Health\* 2021; fdab067, <https://doi.org/10.1093/pubmed/fdab067>](#)

**Background:** There is a strong national drive within the UK government and National Health Service for social prescribing. Previous research studies have mainly focused on service user perspectives and evaluating their experiences. There is limited evidence on how the general public perceive and understand what social prescribing is and how these views could influence service planning and delivery. This paper seeks to understand perceptions of social prescribing within the wider community. **Methods:** Semi-structured focus groups were conducted with 37 members of the public in four areas in north-west England. We explored public awareness and understanding of social prescribing. **Results:** Limited knowledge of the term social prescribing was found amongst participants as well as limited involvement in community discussions of the topic. Concerns were raised about the short-term nature of activities and the need for adequate resourcing to support continuity of service provision. The social prescribing link worker was considered to be important in supporting engagement with services and it was preferred this role was undertaken by people with local knowledge. **Conclusions:** The findings provide evidence of public perspectives on social prescribing and highlight how wider community perceptions can supplement service user feedback to support social prescribing service planning, commissioning and delivery.

[Kiely B, Clyne B, Boland F, O'Donnell P, Connolly D, O'Shea E, Smith SM. Link workers providing social prescribing and health and social care coordination for people with multimorbidity in socially deprived areas \(the LinkMM trial\): protocol for a pragmatic randomised controlled trial. \*BMJ Open\*. 2021; 11\(2\):e041809. doi: 10.1136/bmjopen-2020-041809.](#)

**Introduction:** Link workers are non-health or social care professionals based in primary care who support people to develop and achieve a personalised set of health and social goals by engaging with community resources. Link workers have been piloted in areas of deprivation, but there remains insufficient evidence to support their effectiveness. Multimorbidity is increasing in prevalence, but there are limited evidence-based interventions. This paper presents the protocol for a randomised controlled trial (RCT) that will test the effectiveness of link workers based in general practices in deprived areas in improving health outcomes for people with multimorbidity. **Methods and analysis:** The protocol presents the proposed pragmatic RCT, involving 10 general practitioner (GP) practices and 600 patients. Eligible participants will be community dwelling adults with multimorbidity ( $\geq$ two chronic conditions) identified as being suitable for referral to a practice-based link worker. Following baseline data collection, the patients will be randomised into intervention group that will meet the link worker over a 1-month period, or a 'wait list' control that

will receive usual GP care. Primary outcomes are health-related quality of life as assessed by EQ-5D-5L and mental health assessed by Hospital Anxiety and Depression Scale. Secondary outcomes are based on the core outcome set for multimorbidity. Data will be collected at baseline and on intervention completion at 1 month using questionnaires self-completed by participants and GP records. Parallel process and economic analyses will be conducted to explore participants' experiences and examine cost-effectiveness of the link worker intervention. Ethics and dissemination: Ethical approval has been granted by the Irish College of General Practitioners Ethics Committee. The findings will be published in peer-reviewed journals.

Kiely B, Connolly D, Clyne B, et al. **Primary care-based link workers providing social prescribing to improve health and social care outcomes for people with multimorbidity in socially deprived areas (the LinkMM trial): Pilot study for a pragmatic randomised controlled trial.** *Journal of Multimorbidity and Comorbidity*. January 2021. doi:10.1177/26335565211017781.

**Introduction:** Individuals with multimorbidity in deprived areas experience worse health outcomes and fragmented care. Research suggests that primary care-based link workers providing social prescribing have potential to improve health and well-being. This paper reports the results of a pilot study conducted in preparation for a randomised controlled trial (RCT) that aims to test the effectiveness of primary care-based link workers providing social prescribing in improving health outcomes for people with multimorbidity who attend general practices in deprived areas in Ireland. **Methods:** An uncontrolled pilot study of an intervention based on the Glasgow Deep End links worker programme, in a single general practice, tested the feasibility and acceptability of planned processes for a RCT. Outcomes were recruitment and retention rates and acceptability of the trial processes and intervention to patients, general practitioners (GPs) and the link worker. Structured interviews were conducted with six patients, the link worker and two GPs within the practice and analysed using descriptive qualitative analysis. Feedback from a Public Patient Involvement group and an Implementation Advisory Group of key stakeholders was incorporated into the evaluation process. **Results:** Twelve out of 14 patients completed the intervention. Selection and recruitment processes were lengthier than expected. GPs recommended including psychosocial need in the selection process. Interviewed patients, the GPs and the link worker were positive about the intervention. **Conclusion:** A range of adaptations were identified for the main trial, mainly considering psychosocial need in the selection process to reflect normal referral pathways. This has resulted in a pragmatic RCT design.

Kim JE, Lee YL, Chung MA, Yoon HJ, Shin DE, Choi JH, Lee S, Kim HK, Nam EW. **Effects of social prescribing pilot project for the elderly in rural area of South Korea during COVID-19 pandemic.** *Health Sci Rep*. 2021 Jul 1;4(3):e320. doi: 10.1002/hsr2.320.

**Background:** Older adults-classified as a high-risk group-are highly likely to experience increased loneliness due to the implementation of various policies designed to prevent the spread of COVID-19. Accordingly, this study aims to examine the effects of a pilot social prescribing project for elderly people in rural area of South Korea during the COVID-19 pandemic. **Methods:** Using the PRECEDE-PROCEED model, the effectiveness of the pilot project was verified through pre- and post-impact and outcome evaluation. **Results:** According to the results of the impact evaluation, loneliness reduced significantly, while the social participation attitude score increased. Although the average score of self-efficacy increased, it was not statistically significant. Moreover, it was found that self-esteem increased significantly. In the outcome evaluation, depression reduced considerably. **Conclusion:** To conclude, the pilot social prescribing project was effective in reducing depression and loneliness for the elderly in rural areas of Korea. It was also confirmed that there is potential to develop a new health promotion project that can improve the self-esteem of the elderly, and expand their social activities. Second, the pilot project was carried out in an integrated manner by utilizing resources in communities with good accessibility. Therefore, it is expected to be used as a new "Integrated community care model" to improve the mental health of the elderly in rural areas. Third, during the COVID-19 pandemic, the elderly tend to experience increasing feelings of depression, isolation, and loneliness due to "social distancing." Therefore, it is expected that social prescribing programs for the elderly in rural areas would become a new alternative for relieve mental disorder of the seniors.

Larranaga, SC; Clinch, M; (...); Finer, S **Could social prescribing contribute to type 2 diabetes prevention in people at high risk? Protocol for a realist, multilevel, mixed methods review and evaluation.** *BMJ OPEN* 2021; 11(4)

**Introduction** Social prescribing is an innovation being widely adopted within the UK National Health Service policy as a way of improving the management of people with long-term conditions, such as type 2 diabetes (T2D). It generally involves linking patients in primary care with non-medical community-based interventions. Despite widespread national support, evidence for the effectiveness of social prescribing is both insufficient and contested. In this study, we will investigate whether social prescribing can contribute to T2D prevention and, if so, when, how and in what

circumstances it might best be introduced. Methods and analysis We will draw on realist evaluation to investigate the complex interpersonal, organisational, social and policy contexts in which social prescribing relevant to T2D prevention is implemented. We will set up a stakeholder group to advise us throughout the study, which will be conducted over three interconnected stages. In stage 1, we will undertake a realist review to synthesise the current evidence base for social prescribing. In stage 2, we will investigate how social prescribing relevant to people at high risk of T2D 'works' in a multiethnic, socioeconomically diverse community and any interactions with existing T2D prevention services using qualitative, quantitative and realist methods. In stage 3 and building on previous stages, we will synthesise a 'transferable framework' that will guide implementation and evaluation of social prescribing relevant to T2D prevention at scale. Ethics and dissemination National Health Service ethics approval has been granted (reference 20/LO/0713). This project will potentially inform the adaptation of social prescribing services to better meet the needs of people at high risk of T2D in socioeconomically deprived areas. Findings may also be transferable to other long-term conditions. Dissemination will be undertaken as a continuous process, supported by the stakeholder group. Tailored outputs will target the following audiences: (1) service providers and commissioners; (2) people at high risk of T2D and community stakeholders; and (3) policy and strategic decision makers. PROSPERO registration number CRD42020196259.

**Mahut ME, Fortune D. Social Prescribing and Therapeutic Recreation: Making the Connection. Therapeutic Recreation Journal 2021; 55(2): DOI: <https://doi.org/10.18666/TRJ-2021-V55-I2-10694>**

An increasing number of people are experiencing social isolation and loneliness and this trend is becoming cause for concern around the world. Considering that isolation and loneliness give rise to a number of health problems, it is essential to find innovative ways to address this issue. One such approach is to enhance experiences of belonging within communities. Social prescribing (SP) is a method that can promote belonging by connecting people to the social support they need. The purpose of this paper is to explore the potential relationship that can exist between therapeutic recreation (TR) and SP. As we explain, TR can complement SP efforts by ensuring people have access to inclusive, social leisure and recreation opportunities. In this sense, TR professionals are well positioned to be key players in SP processes. We contend that TR practice is best positioned to work in tangent with SP to nurture socially connected communities when it focuses on building community capacity, facilitates welcoming and inclusive leisure and recreation experiences that foster regular social interaction, and adopts principles of community development as part of a social justice model of practice.

**Patel S, Craigen G, Pinto da Costa M, Inkster B. Opportunities and Challenges for Digital Social Prescribing in Mental Health: Questionnaire Study. J Med Internet Res. 2021;23(3):e17438. doi: 10.2196/17438.**

Background: The concept of digital social prescription usually refers to social prescriptions that are facilitated by using technology. Tools that enable such digital social prescriptions may be beneficial in recommending nonmedical activities to people with mental illness. As these tools are still somewhat novel and emerging, little is known about their potential advantages and disadvantages. Objective: The objective of this study is to identify the potential opportunities and challenges that may arise from digital social prescriptions. Methods: We developed a qualitative questionnaire that was disseminated through social media (Facebook and Twitter). A purposive sample targeting digital mental health experts and nonexperts was approached. The questionnaire asked participants' views about digital social prescription; the core elements linked with a definition of digital social prescription; and the strengths, weaknesses, opportunities, and threats associated with digital social prescription. Results: Four core elements were recommended to define the concept of digital social prescription: digital, facilitate, user, and social. The main strength identified was the possibility to rapidly start using digital social prescription tools, which were perceived as cost-effective. The main weaknesses were their poor adherence and difficulties with using such tools. The main opportunities were an increased access to social prescription services and the prevention of serious mental illness. The main threats were certain groups being disadvantaged, patients being subject to unintended negative consequences, and issues relating to confidentiality and data protection. Conclusions: Although digital social prescriptions may be able to effectively augment the social prescriptions, a careful consideration of practical challenges and data ethics is imperative in the design and implementation of such technologies.

**Pescheny JV, Gunn LH, Pappas Y, Randhawa G. The impact of the Luton social prescribing programme on mental well-being: a quantitative before-and-after study. J Public Health 2021;43(1):e69-e76. doi: 10.1093/pubmed/fdz155.**

Background: Social prescribing programmes expand the range of options available to primary care health professionals to address patients' psychosocial needs, impacting on their health and well-being. The objective of this study was to assess the change in the mental well-being of service users after participation in the Luton social prescribing programme. Methods: Skew-normal (SN) regression was applied to analyse the change in mental well-being post-intervention (N = 63). The short Warwick-Edinburgh mental well-being scale was used as the outcome

measure. Results: The SN regression found a statistically significant change ( $P < 0.0001$ ) in the average difference score between baseline and post-intervention measures. However, the observed change does not appear to be of clinical relevance. No significant associations in mental well-being scores by gender, age or working status were found. Conclusion: Findings of this study indicate that social prescribing may have the potential to improve the mental well-being of service users. The study findings contribute to the sparse evidence base on social prescribing outcomes by socio-demographic characteristics of participants and highlight the importance of considering subgroup analysis in future research.

Polley M and Sabey A. **Rapid scoping review to understand the landscape of social prescribing in relation to physical activity.** Sheffield Hallam University Centre for Regional Economic and Social research, 2021. <https://www.shu.ac.uk/-/media/home/research/awrc/projects/social-prescribing/rapid-scoping-review-social-prescribing-physical-activity.pdf>

The aim of this project was to scope the academic and 'grey' literature to 'map the territory' and inform the researchers as to how social prescribing may influence physical activity. We further aimed to map the wider benefits of social prescribing and develop initial rough ideas about the mechanisms and required conditions to lead to positive outcomes. As the literature on social prescribing begins to build there is a consensus of findings of barriers and enablers that need considering in future research and design of social prescribing schemes. Much more research needs to be undertaken to understand the benefits and outcomes of social prescribing in relation to physical activity, to improve the external validity of such data and provide a stronger argument for association or attribution of effect.

Reinhardt GY, Vidovic D, Hammerton C. **Understanding loneliness: a systematic review of the impact of social prescribing initiatives on loneliness.** *Perspect Public Health.* 2021 Jul;141(4):204-213. doi: [10.1177/1757913920967040](https://doi.org/10.1177/1757913920967040).

Aims: The aim of this systematic literature review is to assess the impact of social prescribing (SP) programmes on loneliness among participants and the population. Methods: We followed Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to search EBSCOHost (CINAHL Complete, eBook Collection, E-Journals, MEDLINE with Full Text, Open Dissertations, PsycARTICLES, and PsycINFO), UK National Institute for Health and Care Excellence (NICE), Web of Science Core Collection, and grey literature. We included studies measuring the effectiveness and impact of SP programmes in terms of loneliness. We excluded systematic reviews and studies without evaluations. Due to the absence of confidence intervals and the low number of studies, we conduct no meta-analysis. Results: From 4415 unique citations, nine articles met the inclusion criteria. The studies do not use uniform measures or randomised samples. All nine studies report positive individual impacts; three report reductions in general practitioner (GP), A&E, social worker, or inpatient/outpatient services; and one shows that belonging to a group reduces loneliness and healthcare usage. Conclusion: The findings of this systematic review indicate that individuals and service providers view SP as a helpful tool to address loneliness. However, evidence variability and the small number of studies make it difficult to draw a conclusion on the extent of the impact and the pathways to achieving positive change. More research is needed into the impact of SP programmes on participants, populations, and communities in terms of loneliness, isolation, and connectedness, especially in light of the surge in SP activity as a key part of pandemic response.

Rhodes J, Bell S. **'It sounded a lot simpler on the job description': A qualitative study exploring the role of social prescribing link workers and their training and support needs.** *Health Soc Care Community.* 2021 Mar 24. doi: [10.1111/hsc.13358](https://doi.org/10.1111/hsc.13358).

Social prescribing is an increasingly popular approach to promoting health and well-being, by addressing the wider determinants of health such as physical inactivity, social isolation and financial insecurity. Social prescribing link workers (SPs) connect people to local, non-clinical services. As part of the NHS Long Term Plan, NHS England aims to recruit 1,000 SPs across England by 2021. Understanding the role of SPs, including challenging aspects of the role and the types of training and support needed by SPs is crucial to optimising the effectiveness of social prescribing. Semi-structured qualitative interviews were conducted with nine SPs from five NHS and voluntary sector organisations in London to explore the role of SPs and identify SP training and support needs. Interviews were analysed thematically and three key themes emerged for which SPs needed particular support: defining and promoting their role; supporting clients with complex needs and coping with the emotional demands of their role. SP perceptions of training and future training needs is presented as a fourth theme. Most SPs felt that the initial training received for their role did not prepare them for the most demanding aspects of their roles. The findings of this study support the assertion that the social prescribing link worker role is complex and challenging. SPs are required to have in-depth knowledge of local services, which is built over time and makes retention in the role of high importance. Steps have been taken to develop online resources to support SPs, however, there may be a need for more comprehensive training, especially

in mental health. SPs benefit from access to peer or one-to-one support to help them manage the emotional demands of the role and could benefit from the formation of local networks, especially for SPs working in isolation.

Roberts T, Lloydwin C, Pontin D, Williams M, Wallace C. **The role of social prescribers in Wales: a consensus methods study.** *Perspect Public Health.* 2021 Apr 15:1757913921990072. doi: [10.1177/1757913921990072](https://doi.org/10.1177/1757913921990072)

Aims: Social prescribing continues to grow and change across healthcare services in Wales; however, research of the day-to-day performance of social prescribers is limited. This study aimed to explore which roles are perceived to be the most important and frequently used by social prescribers in Wales and compare these results to reports in studies of services in other countries in order to support future role development and potential standardisation. Methods: This study used the Group Concept Mapping via the Concept Systems Global Max™ software to collect and analyse all data from both participants and literature. Results: There was a total of 101 statements generated (119 participants, 84 literature) ranging from generic interpersonal skills to specialised training (cognitive behavioural therapy). These statements were then sorted by conceptual similarity into seven clusters (Providing a Specialist Service, Working in a person-centred way, Skills, Connecting Clients with Community, Collaborative Working, Evaluating and post-programme duties, and Networking/Community). Statements were rated based on their perceived importance and frequency, with the 'Skills' cluster having the highest overall average and 'Providing a Specialist Service' having the lowest. Conclusions: Reports indicate that in general there is variation in the roles performed by individual participants in Wales; however, greater variation was observed between participants and literature suggesting geographical divergence in practice. In the top 12 highest rated statements for both frequency and importance, individualistic traits such as empathy and 'being a listener' are favoured over specialised methods such as cognitive behavioural therapy and behaviour change taxonomy. Results suggest that local need plays a part in the choices and performance of social prescribers and as such should be considered in future standardisation.

Scott J, Fidler G, Monk D, Flynn D, Heavey E. **Exploring the potential for social prescribing in pre-hospital emergency and urgent care: A qualitative study.** *Health Soc Care Community* 2021; 29(3):654-663. doi: [10.1111/hsc.13337](https://doi.org/10.1111/hsc.13337).

There is a sustained increase in demand for emergency and urgent care services in England. The NHS Long Term Plan aims to reduce the burden on emergency hospital services through changing how pre-hospital care operates, including increased delivery of urgent care. Given the recognised potential of social prescribing to address wider determinants of health and reduce costs in other settings, this study aimed to understand the role that social prescribing can play in pre-hospital emergency and urgent care from the perspectives of staff. Semi-structured interviews (n = 15) and a focus group (n = 3) were conducted with clinical staff (n = 14) and non-clinical health advisors (n = 4) from an English Ambulance Service covering emergency (999) and non-emergency (111) calls. Data were analysed using a pre-defined framework: awareness of social prescribing; potential cohorts suitable for social prescribing; and determinants of social prescribing. Awareness and knowledge of social prescribing was limited, though when social prescribing was explained to participants they almost universally recognised its benefits for their role. Social prescribing was considered to be most beneficial to those calling for reasons relating to mental health, loneliness or social isolation, in particular older people and frequent users of 999 and 111 services. Determinants of social prescribing were identified across the micro (patient and staff acceptability of social prescribing), meso (triage and referral pathways) and macro (commissioning and funding) levels of analysis. This is the first empirical study to explore social prescribing in pre-hospital emergency and urgent care services, which suggests that it has potential to improve quality of care at the point of people accessing these services. There is a pressing need to address the micro, macro and meso level determinants identified within this study, in order to support staff within pre-hospital emergency and urgent care services to socially prescribe.

Seed N, Osowicki J, Milenkovski S, Tayao D, Bond L, Thornton L, et al. **Social Prescribing in Practice: Implementation in the Australian Setting.** *Int J Integrated Care* 2021; 20(S1):58. DOI: <http://doi.org/10.5334/ijic.s4058>

Many patients, particularly those experiencing socioeconomic disadvantage, present to GP's with a range of issues that are non-medical, but which impact their health and wellbeing. Social prescribing is an integrated care approach that is designed to complement traditional health care by providing social prescriptions to assist people to address these issues and build their capacity to self-manage. The approach is widely implemented in the United Kingdom in General Practice. Early evaluation has shown these programs to have some benefit for patients. To date there has been little development of SP models in Australia. A test model of Social Prescribing is currently being trialled by IPC Health, in partnership with the Northwest Melbourne Primary Health Network (NWMPHN) and the Brimbank Collaboration (Brimbank City Council and Australian Health Policy Collaboration, Victoria University) IPC Health is a General Practice and community health centre in Melbourne's West. In this model, referrals from GPs, nurses and

Allied Health staff are made to a Community Linkworker, a new position, who works with the client to understand their needs and goals, and to develop a plan around these goals, and facilitate local sources of support. These support services may include but are not limited to local community groups, legal or financial services, group exercise classes or parenting support. Referrals may also come from service agencies and individuals in the community. The Linkworker maintains contact between the client and the GP to ensure consistent, and integrated care, rather than simply referring to external services. This trial project is comprised of three stages: research, testing and a full implementation at IPC Health Deer Park community health centre. The aim of the project is to develop the service pathways by understanding the client journey through referrers, Linkworkers and community partners, and to identify the most effective interventions and connections for relevant population groups. The project will be delivered to IPC Health patients in the testing phase and will then be expanded within the Brimbank area. Project Timeline: 01 July 2018 - 30 June 2020. To date the project has completed community asset mapping (identification and engagement of local community-based services) and has commenced direct client support. The testing phase will support the development of a sustainable model of care that will underpin the full implementation of the model for all patients who meet the inclusion criteria and wish to participate. It is anticipated that this project will test a model of social prescribing in an Australian setting which can be transferred to other regions. To date the project has established a strong partnership to support development of the pilot model and connections with community assets necessary to appropriately prescribe social and community connections and interventions. Early client engagement is beginning to shed light on the practical implementation of social prescribing. More will be known by November 2019. Lessons learned will focus on themes such as the development of service pathways, developing/updating internal processes to support Social Prescribing, and the client cohort, their needs and their journey through the service.

Shaikh M, Tymoszuk U, Williamon A, Miraldo M. **Socio-economic inequalities in arts engagement and depression among older adults in the United Kingdom: evidence from the English Longitudinal Study of Ageing.** *Public Health.* 2021; 198:307-314. doi: 10.1016/j.puhe.2021.07.044.

Objectives: Arts engagement has been positively linked with mental health and well-being; however, socio-economic inequalities may be prevalent in access to and uptake of arts engagement reflecting on inequalities in mental health. This study estimated socio-economic inequality and horizontal inequity (unfair inequality) in arts engagement and depression symptoms of older adults in England. Trends in inequality and inequity were measured over a period of ten years. Study design: This is a repeated cross-sectional study. Methods: In this analysis, we used data from six waves (waves 2 to 7) of the nationally representative English Longitudinal Study of Ageing. We estimated socio-economic inequality using concentration curves that plot the distribution of arts engagement and depression symptoms against the distribution of wealth. A concentration index was used to measure the magnitude of the inequality. Unfair inequality was then calculated for need-standardised arts engagement using a horizontal inequity index (HII). Results: The study sample included adults aged 50 years and older from waves 2 (2004/2005, n = 6620) to 7 (2014/2015, n = 3329). Engagement with cinema, galleries and theatre was pro-rich unequal, i.e. concentrated among the wealthier, but inequality in depression was pro-poor unequal, i.e. concentrated more among the less wealthy. While pro-rich inequality in arts engagement decreased from wave 2 (conc. index: 0.291, 95% confidence interval 0.27 to 0.31) to wave 7 (conc. index: 0.275, 95% confidence interval 0.24 to 0.30), pro-poor inequality in depression increased from wave 2 (conc. index: -0.164, 95% confidence interval -0.18 to -0.14) to wave 7 (conc. index: -0.189, 95% confidence interval -0.21 to -0.16). Depression-standardised arts engagement showed horizontal inequity that increased from wave 2 (HII: 0.455, 95% confidence interval 0.42 to 0.48) to wave 7 (HII: 0.464, 95% confidence interval 0.42 to 0.50). Conclusions: Our findings suggest that while socio-economic inequality in arts engagement might appear to have reduced over time, once arts engagement is standardised for need, inequality has actually worsened over time and can be interpreted as inequitable (unfair). Relying on need-unstandardised estimates of inequality might thus provide a false sense of achievement to policy makers and lead to improper social prescribing interventions being emplaced.

Spencer LH, Lynch M, Thomas G. **Developing a conversation about identifying community needs to embrace wellbeing through social prescribing interventions: a qualitative study.** *Lancet* 2021; 398(S82): DOI: [https://doi.org/10.1016/S0140-6736\(21\)02625-8](https://doi.org/10.1016/S0140-6736(21)02625-8)

Background: Previous evidence suggests that co-production and co-design are effective approaches to engage stakeholders in the development and implementation of social prescribing (SP) interventions within community settings. SP initiatives can be enhanced from the outset, by drawing on stakeholder knowledge to design services that improve health and wellbeing outcomes for community members. The aim of this qualitative study was to engage with the residents of the Nantlle Valley, a rural community in North West Wales, UK, to gather perceptions regarding the need for co-design, co-produced SP interventions to meet the wellbeing needs and requirements of the community. In line with the Well-being of Future Generations Act (Wales) 2015, the current study also aimed to gather knowledge that would shape the sustainable development of SP interventions creating positive wellbeing outcomes for the future. Methods: A purposeful, convenience sample (n=16 in total; 12 identified as female and four

identified as male) of community members (white British) who were residents of the Nantlle Valley were recruited by various means including emails and Facebook notices, and data were collected using focus groups. Drawing from the principles of citizen assembly deliberations and future design in developing sustainable strategies, a novel approach was applied to the focus groups. This included conducting two focus groups, the “Today Group” deliberated on the wellbeing of the community today, and the “Legacy Group” deliberated on the wellbeing of future generations in developing SP interventions. Ethical approval for this study was granted by Bangor University’s Healthcare and Medical Sciences Academic Ethics Committee (2020–16850) on 11th January 2021. Due to the COVID-19 pandemic restrictions, the participants were sent an electronic consent form to return before the focus group and their verbal consent were also recorded at the beginning of each focus group. Findings: The focus groups were conducted online between Feb 22, and Feb 25, 2021, due to social restrictions because of the COVID-19 pandemic. The results of the focus groups indicated a need for additional SP interventions. The Today Group discussions identified concerns such as a sense of self-enforced social exclusion among less economically privileged individuals living in the community, which has remained unaddressed for generations. The Legacy Group participants expressed views that community projects would be essential to sustaining communities for future generations in the Nantlle Valley. It was clear that unaddressed social and economic needs influencing the determinants of health had been made worse by a weakened economy due to the effects of the COVID-19 pandemic. Interpretation” Having a co-produced design approach might empower community members to take ownership of their own community in terms of generating solidarity by having health and social services together in one wellbeing hub. The long-term thinking approach could lead community members to feel they are the guardians of the future and are responsible for instilling a desire to preserve communal endeavours for sustainable, inclusive, and cohesive communities in the NV.

[Sumner RC, Crone DM, Hughes S, James DVB. Arts on prescription: observed changes in anxiety, depression, and well-being across referral cycles. Public Health 2021; 192:49-55. doi: 10.1016/j.puhe.2020.12.008.](#)

Objectives: Arts on prescription (AoP) interventions are part of mainstream social prescribing provision in primary health care. Whilst the body of evidence for AoP interventions has been developing, this has primarily focused on well-being. Study design: The present work is an observational longitudinal study on a community-based AoP social prescribing intervention in the South West UK. Method: The present study assessed changes in anxiety, depression, and well-being in a cohort of patients participating in up to two eight-week cycles of AoP. The sample consisted of 245 individuals referred into the programme from 2017 to 2019, with a sub-sample of participants (N = 110) with identifiable multimorbidity. Outcomes were measured pre- and post-intervention at both initial and re-referral. Results: Anxiety, depression, and well-being were all significantly improved after initial referral, re-referral, and overall from initial to post re-referral for this intervention in the whole sample and multimorbid sub-sample. Multivariate analyses revealed that no participant variables appeared to account for the variance in outcome change scores. Conclusion: The research provides further support for AoP interventions, finding associations with reduced anxiety and depression and increased well-being. Additionally, these outcomes are evidenced in those with multimorbidity, as well as across initial- and re-referral cycles.

[Thomas G, Lynch M, Spencer LH. A Systematic Review to Examine the Evidence in Developing Social Prescribing Interventions That Apply a Co-Productive, Co-Designed Approach to Improve Well-Being Outcomes in a Community Setting. Int J Environ Res Public Health 2021;18\(8\):3896. doi: 10.3390/ijerph18083896.](#)

This systematic review aims to investigate the evidence in applying a co-design, co-productive approach to develop social prescribing interventions. A growing body of evidence suggests that co-production and co-design are methods that can be applied to engage service users as knowledgeable assets who can contribute to developing sustainable health services. Applying the Preferred Reporting Items for Systemic Reviews and Meta-Analyses (PRISMA) guidelines, a systematic literature search was conducted. Peer-reviewed articles were sought using electronic databases, experts and grey literature. The review search concluded with eight observational studies. Quality appraisal methods were influenced by the Grades of Recommendation, Assessment, Development and Evaluation (GRADE) Framework approach. A narrative thematic synthesis of the results was conducted. The evidence suggests that a co-design and co-productive social prescribing can lead to positive well-being outcomes among communities. Barriers and facilitators of co-production and co-design approach were also highlighted within the evidence. The evidence within this review confirms that a co-production and co-design would be an effective approach to engage stakeholders in the development and implementation of a SP intervention within a community setting. The evidence also implies that SP initiatives can be enhanced from the outset, by drawing on stakeholder knowledge to design a service that improves health and well-being outcomes for community members.

Vidovic D, Reinhardt GY, Hammerton C. **Can Social Prescribing Foster Individual and Community Well-Being? A Systematic Review of the Evidence.** *Int J Environ Res Public Health* 2021; 18(10):5276. doi: [10.3390/ijerph18105276](https://doi.org/10.3390/ijerph18105276).

Social prescribing programmes (SP) are person-centred coaching schemes meant to help participants improve individual circumstances, thereby to reduce demand on health and social care. SP could be an innovative means to improve preventive and public health in the pursuit of universal financially sustainable healthcare. Given its potential, our systematic review assesses type, content, and quality of evidence available regarding SP effectiveness at the individual, system, and community levels. We examine the impact of SP on addressing loneliness, social isolation, well-being, and connectedness, as well as related concepts, which are not yet considered jointly in one study. Following PRISMA, we search: EBSCOHost (CINAHL Complete; eBook Collection; E-Journals; MEDLINE Full Text; Open Dissertations; PsycARTICLES; PsycINFO); Web of Science Core Collection; and UK National Institute for Health and Care Excellence. Excluding systematic reviews and articles without impact evaluations, we review 51 studies. Several studies do not distinguish between core concepts and/or provide information on the measures used to assess outcomes; exactly one peer-reviewed study presents a randomised controlled trial. If we wish to know the potential of social prescribing to lead to universal financially sustainable healthcare, we urge researchers and practitioners to standardise definitions and metrics, and to explore conceptual linkages between social prescribing and system/community outcomes.

Wallace C, Elliott M, Thomas S, et al. **Using consensus methods to develop a Social Prescribing Learning Needs Framework for practitioners in Wales.** *Perspect Public Health*. 2021; 141(3):136-148. doi: [10.1177/1757913919897946](https://doi.org/10.1177/1757913919897946).

**Aims:** Social prescribing is being widely implemented in Wales, but there is no consensus on the necessary learning, training and education needs for people delivering social prescribing. The purpose of the study was to develop an education and training needs conceptual framework for social prescribers in Wales, which could be used by commissioners and providers for the development of social prescribing curricula. **Methods:** This study used two consensus methods. First, Group Concept Mapping using Concept Systems Global Max™ software which identified the important and available learning needs of 18 (n = 18) geographically spread social prescribing practitioners. Second, a world café style workshop asked 85 (n = 85) social prescribers to identify when training and support would be most appropriate and valuable in developing their role and skills. **Results:** A Social Prescribing Learning Needs Framework was developed identifying important learning needs and their availability across a timeline from induction onwards. This was conceptualised from a group concept mapping cluster map and go-zone report. The map comprises five clusters of statements (compassion, interpersonal relationships, socioeconomic disadvantage, networking and monitoring data) from the original 120 statements of learning needs identified by participants. The Go-Zone report displayed how each learning need was rated by participants on scales of importance and availability. A large number of training needs (45%) that were identified as important, are not currently available to social prescribers. All training needs were placed within the first year of the social prescriber working timeline, with 39% placed in an induction period. **Conclusion:** The use of two different consensus methods enabled social prescribers geographically spread across Wales to engage with the study. The Social Prescribing Learning Needs Framework will be used to inform the commissioning and decommissioning of training for people delivering social prescribing in Wales.

Wildman J, Wildman JM. **Evaluation of a Community Health Worker Social Prescribing Program Among UK Patients with Type 2 Diabetes.** *JAMA Netw Open*. 2021 Sep 1;4(9):e2126236. doi: [10.1001/jamanetworkopen.2021.26236](https://doi.org/10.1001/jamanetworkopen.2021.26236).

**Importance:** Despite lacking robust evidence of effectiveness, health care systems in developed countries are funding holistic community health worker (CHW) social prescribing programs that address social needs and health behaviors as adjuncts to clinical care. **Objective:** To determine whether a UK National Health Service (NHS) CHW social prescribing program was associated with improved hemoglobin A1c (HbA1c) levels among patients with type 2 diabetes. **Design, setting, and participants:** This cohort study with difference-in-differences analysis was conducted among 8086 patients (4752 in the referral program, 3334 in the control group) in 24 NHS primary care practices in a city in North East England. Patients aged 40 to 74 years with a diagnosis of type 2 diabetes were observed for 8 years, from 2011 through 2019. The statistical analysis was conducted between June 1, 2019, and January 31, 2021. **Interventions:** A social prescribing program, launched in April 2015, enabling primary care staff to refer patients to CHW support to identify condition management and social needs goals and access voluntary and community sector support to address these goals. Intervention referral was only available in primary care practices in the city's west. The control group included patients in the city's east where referral was unavailable. **Main outcomes and measures:** HbA1c level, a marker of glycemic control. **Results:** A total of 8086 patients were included in the analysis (mean [SD] age, 57.8 [8.78] years; 3477 women [43%]; 6631 White patients [82%]). Mean (SD) baseline HbA1c levels were 7.56% (1.47%) in the referral program group and 7.44% (1.43%) in the control group. Following introduction of the social prescribing referral program, the referral group experienced an HbA1c reduction of -0.10 percentage points (95% CI, -

0.17 to -0.03 percentage points) compared with the control group. The association increased over time: after 3 years the estimated association was -0.14 percentage points (95% CI, -0.24 to -0.03 percentage points). The association was stronger for White patients compared with non-White patients (-0.15 percentage points [95% CI, -0.26 to -0.04 percentage points] after 3 years), those with fewer additional comorbidities (-0.16 percentage points [95% CI, -0.29 to -0.04 percentage points] after 3 years), and those living in the most socioeconomically deprived areas (-0.19 percentage points [95% CI, -0.32 to -0.07 percentage points] after 3 years). Conclusions and relevance: In this study of UK adults with type 2 diabetes, a social prescribing program with referral to CHWs targeting patients' social needs and health behaviors was associated with improved HbA1c levels, suggesting that holistic CHW interventions may help to reduce the public health burden of type 2 diabetes.

Wilkinson EK, Lees A, Weekes S, Duncan, G., Meads, G. and Tapson, K. **A collaborative, multi-sectoral approach to implementing a social prescribing initiative to alleviate social isolation and enhance well-being amongst older people.** *J Integrated Care* 2021; 29(1):37-47.

Purpose: In 2019, St Johns Winchester, a CQC-registered charity, launched the Hand in Hand (HiH) Service, a social prescribing (SP) initiative to alleviate social isolation/loneliness amongst older people via integration between primary care and the third sector. Arising from collaborative stakeholder reflection, this article explicates processes instigated to plan, implement and evaluate the HiH service which has been locally recognised as an exemplar of good practice. It aims to fill a gap in the literature which has hitherto lacked contextual description of the drivers, mechanisms and processes of SP schemes, leading to confusion over what constitutes SP and which models can work.

Design/methodology/approach: The article defines the context of, drivers for and collaborative process followed to implement and evaluate HiH and reflects on challenges, facilitators and key points for transferable learning. Early evaluation findings are presented. Findings: Key features underpinning the success of the pilot phase were: having clear referral pathways, working collaboratively with health and voluntary sector partners, building relationships based on trust, adherence to high-quality standards and governance, a well-trained team of volunteers and access to up-to-date information source. There remains a disparity between the urgent need for rigorous evaluation data and the resources available to produce it. Originality/value: The article offers a novel contribution for those planning SP at the level of practice and policy and for the developing field of SP evaluation.

Wood E, Ohlsen S, Fenton SJ, Connell J, Weich S. **Social prescribing for people with complex needs: a realist evaluation.** *BMC Fam Pract.* 2021; 22(1):53. doi: 10.1186/s12875-021-01407-x.

Background: Social Prescribing is increasingly popular, and several evaluations have shown positive results. However, Social Prescribing is an umbrella term that covers many different interventions. We aimed to test, develop and refine a programme theory explaining the underlying mechanisms operating in Social Prescribing to better enhance its effectiveness by allowing it to be targeted to those who will benefit most, when they will benefit most. Methods: We conducted a realist evaluation of a large Social Prescribing organisation in the North of England. Thirty-five interviews were conducted with stakeholders (clients attending Social Prescribing, Social Prescribing staff and general practice staff). Through an iterative process of analysis, a series of context-mechanism-outcome configurations were developed, refined and retested at a workshop of 15 stakeholders. The initial programme theory was refined, retested and 'applied' to wider theory. Results: Social Prescribing in this organisation was found to be only superficially similar to collaborative care. A complex web of contexts, mechanisms and outcomes for its clients are described. Key elements influencing outcomes described by stakeholders included social isolation and wider determinants of health; poor interagency communication for people with multiple needs. Successful Social Prescribing requires a non-stigmatising environment and person-centred care, and shares many features described by the asset-based theory of Salutogenesis. Conclusions: The Social Prescribing model studied is holistic and person-centred and as such enables those with a weak sense of coherence to strengthen this, access resistance resources, and move in a health promoting or salutogenic direction.

## 2020

Aggar C, Caruana T, Thomas T, Baker JR. **Social prescribing as an intervention for people with work-related injuries and psychosocial difficulties in Australia.** *Adv Health Behaviour* 2020; 3(1): DOI 10.25082/AHB.2020.01.001

Psychosocial interventions that encourage optimism and connectedness can promote workplace injury recovery and improve wellbeing. A mixed-methods evaluation of a twelve-week program for injured workers in Sydney, Australia, explored three research questions: if a social prescribing approach contributed to (1) increased social and economic participation, (2) improved psychological functioning and quality of life, and (3) decreased health service utilisation. Retrospective analysis of pre- and post-intervention data was undertaken, involving quantitative indicators of social, economic, and health status using validated psychosocial assessment tools (n = 175). These findings were augmented with data from the insurance regulator (n = 177) and insights from link worker documentation of participant activity (n

= 178), a program satisfaction survey (n = 167), and participant interviews (n = 44). The social prescribing program was associated with significant improvements in frequency and confidence in participating in social activities and returning to work, in all measures of biopsychosocial wellbeing, and in reducing health service use. Qualitative information identified a range of personal improvements, including greater self-awareness, social connections, and ability to cope with the effects of injury and employment loss. This is the first known Australian study to evaluate a social prescribing intervention for psychosocial rehabilitation for injured workers in Australia. These findings suggest that a social prescribing approach is effective, but further consideration of barriers, including workplace characteristics and procedural difficulties in accessing occupational rehabilitation services, is needed.

Aughterson H, Baxter L, Fancourt D. **Social prescribing for individuals with mental health problems: a qualitative study of barriers and enablers experienced by general practitioners.** *BMC Fam Pract.* 2020; 21(1):194. doi: 10.1186/s12875-020-01264-0.

**Background:** There is growing evidence for the use of social prescribing as a means to improve the mental health of patients. However, there are gaps in understanding the barriers and enablers faced by General Practitioners (GPs) when engaging in social prescribing for patients with mental health problems. **Methods:** This study uses a qualitative approach involving one-to-one interviews with GPs from across the UK. The COM-B model was used to elucidate barriers and enablers, and the Theoretical Domains Framework (TDF) and a Behaviour Change Theory and Techniques tool was used to identify interventions that could address these. **Results:** GPs recognised the utility of social prescribing in addressing the high levels of psychosocial need they saw in their patient population, and expressed the need to de-medicalise certain patient problems. GPs were driven by a desire to help patients, and so they benefited from regular positive feedback to reinforce the value of their social prescribing referrals. They also discussed the importance of developing more robust evidence on social prescribing, but acknowledged the challenges of conducting rigorous research in community settings. GPs lacked the capacity, and formal training, to effectively engage with community groups for patients with mental health problems. Link workers, when available to GPs, were of fundamental importance in bridging the gap between the GP and community. The formation of trusting relationships was crucial at different points of the social prescribing pathway, with patients needing to trust GPs in order for them to agree to see a link worker or attend a community activity, and GPs requiring a range of strong inter-personal skills in order to gain patients' trust and motivate them. **Conclusion:** This study elucidates the barriers and enablers to social prescribing for patients with mental health problems, from the perspectives of GPs. Recommended interventions include a more systematic feedback structure for GPs and more formal training around social prescribing and developing the relevant inter-personal skills. This study provides insight for GPs and other practice staff, commissioners, managers, providers and community groups, to help design and deliver future social prescribing services.

Bertotti M, Frostick C, Temirov O. **An evaluation of Social Prescribing in the London Borough of Redbridge: final evaluation report.** University East London 2020

Includes key findings and recommendations. Link to report:

<https://repository.uel.ac.uk/download/b166f8139440a6183a11e5756431965c13846b3c8716079c07ec309a5d258586/1290254/Final%20evaluation%20draft%20report%20Redbridge%20SP%20100920%20final.pdf>

Bertotti M, Temirov O. **Outcome and economic evaluation of City and Hackney Social Prescribing scheme. Report.** University East London 2020

*Key recommendation included: Strengthening longer term support to service users; consolidating the current opportunities offered by COVID-19; Training for Social Prescribing Link Workers; Commissioning further work that captures the impact of COVID-19.*

*Suggestions included:*

- *Post-referral follow up is strengthened to ensure a longer-term contact between Social Prescribing Link Worker and service user. One option may be to increase follow up from one to two contacts over two periods (e.g. three months and six months);*
- *In the future a 'hybrid' model could be considered where GP referrals are used alongside selecting specific target populations (e.g. low/moderate mental health problems, living alone, co-morbidities) from GP practice database systems. The inclusion of council databases and integration with GP practice data could also be considered as part of the wider social prescribing offer*
- *Appropriate consideration is given to specialised Social Prescribing Link Worker training and intelligence gathering from social prescribing nationally or internationally*
- *An evaluation of the impact of Covid-19 is undertaken by examining Family Action database of service users, conducting a range of retrospective case study interviews of service users, and focus groups with other stakeholders involved in the delivery of social prescribing*

Link to report:

[https://www.researchgate.net/profile/Marcello\\_Bertotti/publication/344192159\\_Outcome\\_and\\_economic\\_evaluation\\_of\\_City\\_and\\_Hackney\\_Social\\_Prescribing\\_scheme/links/5f5a3aee4585154dbbc549df/Outcome-and-economic-evaluation-of-City-and-Hackney-Social-Prescribing-scheme.pdf](https://www.researchgate.net/profile/Marcello_Bertotti/publication/344192159_Outcome_and_economic_evaluation_of_City_and_Hackney_Social_Prescribing_scheme/links/5f5a3aee4585154dbbc549df/Outcome-and-economic-evaluation-of-City-and-Hackney-Social-Prescribing-scheme.pdf)

Beyton P et al. **Bristol Ageing Better Community Navigators Service: final evaluation report of a social prescribing initiative addressing loneliness and social isolation amongst older people.**

<https://www.tnlcommunityfund.org.uk/media/insights/documents/Community-Navigators-Report2020-for-SCREEN.pdf>

Brown RCH, Mahtani K, Turk A, Tierney S. **Social Prescribing in National Health Service Primary Care: What Are the Ethical Considerations?** *Milbank Q.* 2021 Sep;99(3):610-628. doi: 10.1111/1468-0009.12516.

Policy Points Social prescribing is proposed as a way of improving patients' health and well-being by attending to their non-clinical needs. This is done by connecting patients with community assets (typically voluntary or charitable organizations) that provide social and personal support. In the United Kingdom, social prescribing is used to improve patient well-being and reduce use of National Health Service resources. Although social prescribing schemes hold promise, evidence of their effects and effectiveness is sparse. As more information on social prescribing is gathered, it will be important to consider the associated ethical issues for patients, clinicians, link workers, and community assets.

Collins B. **Social prescribing and NHS facilities. How could the NHS better use its facilities to support social prescribing, holistic care and community resilience?** King's Fund Nov 2020

List of key findings includes: The long-term objective should be to create healthy spaces, welcoming spaces where people feel a sense of belonging, connecting spaces which help to build relationships, and flexible spaces that can be adapted to different uses to support health and wellbeing.

Link: <https://www.property.nhs.uk/media/2890/the-kings-fund-report-social-prescribing-and-nhs-facilities.pdf>

Dayson C, Damm C. **Evaluation of the Rotherham Social Prescribing Service for Long Term Conditions. Project Report. Sheffield University 2020**

*The evaluation of the RSPS included hospital admissions and ED presentations. Overall, there was a small overall increase in the number and cost of RSPS patients' inpatient spells and accident and emergency attendances in the 12 months following referral but these masks a much more complex picture. When the data are explored in more detail our analysis suggests that the likelihood of an RSPS patient seeing a reduction in their secondary care utilisation in the 12 months following their referral is predominantly affected by two factors:*

- *How many times they accessed secondary in the previous 12 months, with the highest users seeing the biggest reductions.*
- *Age, with younger patients more likely to see a reduction than older patients.*

Link: <http://shura.shu.ac.uk/27312/2/eval-rotherham-social-prescribing-long-term-conditions-17-18.pdf>

Dayson C, Painter J, Bennett E. **Social prescribing for patients of secondary mental health services: emotional, psychological and social well-being outcomes.** *Journal of Public Mental Health* 28 Mar 2020; 19(4): <https://www.emerald.com/insight/content/doi/10.1108/JPMH-10-2019-0088/full/html#sec010>

Purpose: This paper aims to identify the well-being outcomes of a social prescribing model set within a secondary mental health service recovery pathway and understand the key characteristics of a social prescribing referral for producing these outcomes. Design/methodology/approach: A qualitative case study of one mental health social prescribing service with three nested case studies of social prescribing providers. Semi-structured interviews were undertaken with commissioners, providers and patients (n = 20) and analysed thematically. Findings: Social prescribing makes a positive contribution to emotional, psychological and social well-being for patients of secondary mental health services. A key enabling mechanism of the social prescribing model was the supportive discharge pathway which provided opportunities for sustained engagement in community activities, including participation in peer-to-peer support networks and volunteering. Research limitations/implications: More in-depth research is required to fully understand when, for whom and in what circumstances social prescribing is effective for patients of secondary mental health services. Practical implications: A supported social prescribing referral, embedded within a recovery focussed secondary mental health service pathway, offers a valuable accompaniment to traditional approaches. Current social prescribing policy is focussed on increasing the number of link workers in primary care, but

this study highlights the importance models embedded within secondary care and of funding VCSE organisations to receive referrals and provide pathways for long-term engagement, enabling positive outcomes to be sustained. Originality/value: Social prescribing is widely advocated in policy and practice but there are few examples of social prescribing models having been developed in secondary mental health services, and no published academic studies that everybody are aware of.

Esmene DS; Leyshon PC; Leyshon DM. **Beyond adherence to social prescriptions: How places, social acquaintances and stories help walking group members to thrive.** *Health & Place.* 64:102394, 2020 Jul.

Social prescribing (SP) is an increasingly popular means of enabling medical professionals to refer people to social activities. However, how individuals accommodate activity groups into their routines has been neglected by studies exploring SP. This paper uses qualitative approaches to explore how place and sociability influence the experiences of individuals with type-2 diabetes in a social prescription walking group. Using in-situ conversations and in-depth interviews, we demonstrate how place and sociability extends beyond a group via storytelling, and allows individuals to become part of a group. Understanding place, sociability and storytelling is critical in characterising the benefits of social prescription.

Fixsen A, Seers H, Polley M, Robins J. **Applying critical systems thinking to social prescribing: a relational model of stakeholder "buy-in".** *BMC Health Serv Res.* 2020;20(1):580. doi: 10.1186/s12913-020-05443-8.

Background: Social prescribing (SP) allows health professionals to refer primary care patients toward health and wellbeing interventions and activities in the local community. Now widely implemented across the UK and adopted in other nations, questions arise concerning the modelling of present and future schemes, including challenges to full engagement encountered by stakeholders, which lie beyond the scope of traditional evaluations. Critical Systems Thinking (CST) allows for holistic analysis of fields where multiple stakeholders hold diverse interests and unequal power. Methods: We use CST to (a) critically examine a developing rural social prescribing scheme from multiple stakeholder perspectives and (b) present a relational model for local social prescribing schemes. Our fieldwork included 24 in-depth interviews, regular planning meetings with key stakeholders, and discussions with those involved with national and international SP landscaping. A modified grounded theory approach was used for the analysis, and to consider the core elements of social prescribing sustainability. Results: Our study confirms that local social prescribing schemes must operate with numerous stakeholder interests in mind, seeking to address real life social complexity and offer integrated solutions to multifaceted issues. Three main areas are discussed: holistic vision and boundary judgments; barriers and facilitators; relational issues and "emotional buy in". Problems for staff include selecting suitable clients, feedback and technological issues and funding and evaluation pressures. Barriers for clients include health, transport and expense issues, also lack of prior information and GP involvement. Emotional "buy-in" emerged as essential for all stakeholders, but hard to sustain. Based on our findings we propose a positive relational model comprising shared vision, confidence and commitment; motivation and encouragement, support and wellbeing focus, collaborative relationships, communication and feedback, access to information /resources, learning in and from action, with emotional "buy-in" at its heart. Conclusion: Those implementing social prescribing in different localities inevitably face hard choices about what and whom to include. Research on the sustainability of social prescribing remains limited, studies are required to ascertain which "holistic" models of social prescribing work best for which communities, who are the main beneficiaries of these approaches and how "buy-in" is best sustained.

Fleming J; Bryce C; Parsons J; Wellington C; Dale J. **Engagement with and delivery of the 'parkrun practice initiative' in general practice: a mixed methods study.** *Br J General Practice.* 2020; 70(697): e573-e580.

BACKGROUND: The parkrun practice initiative, a joint collaboration between parkrun and the Royal College of General Practitioners, was launched to encourage general practices to improve the health and wellbeing of patients and staff through participating in local 5 km parkrun events. Why and how practices engage with the initiative is unknown. AIM: To investigate engagement with and delivery of the parkrun practice initiative in general practice. DESIGN AND SETTING: Mixed methods study conducted from April-July 2019 comprising an online survey of all registered parkrun practices, and interviews and a focus group with practice staff in the West Midlands. METHOD: The designated contacts at 780 registered parkrun practices were invited to complete an online survey. A purposive sample of parkrun practice staff and non-registered practice staff took part either in semi-structured interviews or a focus group, with transcripts analysed thematically. RESULTS: Of the total number of parkrun practices, 306 (39.2%) completed the survey. Sixteen practice staff (from nine parkrun practices and four non-registered practices) took part in either semi-structured interviews (n = 12) or a focus group (n = 4). Key motivators for becoming a parkrun practice were: to improve patient and staff health and wellbeing, and to become more engaged with the community and enhance practice image. Practices most commonly encouraged patients, carers, and staff to take part in parkrun and displayed parkrun flyers and posters. Challenges in implementing activities included lack of time (both personal and during consultations) and getting staff involved. Where staff did engage there were positive effects on morale and

participation. Non-registered practices were receptive to the initiative, but had apprehensions about the commitment involved. CONCLUSION: Practices were keen to improve patient and staff health. Addressing time constraints and staff support needs to be considered when implementing the initiative.

Foster A, Thompson J, Holding E, Ariss S, Mukuria C, Jacques R, Akparido R, Haywood A. **Impact of social prescribing to address loneliness: A mixed methods evaluation of a national social prescribing programme.** *Health Soc Care Community.* 2020 Oct 20. doi: 10.1111/hsc.13200.

Loneliness is considered a global public health issue because of its detrimental impact on physical and mental health but little is known about which interventions can reduce loneliness. One potential intervention is social prescribing, where a link worker helps service-users to access appropriate support such as community activities and social groups. Some qualitative studies have identified that social prescribing may help to reduce service-users' loneliness. Given this, the British Red Cross (a third sector organisation) developed and delivered a national social prescribing service in the United Kingdom to support people who were experiencing, or at risk of, loneliness. Service-users could receive up to 12 weeks of support from a link worker. A mixed methods study was conducted to understand the impact of the support on loneliness, and to identify the facilitators and barriers to service delivery. The study included: (a) analysis of quantitative data collected routinely between May 2017 and December 2019 (n = 10,643) including pre-post analysis of UCLA data (n = 2,250) and matched comparator work to measure changes in loneliness; (b) semi-structured interviews with service-users, link workers and volunteers (n = 60) and (c) a Social Return on Investment Analysis. The majority of the service-users (72.6%, n = 1634/2250) felt less lonely after receiving support. The mean change in UCLA score was -1.84 (95% CI -1.91 to -1.77) of a maximum change of 6.00 (decrease indicates an improvement). Additional benefits included improved wellbeing, increased confidence and life having more purpose. The base case analysis estimated a social return on investment of £3.42 per £1 invested in the service. Having skilled link workers and support tailored to individual needs appeared key. **However, challenges included utilising volunteers, meeting some service-users' needs in relation to signposting and sustaining improvements in loneliness. Nonetheless, the service appeared successful in supporting service-users experiencing loneliness.**

Golubinski V, Wild EM, Winter V, Schreyögg J. **Once is rarely enough: can social prescribing facilitate adherence to non-clinical community and voluntary sector health services? Empirical evidence from Germany.** *BMC Public Health* 2020; 20(1):1827. doi:10.1186/s12889-020-09927-4

Background: Non-clinical health interventions provided by the voluntary and community sector can improve patients' health and well-being and reduce pressure on primary and secondary care, but only if patients adhere to them. This study provides novel insights into the impact of doctor referrals to such services, known as social prescribing, on patients' adherence to them. Methods: Using a negative binomial model, we analysed electronic visitor records from a community health advice and navigation service in Germany between January 2018 and December 2019 to determine whether social prescribing was associated with greater adherence to the service (measured in terms of return visits) compared to patients who self-referred. We also explored whether this effect differed according to patient characteristics. Results: Based on 1734 observations, we found that social prescribing was significantly associated with a greater number of return visits compared to patient self-referrals ( $p < 0.05$ ). For patients who visited the service because of psychological concerns, the effect of social prescribing was lower. For all other patient characteristics, the effect remained unchanged, suggesting relevance to all other patient groups. Conclusions: The results of our study indicate that social prescribing may be an effective way to facilitate adherence to non-clinical community and voluntary sector health services. This knowledge is important for policy makers who are deciding whether to implement or expand upon social prescribing schemes.

Hamilton-West K, Milne A, Hotham S. **New horizons in supporting older people's health and wellbeing: is social prescribing a way forward?** *Age Ageing.* 2020; 49(3):319-326. doi: 10.1093/ageing/afaa016.

Older people's health and care needs are changing. Increasing numbers live with the combined effects of age-related chronic illness or disability, social isolation and/or poor mental health. Social prescribing has potential to benefit older people by helping those with social, emotional or practical needs to access relevant services and resources within the local community. However, researchers have highlighted limitations with the existing evidence-base, while clinicians express concerns about the quality of onward referral services, liability and upfront investment required. The current article provides a critical review of evidence on social prescribing, drawing on the RE-AIM Framework (Glasgow et al., 1999) to identify questions that will need to be addressed in order to inform both the design and delivery of services and the evolving research agenda around social prescribing. We emphasise the need for researchers and planners to work together to develop a more robust evidence-base, advancing understanding of the impacts of social prescribing (on individuals, services and communities), factors associated with variation in outcomes and strategies needed to implement effective and sustainable programmes. We also call on policymakers to recognise the need for investment in allied initiatives to address barriers to engagement in social prescribing programmes, provide targeted support for

carers and improve access to older adult mental health services. We conclude that social prescribing has potential to support older people's health and wellbeing, but this potential will only be realised through strategic alignment of research, local level implementation and national policy and investment.

Hassan SM, Giebel C, Morasae EK, Rotheram C, Mathieson V, Ward D, Reynolds V, Price A, Bristow K, Kullu C. **Social prescribing for people with mental health needs living in disadvantaged communities: the Life Rooms model.** *BMC Health Serv Res.* 2020 Jan 6;20(1):19. doi: 10.1186/s12913-019-4882-7.

Background: People live socially complex lives and have different health care needs influenced by socio-economic factors such as deprivation, unemployment, and poor housing. Lack of access to community based social care results in people seeking social support from health care services. This study explores the Life Rooms as a social prescribing model addressing the social determinants of mental health by providing support and access to resources in a local community setting. With an aim to identify key elements that contribute toward enhancing the effectiveness of the Life Rooms social prescribing approach. Methods: Data were obtained through six semi-structured focus groups with mental health service users from two locations in the North West of the UK. Postcode data was collected to generate an Index for Multiple Deprivation (IMD) score, to understand their socio-economic background. Data were analysed using thematic analysis. Results: A total of 18 participants took part in the study. The majority of participants came from disadvantaged backgrounds; 14 participants measuring 3 and below in terms of overall IMD scores and 9 participants belonged to the poorest decile (IMD score = 1). Participants reported on different elements of the Life Rooms which they found as an effective approach to care. Four main themes emerged from the data: 1) social belonging: being able to just 'be' 2) resourceful and accessible; 3) social inclusion and connectedness; and 4) moving forward: self-development and independence. Conclusion: Findings support the need and benefit social prescribing to improve mental health wellbeing and reduce the burden of mental illness.

Holding E, Thompson J, Foster A, Haywood A. **Connecting communities: A qualitative investigation of the challenges in delivering a national social prescribing service to reduce loneliness.** *Health Soc Care Community* 2020;28(5):1535-1543. doi:10.1111/hsc.12976

Loneliness is a global public health concern linked to a range of negative health outcomes (Cacioppo & Cacioppo, 2018. *The Lancet.* 391(10119), 426). Internationally, this has led to the development of a number of interventions, but these are rarely implemented or evaluated on a large scale. This paper is one of the first of its kind to describe elements of an evaluation of a large-scale national social prescribing scheme to reduce loneliness, deploying individual link workers to signpost people to community activities. Reporting on findings from interviews with staff (n = 25 of which 6 were repeat interviews) and volunteers (n = 9) between October 2017 and December 2018 in localities across the United Kingdom. We reflect on the complexities of the link worker role, the challenges of service delivery and the importance of community infrastructure. There was evidence that highly skilled link workers who had developed positive relationships with providers and service-users were key to the success of the intervention. As well as providing an effective liaison and signposting function, successful link workers tailored the national programme to local need to proactively address specific gaps in existing service provision. For social prescribing services to be successful and sustainable, commissioners must consider additional funding of community infrastructure.

Howarth M, Griffiths A, da Silva A, Green R. **Social prescribing: a 'natural' community-based solution.** *Br J Community Nurs.* 2020; 25(6):294-298. doi: 10.12968/bjcn.2020.25.6.294.

This paper discusses social prescribing as part of the wider NHS England universal personalised care model, and it describes how community nurses can engage with social prescribing systems to support community resilience. A case study based on the example of gardening, as a nature-based social prescription provided by the RHS Bridgewater Wellbeing Garden, is provided to illustrate the scope, reach and impact of non-medical, salutogenic approaches for community practitioners. The authors argue that social prescribing and, in particular, nature-based solutions, such as gardening, can be used as a non-medical asset-based approach by all health professionals working in the community as a way to promote health and wellbeing. They consider how the negative impact of social distancing resulting from COVID-19 restrictions could be diluted through collaboration between a holistic, social prescribing system and community staff. The paper presents a unique perspective on how community nurses can collaborate with link workers through social prescribing to help combat social isolation and anxiety and support resilience.

Howarth, M; Brettle, A; et al. **What is the evidence for the impact of gardens and gardening on health and well-being: a scoping review and evidence-based logic model to guide healthcare strategy decision making on the use of gardening approaches as a social prescription?** *BMJ Open* 2020; 10 (7).

Objective To systematically identify and describe studies that have evaluated the impact of gardens and gardening on health and well-being. A secondary objective was to use this evidence to build evidence-based logic models to guide

health strategy decision making about gardens and gardening as a non-medical, social prescription. Design Scoping review of the impact of gardens and gardening on health and well-being. Gardens include private spaces and those open to the public or part of hospitals, care homes, hospices or third sector organisations. Data sources A range of biomedical and health management journals was searched including Medline, CINAHL, Psycinfo, Web of Knowledge, ASSIA, Cochrane, Joanna Briggs, Greenfile, Environment Complete and a number of indicative websites were searched to locate context-specific data and grey literature. We searched from 1990 to November 2019. Eligibility criteria We included research studies (including systematic reviews) that assessed the effect, value or impact of any garden that met the gardening definition. Data extraction and synthesis Three reviewers jointly screened 50 records by titles and abstracts to ensure calibration. Each record title was screened independently by 2 out of 3 members of the project team and each abstract was screened by 1 member of a team of 3. Random checks on abstract and full-text screening were conducted by a fourth member of the team and any discrepancies were resolved through double-checking and discussion. Results From the 8896 papers located, a total of 77(\*) studies was included. Over 35 validated health, well-being and functional biometric outcome measures were reported. Interventions ranged from viewing gardens, taking part in gardening or undertaking therapeutic activities. The findings demonstrated links between gardens and improved mental well-being, increased physical activity and a reduction in social isolation enabling the development of 2 logic models. Conclusions Gardens and gardening can improve the health and well-being for people with a range of health and social needs. The benefits of gardens and gardening could be used as a 'social prescription' globally, for people with long-term conditions (LTCs). Our logic models provide an evidence-based illustration that can guide health strategy decision making about the referral of people with LTCs to socially prescribed, non-medical interventions involving gardens and gardening.

**Husk K, Blockley K, Lovell R, et al. What approaches to social prescribing work, for whom, and in what circumstances? A Realist Review. Health Social Care 2020; 28(2):309-324**

The use of non-medical referral, community referral or social prescribing interventions has been proposed as a cost-effective alternative to help those with long-term conditions manage their illness and improve health and well-being. However, the evidence base for social prescribing currently lags considerably behind practice. In this paper, we explore what is known about whether different methods of social prescribing referral and supported uptake do (or do not) work. Supported by an Expert Advisory Group, we conducted a realist review in two phases. The first identified evidence specifically relating to social prescribing in order to develop programme theories in the form of 'if-then' statements, articulating how social prescribing models are expected to work. In the second phase, we aimed to clarify these processes and include broader evidence to better explain the proposed mechanisms. The first phase resulted in 109 studies contributing to the synthesis, and the second phase 34. We generated 40 statements relating to organising principles of how the referral takes place (Enrolment), is accepted (Engagement), and completing an activity (Adherence). Six of these statements were prioritised using web-based nominal group technique by our Expert Group. Studies indicate that patients are more likely to enrol if they believe the social prescription will be of benefit, the referral is presented in an acceptable way that matches their needs and expectations, and concerns elicited and addressed appropriately by the referrer. Patients are more likely to engage if the activity is both accessible and transit to the first session supported. Adherence to activity programmes can be impacted through having an activity leader who is skilled and knowledgeable or through changes in the patient's conditions or symptoms. **However, the evidence base is not sufficiently developed methodologically for us to make any general inferences about effectiveness of particular models or approaches.**

**Jani A, Liyanage H, Hoang U, Moore L, Ferreira F, Yonova I, Tzortziou Brown V, de Lusignan S. Use and impact of social prescribing: a mixed-methods feasibility study protocol. BMJ Open. 2020 Sep 18; 10(9):e037681. doi: 10.1136/bmjopen-2020-037681.**

Introduction: Social prescribing aims to address social determinants of health, which account for 80%-90% of health outcomes, but the evidence base behind it is limited due to a lack of data linking social prescribing activity and outcomes. Methods and analysis: The objective of the quantitative component of this feasibility study is to identify the characteristics of individuals who receive social prescriptions and describe the use and estimate the impact of social prescribing; the latter will be done on a homeless subgroup. We will use the Oxford Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC) primary care sentinel network, whose general practices cover a population of over 4 000 000 patients. Social prescribing data will be extracted on all recorded patients for 5 years up to 31 January 2020. The objective for the qualitative component of the study is to explore approaches to understand the contextual factors that will have influenced our quantitative findings to identify mechanisms to encourage adoption of social prescribing in primary care while improving data quality. It will comprise up to three 90-120 minute advisory group meetings for six to eight participants. Participants will be recruited based on their experience of delivering primary care within Oxfordshire and Surrey. The advisory group outputs will be analysed using framework analysis and will be used to create a survey instrument consisting of statements that surveyees, who

will consist of primary care practitioners within the RCGP RSC, can agree or disagree with. Ethics and dissemination: All RCGP RSC data are pseudonymised at the point of data extraction. No personally identifiable data are required for this investigation. This protocol follows the Good Reporting of a Mixed Methods Study checklist. The study results will be published in a peer-reviewed journal and the dataset will be available to other researchers.

Jani A; Liyanage H; Okusi C; Sherlock J; Hoang U; Ferreira F; Yonova I; de Lusignan S. **Using an Ontology to Facilitate More Accurate Coding of Social Prescriptions Addressing Social Determinants of Health: Feasibility Study.** *J Medical Internet Research* 22(12):e23721, 2020 Dec 11.

**BACKGROUND:** National Health Service (NHS) England supports social prescribing in order to address social determinants of health, which account for approximately 80% of all health outcomes. Nevertheless, data on ongoing social prescribing activities are lacking. Although NHS England has attempted to overcome this problem by recommending 3 standardized primary care codes, these codes do not capture the social prescribing activity to a level of granularity that would allow for fair attribution of outcomes to social prescribing. **OBJECTIVE:** In this study, we explored whether an alternative approach to coding social prescribing activity, specifically through a social prescribing ontology, can be used to capture the social prescriptions used in primary care in greater detail. **METHODS:** The social prescribing ontology, implemented according to the Web Ontology Language, was designed to cover several key concepts encompassing social determinants of health. Readv2 and Clinical Terms Version 3 codes were identified using the NHS Terms Browser. The Royal College of General Practitioners Research Surveillance Centre, a sentinel network of over 1000 primary care practices across England covering a population of more than 4,000,000 registered patients, was used for data analyses for a defined period (ie, January 2011 to December 2019). **RESULTS:** In all, 668 codes capturing social prescriptions addressing different social determinants of health were identified for the social prescribing ontology. For the study period, social prescribing ontology codes were used 5,504,037 times by primary care practices of the Royal College of General Practitioners Research Surveillance Centre as compared to 29,606 instances of use of social prescribing codes, including NHS England's recommended codes. **CONCLUSIONS:** A social prescribing ontology provides a powerful alternative to the codes currently recommended by NHS England to capture detailed social prescribing activity in England. The more detailed information thus obtained will allow for explorations about whether outputs or outcomes of care delivery can be attributed to social prescriptions, which is essential for demonstrating the overall value that social prescribing can deliver to the NHS and health care systems.

Kiely B, Croke A, O'Shea E, Connolly D, Smith SM. **Effectiveness of link workers providing social prescribing on health outcomes and costs for adult patients in primary care and community settings. A protocol for a systematic review of the literature.** *HRB Open Res.* 2020; 2:21. doi: 10.12688/hrbopenres.12936.2.

**Introduction:** The use of link workers for social prescribing and health and social care coordination is increasing, but there is insufficient data to demonstrate their effectiveness or for whom they work best. Multimorbidity is increasing in prevalence and affects those living in deprived areas ten years earlier than affluent areas. This systematic review aims to examine the evidence for the effectiveness and costs of link workers in improving health outcomes. We will also look for evidence for the use of link workers specifically for people living with multimorbidity and in deprived areas. **Methods:** Databases of published and grey literature will be searched for randomised and non-randomised controlled trials examining use of link workers based in primary care for community dwelling adults compared to usual care. Primary outcomes will be health related quality of life and mental health. Data on costs will be extracted. Studies will be selected for inclusion by title and abstract review by two reviewers. A Preferred Reporting Items for Systematic Reviews (PRISMA) flow diagram will document the selection process. A standardised form will be used to extract data. Data quality will be assessed using the Cochrane Risk of Bias tool for randomised controlled trials, a narrative synthesis will be completed and the GRADE assessment tool used to comment on evidence quality. A meta-analysis of effect size of primary outcomes and subgroup analysis for multimorbidity and social deprivation will be performed if there are sufficient comparable data. **Conclusion:** This systematic review will give an important overview of the evidence for the use of link workers providing social prescribing and health and social care coordination in primary care. This will help inform intervention development and guide policy makers on whether these interventions are cost effective and which groups stand to benefit most.

Killbery Wilkinson E, Lees A, Weekes S, Duncan G, Meads G, Tapson K. **A collaborative, multi-sectoral approach to implementing a social prescribing initiative to alleviate social isolation and enhance well-being amongst older people.** *J Integrated Care* 11 June 2020, <https://www.emerald.com/insight/content/doi/10.1108/JICA-02-2020-0004/full/html>

**Purpose:** In 2019, St Johns Winchester, a CQC-registered charity, launched the Hand in Hand (HiH) Service, a social prescribing (SP) initiative to alleviate social isolation/loneliness amongst older people via integration between primary care and the third sector. Arising from collaborative stakeholder reflection, this article explicates processes instigated

to plan, implement and evaluate the HiH service which has been locally recognised as an exemplar of good practice. It aims to fill a gap in the literature which has hitherto lacked contextual description of the drivers, mechanisms and processes of SP schemes, leading to confusion over what constitutes SP and which models can work.

**Design/methodology/approach:** The article defines the context of, drivers for and collaborative process followed to implement and evaluate HiH and reflects on challenges, facilitators and key points for transferable learning. Early evaluation findings are presented. **Findings:** Key features underpinning the success of the pilot phase were: having clear referral pathways, working collaboratively with health and voluntary sector partners, building relationships based on trust, adherence to high-quality standards and governance, a well-trained team of volunteers and access to up-to-date information source. There remains a disparity between the urgent need for rigorous evaluation data and the resources available to produce it. **Originality/value:** The article offers a novel contribution for those planning SP at the level of practice and policy and for the developing field of SP evaluation.

**Mahase E. Social prescribing: is it working?** *BMJ* 2020; 368 doi: <https://doi.org/10.1136/bmj.m950>

*Results from the roll out of social prescribing across England look promising, with uptake increasing in general practice, but it must be given time to settle before the full effects can be seen, warns researcher Daisy Fancourt, who is evaluating the scheme for NHS England. Fancourt, associate professor of behavioural science and health at University College London, has been working to assess whether using link workers as a bridge between GPs and community services and activities is an effective way to deliver social prescribing.*

**McHale S, Pearsons A, Neubeck L, Hanson CL. Green Health Partnerships in Scotland; Pathways for Social Prescribing and Physical Activity Referral.** *Int J Environ Res Public Health.* 2020 Sep 18;17(18):6832. doi: [10.3390/ijerph17186832](https://doi.org/10.3390/ijerph17186832).

Increased exposure to green space has many health benefits. Scottish Green Health Partnerships (GHPs) have established green health referral pathways to enable community-based interventions to contribute to primary prevention and the maintenance of health for those with established disease. This qualitative study included focus groups and semi-structured telephone interviews with a range of professionals involved in strategic planning for and the development and provision of green health interventions (n = 55). We explored views about establishing GHPs. GHPs worked well, and green health was a good strategic fit with public health priorities. Interventions required embedding into core planning for health, local authority, social care and the third sector to ensure integration into non-medical prescribing models. There were concerns about sustainability and speed of change required for integration due to limited funding. Referral pathways were in the early development stages and intervention provision varied. Participants recognised challenges in addressing equity, developing green health messaging, volunteering capacity and providing evidence of success. Green health interventions have potential to integrate successfully with social prescribing and physical activity referral. Participants recommended GHPs engage political and health champions, embed green health in strategic planning, target mental health, develop simple, positively framed messaging, provide volunteer support and implement robust routine data collection to allow future examination of success.

**Morris D, Thomas P, Ridley J, Webber M. Community-Enhanced Social Prescribing: Integrating Community in Policy and Practice** *Int J Community Well-Being.* 2020; 1-17. doi:10.1007/s42413-020-00080-9

The NHS Plan is introducing social prescribing link workers into GP surgeries in England. The link workers connect people to non-health resources in the community and voluntary sector, with the aim of meeting individual needs beyond the capacity of the NHS. Social prescribing models focus on enhancing individual wellbeing, guided by the policy of universal personalised care. However, they largely neglect the capacity of communities to meet individual need, particularly in the wake of a decade of austerity. We propose a model of community enhanced social prescribing (CESP) which has the potential to improve both individual and community wellbeing. CESP combines two evidence-informed models – Connected Communities and Connecting People – to address both community capacity and individual need. CESP requires a literacy of community which recognises the importance of communities to individuals and the importance of engaging with, and investing in, communities. When fully implemented the theory of change for CESP is hypothesised to improve both individual and community wellbeing.

**Mulligan K, Bhatti S, Rayner J, Hsiung S. Social Prescribing: Creating Pathways Towards Better Health and Wellness.** *J Am Geriatr Soc.* 2020 Feb;68(2):426-428. doi: [10.1111/jgs.16249](https://doi.org/10.1111/jgs.16249).

**Mulligan, K., Hsiung, S., Bhatti, S., Rehel, J. & Rayner, J. Social Prescribing in Ontario: Final Report. Toronto: Alliance for Healthier Communities.** March 2020, [https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/rxcommunity\\_final\\_report\\_mar.pdf](https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/rxcommunity_final_report_mar.pdf)

Munoz S-A, Terje A, Bailey H. **Evaluating social prescribing**. Insight 55. Evidence summaries to support the social services in Scotland. 2020; <https://www.iriss.org.uk/resources/insights/evaluating-social-prescribing>

Orellana K; Manthorpe J; Tinker A. **Day centres for older people - attender characteristics, access routes and outcomes of regular attendance: findings of exploratory mixed methods case study research**. *BMC Geriatrics*. 20(1):158, 2020 05 04.

**BACKGROUND:** Social prescribing is encouraged to promote well-being, reduce isolation and loneliness. Traditional, generalist day centres for older people could be suggested by social prescribing, but little is known about their clientele or their outcomes. As part of a larger study of the role, outcomes and commissioning of generalist English day centres for older people, the characteristics of attenders at 4 day centres, their reasons for attendance and outcomes were explored. **METHODS:** This mixed-methods study used qualitative interviews and standardised tools within an embedded multiple-case study design. Semi-structured interviews with older day centre attenders (n = 23, 62% of eligible attenders) of 4 day centres in south-east England, recruited purposively to reflect organisational differences, were analysed. **RESULTS:** Participants reported non-elective withdrawal from socialisation following health or mobility decline, or losses. Apart from living arrangements and marital status, attenders' profiles differed between centres. Access had been mostly facilitated by others. Day centre attendance enhanced quality of life for this group of socially isolated people with mobility restrictions and at risk of declining independence and wellbeing. The positive impact on attenders' social participation and involvement and on meaningful occupation was significant (p-value < 0.001, 99% CI), with an average ASCOT gain score of 0.18. Ten outcome themes were identified. **CONCLUSION:** Outcomes of day centre attendance are those targeted by social care and health policy. Centres were communities that 'enabled' and offset loss or isolation, thus supporting ageing in place through wellbeing and contributed something unique to their attenders' lives. By monitoring attenders' health and wellbeing and providing practical support, information and facilitating access to other services, centres offered added value. Attendance needs to be set in the context of other social engagement and care provision which may not overlap or duplicate centre support. Professionals may wish to explore the benefits of social prescriptions to day centres but should map local centres' provision, engage with their organisers, and seek information on attenders, who may differ from those in this study.

Peschery JV, Randhawa G, Pappas Y. **The impact of social prescribing services on service users: a systematic review of the evidence**. *Eur J Public Health*. 2020;30(4):664-673. doi: 10.1093/eurpub/ckz078.

**Background:** Social prescribing initiatives are widely implemented in the UK National Health Service to integrate health and social care. Social prescribing is a service in primary care that links patients with non-medical needs to sources of support provided by the community and voluntary sector to help improve their health and wellbeing. Such programmes usually include navigators, who work with referred patients and issue onward referrals to sources of non-medical support. This systematic review aimed to assess the evidence of service user outcomes of social prescribing programmes based on primary care and involving navigators. **Methods:** We searched 11 databases, the grey literature, and the reference lists of relevant studies to identify the available evidence on the impact of social prescribing on service users. Searches were limited to literature written in English. No date restrictions were applied, and searches were conducted to June 2018. Findings were synthesized narratively, employing thematic analysis. The Mixed Methods Appraisal Tool Version 2011 was used to evaluate the methodological quality of included studies. **Results:** Sixteen studies met the inclusion criteria. The evidence base is mixed, some studies found improvements in health and wellbeing, health-related behaviours, self-concepts, feelings, social contacts and day-to-day functioning post-social prescribing, whereas others have not. The review also shows that the evaluation methodologies utilized were variable in quality. **Conclusion:** In order to assess the success of social prescribing services, more high quality and comparable evaluations need to be conducted in the future.

Pretty J; Barton J. **Nature-Based Interventions and Mind-Body Interventions: Saving Public Health Costs Whilst Increasing Life Satisfaction and Happiness**. *International Journal of Environmental Research & Public Health* 2020; 17(21).

A number of countries have begun to adopt prevention pays policies and practices to reduce pressure on health and social care systems. Most affluent countries have seen substantial increases in the incidence and costs of non-communicable diseases. The interest in social models for health has led to the growth in use of social prescribing and psychological therapies. At the same time, there has been growth in application of a variety of nature-based and mind-body interventions (NBIs and MBIs) aimed at improving health and longevity. We assess four NBI/MBI programmes (woodland therapy, therapeutic horticulture, ecotherapy/green care, and tai chi) on life satisfaction/happiness and costs of use of public services. These interventions produce rises in life satisfaction/happiness of 1.00 pts to 7.29 (n = 644; p < 0.001) (for courses or participation >50 h). These increases are greater than

many positive life events (e.g., marriage or a new child); few countries or cities see +1 pt increases over a decade. The net present economic benefits per person from reduced public service use are 830-31,520 (after 1 year) and 6450-11,980 (after 10 years). We conclude that NBIs and MBIs can play a role in helping to reduce the costs on health systems, while increasing the well-being of participants.

Robinson JM, Jorgensen A, Cameron R, Brindley P. **Let Nature Be Thy Medicine: A Socioecological Exploration of Green Prescribing in the UK.** *Int J Environ Res Public Health.* 2020;17(10):3460. doi: 10.3390/ijerph17103460.

Prescribing nature-based health interventions (green prescribing)-such as therapeutic horticulture or conservation activities-is an emerging transdisciplinary strategy focussed on reducing noncommunicable diseases. However, little is known about the practice of, and socioecological constraints/opportunities associated with, green prescribing in the UK. Furthermore, the distribution of green prescribing has yet to be comprehensively mapped. In this study, we conducted a socioecological exploration of green prescribing. We deployed online questionnaires to collect data from general practitioners (GPs) and nature-based organisations (NBOs) around the UK and conducted spatial analyses. Our results indicate that GPs and NBOs perceive and express some common and distinct constraints to green prescribing. This highlights the need to promote cross-disciplinary communication pathways. Greenspace presence and abundance within close proximity (100 and 250 m) to GP surgeries (but not greenness-as a proxy for vegetation cover) and NBO presence within 5 km were associated with higher levels of green prescribing provision. Lower levels of deprivation were associated with higher frequency of NBOs. This suggests that the availability of greenspaces and NBOs could be important for green prescribing provision, but there could be greater opportunities in less deprived areas. Important foci for future research should be to establish transdisciplinary collaborative pathways, efficient infrastructure management and a common vocabulary in green prescribing-with the overall aim of reducing inequalities and enhancing planetary health.

Roland M, Everington S, Marshall M. **Social Prescribing - Transforming the Relationship between Physicians and Their Patients.** *N Engl J Med.* 2020 Jul 9;383(2):97-99. doi: 10.1056/NEJMp1917060.

Savage RD, Stall NM, Rochon PA. **Looking Before We Leap: Building the Evidence for Social Prescribing for Lonely Older Adults.** *J Am Geriatr Soc.* 2020 Feb;68(2):429-431. doi: 10.1111/jgs.16251

Siette J, Berry H, Jorgensen M, et al. **Social Participation Among Older Adults Receiving Community Care Services.** *Journal of Applied Gerontology.* July 2020. doi:10.1177/0733464820938973

Aged care services have the potential to support social participation for the growing number of adults aging at home, but little is known about the types of social activities older adults in community care are engaged in. We used cluster analysis to examine the current profiles of social participation across seven domains in 1,114 older Australians, and chi-square analyses to explore between-group differences in social participation and sociodemographic and community care service use. Two distinct participation profiles were identified: (a) connected, capable, older rural women and (b) isolated, high-needs, urban-dwelling men. The first group had higher levels of engagement across six social participation domains compared with the second group. Social participation among older adults receiving community care services varies by gender, age, individual care needs, and geographical location. More targeted service provision at both the individual and community levels may assist older adults to access social participation opportunities.

Sumner RC, Crone DM, Baker C, Hughes S, Loughren EA, James DVB. **Factors associated with attendance, engagement and wellbeing change in an arts on prescription intervention.** *J Public Health* 2020; 42(1):e88-e95. doi: 10.1093/pubmed/fdz032.

Background: Arts on prescription interventions have grown in number in recent years with a corresponding evidence base in support. Despite the growth and presence of these interventions, there have been no evaluations to date as to what factors predict patient success within these referral schemes. Methods: Using the largest cohort of patient data to date in the field (N = 1297), we set out to understand those factors that are associated with attendance, programme engagement and wellbeing change of patients. Factors associated with these outcomes were assessed using three binary logistic regression models. Results: Baseline wellbeing was associated with each outcome, with higher baseline wellbeing being associated with attendance and engagement, and lower baseline wellbeing associated with positive wellbeing change. Additionally, deprivation was associated with attendance, with those from the median deprivation quintile being more likely to attend. Conclusions: The role of baseline wellbeing in each outcome of these analyses is the most critical associative factor. Whilst those that are lower in wellbeing have more to gain from these

interventions, they are also less likely to attend or engage, meaning they may need additional support in commencing these types of social prescribing interventions.

Thomson LJ, Morse N, Elsdon E, Chatterjee HJ. **Art, nature and mental health: assessing the biopsychosocial effects of a 'creative green prescription' museum programme involving horticulture, artmaking and collections.** *Perspect Public Health.* 2020; 140(5):277-285. doi: [10.1177/1757913920910443](https://doi.org/10.1177/1757913920910443).

**Aims:** To assess the biopsychosocial effects of participation in a unique, combined arts- and nature-based museum intervention, involving engagement with horticulture, artmaking and museum collections, on adult mental health service users. **Methods:** Adult mental health service users (total n = 46 across two phases) with an average age of 53 were referred through social prescribing by community partners (mental health nurse and via a day centre for disadvantaged and vulnerable adults) to a 10-week 'creative green prescription' programme held in Whitworth Park and the Whitworth Art Gallery. The study used an exploratory sequential mixed methods design comprising two phases - Phase 1 (September to December 2016): qualitative research investigating the views of participants (n = 26) through semi-structured interviews and diaries and Phase 2 (February to April 2018): quantitative research informed by Phase 1 analysing psychological wellbeing data from participants (n = 20) who completed the UCL Museum Wellbeing Measure pre-post programme. **Results:** Inductive thematic analysis of Phase 1 interview data revealed increased feelings of wellbeing brought about by improved self-esteem, decreased social isolation and the formation of communities of practice. Statistical analysis of pre-post quantitative measures in Phase 2 found a highly significant increase in psychological wellbeing. **Conclusion:** Creative green prescription programmes, using a combination of arts- and nature-based activities, present distinct synergistic benefits that have the potential to make a significant impact on the psychosocial wellbeing of adult mental health service users. Museums with parks and gardens should consider integrating programmes of outdoor and indoor collections-inspired creative activities permitting combined engagement with nature, art and wellbeing.

Tierney, S., Wong, G., Roberts, N. et al. **Supporting social prescribing in primary care by linking people to local assets: a realist review.** *BMC Med* 2020; 18, 49. <https://doi.org/10.1186/s12916-020-1510-7>

**Background:** Social prescribing is a way of addressing the 'non-medical' needs (e.g., loneliness, debt, housing problems) that can affect people's health and well-being. Connector schemes (e.g., delivered by care navigators or link workers) have become a key component to social prescribing's delivery. Those in this role support patients by either (a) signposting them to relevant local assets (e.g., groups, organisations, charities, activities, events) or (b) taking time to assist them in identifying and prioritising their 'non-medical' needs and connecting them to relevant local assets. To understand how such connector schemes work, for whom, why and in what circumstances, we conducted a realist review. **Method:** A search of electronic databases was supplemented with Google alerts and reference checking to locate grey literature. In addition, we sent a Freedom of Information request to all Clinical Commissioning Groups in England to identify any further evaluations of social prescribing connector schemes. Included studies were from the UK and focused on connector schemes for adult patients (18+ years) related to primary care. **Results:** Our searches resulted in 118 included documents, from which data were extracted to produce context-mechanism-outcome configurations (CMOCs). These CMOCs underpinned our emerging programme theory that centred on the essential role of 'buy-in' and connections. This was refined further by turning to existing theories on (a) social capital and (b) patient activation. **Conclusion:** Our realist review highlights how connector roles, especially link workers, represent a vehicle for accruing social capital (e.g., trust, sense of belonging, practical support). We propose that this then gives patients the confidence, motivation, connections, knowledge and skills to manage their own well-being, thereby reducing their reliance on GPs. We also emphasise within the programme theory situations that could result in unintended consequences (e.g. increased demand on GPs).

Wakefield JRH, Kellezi B, Stevenson C, McNamara N, Bowe M, Wilson I, Halder MM, Mair E. **Social Prescribing as 'Social Cure': A longitudinal study of the health benefits of social connectedness within a Social Prescribing pathway.** *J Health Psychol.* 2020 Jul 23:1359105320944991. doi: [10.1177/1359105320944991](https://doi.org/10.1177/1359105320944991).

We examined whether the Social Cure (SC) perspective explains the efficacy of a Social Prescribing (SP) pathway which addresses healthcare needs through enhancing social connections. Data were collected at pathway entry from patients with long-term health conditions, or who felt isolated/lonely/anxious (N = 630), then again 4 months later (N = 178), and 6-9 months later (N = 63). Being on the pathway was associated with increased group memberships between T0 and T1. The relationship between increased group memberships and quality-of-life was serially mediated by belonging, support and loneliness. This study is the first to show SP enhances health/well-being via SC mechanisms.

Wallace C, Elliott M, Thomas S, Davies-McIntosh E, Beese S, Roberts G, Ruddle N, Groves K, Rees S, Pontin D. **Using consensus methods to develop a Social Prescribing Learning Needs Framework for practitioners in Wales.** *Perspect Public Health.* 2020 Jan 28;1757913919897946. doi: [10.1177/1757913919897946](https://doi.org/10.1177/1757913919897946).

Aims: Social prescribing is being widely implemented in Wales, but there is no consensus on the necessary learning, training and education needs for people delivering social prescribing. The purpose of the study was to develop an education and training needs conceptual framework for social prescribers in Wales, which could be used by commissioners and providers for the development of social prescribing curricula. Methods: This study used two consensus methods. First, Group Concept Mapping using Concept Systems Global Max™ software which identified the important and available learning needs of 18 (n = 18) geographically spread social prescribing practitioners. Second, a world café style workshop asked 85 (n = 85) social prescribers to identify when training and support would be most appropriate and valuable in developing their role and skills. Results: A Social Prescribing Learning Needs Framework was developed identifying important learning needs and their availability across a timeline from induction onwards. This was conceptualised from a group concept mapping cluster map and go-zone report. The map comprises five clusters of statements (compassion, interpersonal relationships, socioeconomic disadvantage, networking and monitoring data) from the original 120 statements of learning needs identified by participants. The Go-Zone report displayed how each learning need was rated by participants on scales of importance and availability. A large number of training needs (45%) that were identified as important, are not currently available to social prescribers. All training needs were placed within the first year of the social prescriber working timeline, with 39% placed in an induction period. Conclusion: The use of two different consensus methods enabled social prescribers geographically spread across Wales to engage with the study. The Social Prescribing Learning Needs Framework will be used to inform the commissioning and decommissioning of training for people delivering social prescribing in Wales.

Ward A, Asif A, Cattermole R, Chima J, Ebbatson T, Mahi I, Richardson N, Sheikh H. **Social prescribing by students: the design and delivery of a social prescribing scheme by medical students in general practice.** *Educ Prim Care* 2020; 31(5):318-322. doi: [10.1080/14739879.2020.1799437](https://doi.org/10.1080/14739879.2020.1799437)

Background Social prescribing is a means of enabling primary care professionals to refer people to a range of local, non-clinical services. Medical students at a large GP surgery in Corby designed, implemented and led a social prescribing service for the practice's patients. Through the project students gained an understanding of social prescribing in an authentic setting. Methods During a 12 week GP placement students collated information on local organisations, charities and schemes into a social prescribing directory. A clinic was set up and a social prescribing protocol created to enable suitable patients to be referred to the service. Students educated staff and collected feedback on how the service should run. Patients referred to the service were seen by medical students, who identified suitable social prescribing opportunities. Follow up was arranged to encourage patient engagement with services. The student-led service has been successfully integrated with the work of the new PCN link worker. Outcome Medical students were able successfully identify social prescribing opportunities for patients referred to them in primary care. Experiential learning enabled them to develop an understanding of social prescribing and its place in healthcare. Discussion Medical students successfully designed and delivered a social prescribing intervention providing authentic educational experience in real-life clinical practice. The introduction of a Primary Care Network link worker enhanced this work and student input has continued in the ongoing service. It is hoped the scheme will be rolled out across the Primary Care curriculum in Leicester.

Wildman, J.M., Moffatt, S., Steer, M. et al. **Service-users' perspectives of link worker social prescribing: a qualitative follow-up study.** *BMC Public Health* 2019; 19: 98. <https://doi.org/10.1186/s12889-018-6349-x>

Background: Social prescribing enables health-care professionals to address non-medical causes of ill-health by harnessing the resources of the voluntary and community sectors in patient care. Although increasingly popular in the UK, evidence for the effectiveness of social prescribing is inconclusive and longer-term studies are needed. This study aimed to explore experiences of social prescribing among people with long-term conditions one to two years after their initial engagement with a social prescribing service. Methods: Qualitative methods comprising semi-structured follow-up interviews were conducted with 24 users of a link worker social prescribing service who had participated in an earlier study. Participants were aged between 40 and 74 years and were living in a socioeconomically-deprived area of North East England. Results: Participants reported reduced social isolation and improvements in their condition management and health-related behaviours. However, many participants had experienced setbacks, requiring continued support to overcome problems due to multi-morbidity, family circumstances and social, economic or cultural factors. Findings indicated that, in this sample of people facing complex health and socioeconomic issues, longer-term intervention and support was required. Features of the link

worker social prescribing intervention that were positively appraised by participants, included a highly personalised service to reflect individual goal setting priorities and a focus on gradual and holistic change dealing with issues beyond health. The important role of a strong and supportive relationship with an easily-accessible link worker in promoting sustained behaviour change highlights the importance of link worker continuity. A lack of suitable and accessible voluntary and community services for onward referral acted as a barrier to involvement for some participants. Conclusions: This study highlights issues of interest to commissioners and providers of social prescribing. Engagement with social prescribing for up to two years was examined and continued involvement was identified for those with complex issues, suggesting that a long-term intervention is required. The availability of onward referral services is an important consideration for social prescribing in a time of constrained public spending. From a research perspective, the range of improvements and their episodic nature suggest that the evaluation of social prescribing interventions requires both quantitative and qualitative data collected longitudinally.

Yannitell Reinhardt G, Vidovic D, Hammerton C. **Understanding Loneliness: A Systematic Review of the Impact of Social Prescribing Initiatives on Loneliness.** University of Essex June 2020  
[http://repository.essex.ac.uk/28754/5/PerspPublicHealth\\_SocialPrescribing-Loneliness.pdf](http://repository.essex.ac.uk/28754/5/PerspPublicHealth_SocialPrescribing-Loneliness.pdf)

Younan H-C, Junghans C, Harris M et al. **Maximising the impact of social prescribing on population health in the era of COVID-19.** J Royal Soc Med 2020; 113(10): 377-382,  
<https://doi.org/10.1177/0141076820947057>

*Examined the impact of different social prescribing schemes in England, from a population health perspective, that focus on individuals, communities or a combination of both.*

*Conclusion: The COVID-19 pandemic shows the importance of strong social support within the community to meet major public health challenges and presents an opportunity to rethink social prescribing nationally and globally. A household social prescribing model for the UK, as in Brazil, that embeds principles of universality, comprehensiveness, and integration is urgently needed to improve population health along with adequate community funding.*

## 2019

Benson T; Sladen J; Liles A; Potts HWW. **Personal Wellbeing Score (PWS)-a short version of ONS4: development and validation in social prescribing.** BMJ Open Quality 8(2):e000394, 2019.

Aims: Our aim was to develop a short generic measure of subjective well-being for routine use in patient-centred care and healthcare quality improvement alongside other patient-reported outcome and experience measures. Methods: The Personal Wellbeing Score (PWS) is based on the Office of National Statistics (ONS) four subjective well-being questions (ONS4) and thresholds. PWS is short, easy to use and has the same look and feel as other measures in the same family of measures. Word length and reading age were compared with eight other measures. Anonymous data sets from five social prescribing projects were analysed. Internal structure was examined using distributions, intra-item correlations, Cronbach's alpha and exploratory factor analysis. Construct validity was assessed based on hypothesised associations with health status, health confidence, patient experience, age, gender and number of medications taken. Scores on referral and after referral were used to assess responsiveness. Results: Differences between PWS and ONS4 include brevity (42 vs 114 words), reading age (9 vs 12 years), response options (4 vs 11), positive wording throughout and a summary score. 1299 responses (60% female, average age 81 years) from people referred to social prescribing services were analysed; missing values were less than 2%. PWS showed good internal reliability (Cronbach's alpha=0.90). Exploratory factor analysis suggested that all PWS items relate to a single dimension. PWS summary scores correlate positively with health confidence ( $r=0.60$ ), health status ( $r=0.58$ ), patient experience ( $r=0.30$ ) and age group ( $r=0.24$ ). PWS is responsive to social prescribing intervention. Conclusions: The PWS is a short variant of ONS4. It is easy to use with good psychometric properties, suitable for routine use in quality improvement and health services research.

Bird EL; Biddle MSY; Powell JE. **General practice referral of 'at risk' populations to community leisure services: applying the RE-AIM framework to evaluate the impact of a community-based physical activity programme for inactive adults with long-term conditions.** BMC Public Health 2019; 19(1):1308.

BACKGROUND: In the UK a high proportion of adults with long-term conditions do not engage in regular physical activity. General practice (GP) referral to community-based physical activity is one strategy that has gained traction in recent years. However, evidence for the real-world effectiveness and translation of such programmes is limited. This study aimed to evaluate the individual and organisational impacts of the 'CLICK into Activity' programme - GP referral

of inactive adults living with (or at risk of) long-term conditions to community-based physical activity. METHODS: A mixed methods evaluation using the RE-AIM framework was conducted with data obtained from a range of sources: follow-up questionnaires, qualitative interviews, and programme-related documentation, including programme cost data. Triangulation methods were used to analyse data, with findings synthesised across each dimension of the RE-AIM framework. RESULTS: A total of 602 individuals were referred to CLICK into Activity physical activity sessions. Of those referred, 326 individuals participated in at least one session; the programme therefore reached 30.2% of the 1080 recruitment target. A range of individual-, social-, and environmental-level factors contributed to initial physical activity participation. Positive changes over time in physical activity and other outcomes assessed were observed among participants. Programme adoption at GP surgeries was successful, but the GP referral process was not consistently implemented across sites. Physical activity sessions were successfully implemented, with programme deliverers and group-based delivery identified as having an influential effect on programme outcomes. Changes to physical activity session content were made in response to participant feedback. CLICK into Activity cost 175,000 over 3 years, with an average cost per person attending at least one programme session of 535. CONCLUSIONS: Despite not reaching its recruitment target, CLICK into Activity was successfully adopted. Positive outcomes were associated with participation, although low 6- and 12-month follow-up response rates limit understanding of longer-term programme effects. Contextual and individual factors, which may facilitate successful implementation with the target population, were identified. Findings highlight strategies to be explored in future development and implementation of GP referral to community-based physical activity programmes targeting inactive adults living with (or at risk of) long-term conditions.

Drinkwater C, Wildman J, Moffat S. **Social prescribing**. *BMJ* 2019; 364:l1285 doi: 10.1136/bmj.l1285 <https://research.ncl.ac.uk/media/sites/researchwebsites/nuspemedia/Drinkwater%20et%20al%202019.pdf>

Good summary of social prescribing and link workers:

*Key aspects of the link worker role include: working with patients to identify meaningful goals; co-producing an action plan with the patient; enabling access to activities and sources of support in the community, and providing ongoing motivational support to help patients achieve their goals. In some schemes, link workers also work with clinicians to generate social prescribing referrals and provide feedback to referring clinicians on patients' progress. Ideally a link worker is someone with community connections and an in-depth knowledge of sources of community activities and support. An understanding of the local community is particularly crucial in areas of socioeconomic disadvantage, as the link worker role may also involve generating and building capacity in the local voluntary and community sectors to provide a wide range of local activities.* **The recent NHS Long Term Plan for England includes the aim to recruit more than 1000 trained social prescribing link workers by the end of 2020-21, with a further increase by 2023-24.**

Frostick C; Bertotti M. **The frontline of social prescribing - How do we ensure Link Workers can work safely and effectively within primary care?** *Chronic Illness* 2019; 1742395319882068.

OBJECTIVE: To identify the training, skills and experience social prescribing Link Workers, working with patients presenting with long-term conditions, need to carry out their role safely and effectively within primary care services.

METHOD: Qualitative data were collected from Link Workers as part of the evaluation of three social prescribing schemes. Interviews and focus groups were audio-recorded and transcribed. RESULTS: Link Workers describe the complexity of the work and the need to define the boundaries of their role within existing services. Previous life and work experience were invaluable and empathy was seen as a key skill. A variety of training was valued with counselling skills felt to be most critical. Clinical supervision and support were felt to be essential to conduct the work safely. DISCUSSION: Social prescribing is a significant theme within UK health policy and internationally and schemes in primary care services are common. Patient accounts consistently suggest that the Link Worker is key to the success of the pathway. Link Workers can facilitate positive behaviour change; however they must be recruited, trained and supported with a clear understanding of the demands of this complex role.

Hamilton-West K; Gadsby E; Zaremba N; Jaswal S. **Evaluability assessments as an approach to examining social prescribing**. *Health Social Care Community* 2019; 27(4):1085-1094.

We report on two evaluability assessments (EAs) of social prescribing (SP) services in South East England conducted in 2016/7. We aimed to demonstrate how EAs can be used to assess whether a programme is ready to be evaluated for outcomes, what changes would be needed to do so and whether the evaluation would contribute to improved programme performance. We also aimed to draw out the lessons learned through the EA process and consider how these can inform the design and evaluation of SP schemes. EAs followed the steps described by Wholey, *New Dir Eval* 33:77, (1987) and Leviton et al., *Annu Rev Public Health* 31:213, (2010), including collaboration with stakeholders, elaboration, testing and refinement of an agreed programme theory, understanding the programme reality, identification and review of existing data sources and assessment against key criteria. As a result, evaluation of the services was not recommended. Necessary changes to allow for future evaluation include gaining access to electronic

patient records, establishing procedures for collection of baseline and outcome data and linking to data on use of other healthcare services. Lessons learned include ensuring that: (a) SP schemes are developed with involvement (and buy in) of relevant stakeholders; (b) information governance and data sharing agreements are in place from the start; (c) staffing levels are sufficient to cover the range of activities involved in service delivery, data monitoring, reporting, evaluation and communication with stakeholders; (d) SP schemes are co-located with primary care services; and (e) referral pathways and linkages to health service data systems are established as part of the programme design. We conclude that EA provides a valuable tool for informing the design and evaluation of SP schemes. EA can help commissioners to make best use of limited evaluation resources and prioritise which programmes need to be evaluated, as well as how, why and when.

Husk K, Elston J, Gradinger F, Callaghan L, Asthana S. **Social prescribing: where is the evidence?** Editorial Br J Gen Pract. 2019 Jan;69(678):6-7. doi: 10.3399/bjgp19X700325.

*In summary, we would argue that social prescriptions have the potential to greatly benefit individuals with complex health and social care needs. However, it is important that interest, investment and innovation are supported and informed by a high-quality concomitant research programme that addresses the points raised, if this potential is to be fully realised.*

Ige J, Gibbons L, Bray I, Gray S. **Methods of identifying and recruiting older people at risk of social isolation and loneliness: a mixed methods review.** BMC Med Res Methodol. 2019; 19(1):181. doi: 10.1186/s12874-019-0825-6.

Background: Loneliness and social isolation are major determinants of mental wellbeing, especially among older adults. The effectiveness of interventions to address loneliness and social isolation among older adults has been questioned due to the lack of transparency in identifying and recruiting populations at risk. This paper aims to systematically review methods used to identify and recruit older people at risk of loneliness and social isolation into research studies that seek to address loneliness and social isolation. Methods: In total, 751 studies were identified from a structured search of eleven electronic databases combined with hand searching of reference bibliography from identified studies for grey literature. Studies conducted between January 1995 and December 2017 were eligible provided they recruited community living individuals aged 50 and above at risk of social isolation or loneliness into an intervention study. Result: A total of 22 studies were deemed eligible for inclusion. Findings from these studies showed that the most common strategy for inviting people to participate in intervention studies were public-facing methods including mass media and local newspaper advertisements. The majority of participants identified this way were self-referred, and in many cases self-identified as lonely. In most cases, there was no standardised tool for defining loneliness or social isolation. However, studies that recruited via referral by recognised agencies reported higher rates of eligibility and enrolment. Referrals from primary care were only used in a few studies. Studies that included agency referral either alone or in combination with multiple forms of recruitment showed more promising recruitment rates than those that relied on only public facing methods. Further research is needed to establish the cost-effectiveness of multiple forms of referral. Conclusion: Findings from this study demonstrate the need for transparency in writing up the methods used to approach, assess and enrol older adults at risk of becoming socially isolated. None of the intervention studies included in this review justified their recruitment strategies. The ability of researchers to share best practice relies greatly on the transparency of research.

Jani A, Pitini E, Jungmann S, et al. **A Social Prescriptions Formulary: Bringing social prescribing on par with pharmaceutical Prescribing.** J Royal Soc Med 2019; 112(12): 498-502, <https://doi.org/10.1177%2F0141076819877555>;

Kellezi B, Wakefield JRH, Stevenson C, McNamara N, Mair E, Bowe M, Wilson I, Halder MM. **The social cure of social prescribing: a mixed-methods study on the benefits of social connectedness on quality and effectiveness of care provision.** BMJ Open 2019; 9(11):e033137. doi: 10.1136/bmjopen-2019-033137.

Objectives: This study aimed to assess the degree to which the 'social cure' model of psychosocial health captures the understandings and experiences of healthcare staff and patients in a social prescribing (SP) pathway and the degree to which these psychosocial processes predict the effect of the pathway on healthcare usage. Design: Mixed-methods: Study 1: semistructured interviews; study 2: longitudinal survey. Setting: An English SP pathway delivered between 2017 and 2019. Participants: Study 1: general practitioners (GPs) (n=7), healthcare providers (n=9) and service users (n=19). Study 2: 630 patients engaging with SP pathway at a 4-month follow-up after initial referral assessment. Intervention: Chronically ill patients experiencing loneliness referred onto SP pathway and meeting with a health coach and/or link worker, with possible further referral to existing or newly created relevant third-sector groups. Main outcome measure: Study 1: health providers and users' qualitative perspectives on the experience of the pathway and

social determinants of health. Study 2: patients' primary care usage. Results: Healthcare providers recognised the importance of social factors in determining patient well-being, and reason for presentation at primary care. They viewed SP as a potentially effective solution to such problems. Patients valued the different social relationships they created through the SP pathway, including those with link workers, groups and community. Group memberships quantitatively predicted primary care usage, and this was mediated by increases in community belonging and reduced loneliness. Conclusions: Methodological triangulation offers robust conclusions that 'social cure' processes explain the efficacy of SP, which can reduce primary care usage through increasing social connectedness (group membership and community belonging) and reducing loneliness. Recommendations for integrating social cure processes into SP initiatives are discussed.

**Leavell MA, Leiferman JA, Gascon M, Braddick F, Gonzalez JC, Litt JS. Nature-Based Social Prescribing in Urban Settings to Improve Social Connectedness and Mental Well-being: a Review. *Curr Environ Health Rep.* 2019; 6(4):297-308. doi: 10.1007/s40572-019-00251-7.**

Purpose of review: Recent reports of a "loneliness epidemic" in the USA are growing along with a robust evidence base that suggests that loneliness and social isolation can compromise physical and psychological health. Screening for social isolation among at-risk populations and referring them to nature-based community services, resources, and activities through a social prescribing (SP) program may provide a way to connect vulnerable populations with the broader community and increase their sense of connectedness and belonging. In this review, we explore opportunities for social prescribing to be used as a tool to address connectedness through nature-based interventions. Recent findings: Social prescribing can include a variety of activities linked with voluntary and community sector organizations (e.g., walking and park prescriptions, community gardening, farmers' market vouchers). These activities can promote nature contact, strengthen social structures, and improve longer term mental and physical health by activating intrapersonal, interpersonal, and environmental processes. The prescriptions are appropriate for reaching a range of high-risk populations including moms who are minors who are minors, recent immigrants, older adults, economically and linguistically isolated populations, and unlikely users of nature and outdoor spaces. **More research is needed to understand the impact of SPs on high-risk populations and the supports needed to allow them to feel at ease in the outdoors.** Additionally, opportunities exist to develop technologically and socially innovative strategies to track patient participation in social prescriptions, monitor impact over time, and integrate prescribing into standard health care practice.

**Moffatt S, Wildman J, Pollard TM, Penn L, O'Brien N, Pearce MS, Wildman JM. Evaluating the impact of a community-based social prescribing intervention on people with type 2 diabetes in North East England: mixed-methods study protocol. *BMJ Open.* 2019; 9(1):e026826. doi: 10.1136/bmjopen-2018-026826.**

Introduction: Social prescribing enables healthcare professionals to use voluntary and community sector resources to improve support for people with long-term conditions. It is widely promoted in the UK as a way to address complex health, psychological and social issues presented in primary care, yet there is insufficient evidence of effectiveness or value for money. This study aims to evaluate the impact and costs of a link-worker social prescribing intervention on the health and healthcare use of adults aged 40-74 with type 2 diabetes, living in a multi-ethnic area of high socioeconomic deprivation. Methods and analysis: Mixed-methods approach combining (1) quantitative quasi-experimental methods to evaluate the effects of social prescribing on health and healthcare use and cost-effectiveness analysis and (2) qualitative ethnographic methods to observe how patients engage with social prescribing. Quantitative data comprise Secondary Uses Service data and Quality Outcomes Framework data. The primary outcome is glycated haemoglobin, and secondary outcomes are secondary care use, systolic blood pressure, weight/body mass index, cholesterol and smoking status; these data will be analysed longitudinally over 3 years using four different control conditions to estimate a range of treatment effects. The ranges where the intervention is cost-effective will be identified from the perspective of the healthcare provider. Qualitative data comprise participant observation and interviews with purposively sampled service users, and focus groups with link-workers (intervention providers). Analysis will involve identification of themes and synthesising and theorising the data. Finally, a coding matrix will identify convergence and divergence among all study components. Ethics and dissemination: UK NHS Integrated Research Approval System Ethics approved the quantitative research (Reference no. 18/LO/0631). Durham University Research Ethics Committee approved the qualitative research. The authors will publish the findings in peer-reviewed journals and disseminate to practitioners, service users and commissioners via a number of channels including professional and patient networks, conferences and social media. Results will be disseminated via peer-reviewed journals.

**Payne K, Walton E, Burton C. Steps to benefit from social prescription: a qualitative interview study. *Br J Gen Pract.* 2019 Dec 26; 70(690):e36-e44. doi: 10.3399/bjgp19X706865.**

**Background:** The popularity of social prescribing has grown in recent years following a series of high-profile recommendations in scientific reviews, political reports, and media coverage. Social prescribing has the potential to address multiple health and social problems, but few studies have examined how it works. **Aim:** To explore the ways by which social prescribing may be beneficial to individuals undertaking socially prescribed activity (SPA). **Design and setting:** A qualitative interview study involving people attending a range of SPA. **Method:** Participants were purposively recruited from a multi-activity social prescribing provider. Data were collected using semi-structured face-to-face interviews. Analysis used a thematic approach, in which emerging themes were contextualised with interview transcripts and findings from existing literature. **Results:** The study identified five themes, which together formed a journey of engagement and participation. While not always present for any one individual, the themes occurred in a consistent order: receiving professional support for social problems; engaging with others through participation in SPA; learning different ways to relate to other people and developing new skills; changing perceptions by realising personal assets and becoming open to the possibility of new futures; and developing a positive outlook on the present while moving forwards in pursuit of future goals and better health. **Conclusion:** SPA appears to benefit individuals by a process that begins with personalised professional help to address social problems and moves through engagement with activities and others, to the recognition of personal and social assets and opportunities.

Pescheny JV, Gunn LH, Pappas Y, Randhawa G. **The impact of the Luton social prescribing programme on mental well-being: a quantitative before-and-after study.** *Journal of Public Health* 2019; fdz155, <https://doi.org/10.1093/pubmed/fdz155>

**Background:** Social prescribing programmes expand the range of options available to primary care health professionals to address patients' psychosocial needs, impacting on their health and well-being. The objective of this study was to assess the change in the mental well-being of service users after participation in the Luton social prescribing programme. **Methods:** Skew-normal (SN) regression was applied to analyse the change in mental well-being post-intervention (N = 63). The short Warwick–Edinburgh mental well-being scale was used as the outcome measure. **Results:** The SN regression found a statistically significant change ( $P < 0.0001$ ) in the average difference score between baseline and post-intervention measures. However, the observed change does not appear to be of clinical relevance. No significant associations in mental well-being scores by gender, age or working status were found. **Conclusion:** Findings of this study indicate that social prescribing may have the potential to improve the mental well-being of service users. The study findings contribute to the sparse evidence base on social prescribing outcomes by socio-demographic characteristics of participants and highlight the importance of considering subgroup analysis in future research.

Redmond M; Sumner RC; Crone DM; Hughes S. **'Light in dark places': exploring qualitative data from a longitudinal study using creative arts as a form of social prescribing.** *Arts & Health.* 11(3):232-245, 2019.

**Background:** This paper draws on a longitudinal study exploring the outcomes of an arts referral programme in General Practice in the South West of England since 2009. It focuses on the qualitative responses of the patient cohort. **Methods:** Using qualitative methods and thematic analysis, this paper explores and considers the responses from n = 1297 participants who provided feedback from an open-ended questionnaire on self-reported benefits of the arts referral programme. **Results:** Participant reactions demonstrate that the programme provided a range of personal and social benefits rarely considered or explored in comparative studies. The analysis suggests participants were able to self-manage aspects of their health-related conditions, and were able to make progress towards a better physical and/or mental health. **Conclusions:** The evidence suggests that arts-based referral programmes, have a range of benefits for participants that may not have been fully appreciated. The consequences on self-management requires further investigation.

Smith TO; Jimoh OF; Cross J; Allan L; Corbett A; Sadler E; Khondoker M; Whitty J; Valderas JM; Fox C. **Social Prescribing Programmes to Prevent or Delay Frailty in Community-Dwelling Older Adults.** *Geriatrics* 2019 Nov; 4(4).

The increasing incidence of frailty is a health and social care challenge. Social prescription is advocated as an important approach to allow health professionals to link patients with sources of support in the community. This study aimed to determine the current evidence on the effectiveness of social prescribing programmes, to delay or reduce frailty in frail older adults living in the community. A systematic literature review of published (DARE, Cochrane Database of Systematic Reviews, MEDLINE, EMBASE, CINAHL, NICE and SCIE, National Health Service (NHS) Economic Evaluation Database) and unpublished databases (OpenGrey; WHO Clinical Trial Registry; ClinicalTrials.gov) were searched to July 2019. Studies were eligible if they reported health, social or economic outcomes on social prescribing, community referral, referral schemes, wellbeing programmes or interventions when a non-health link worker was the intervention provider, to people who are frail living in the community. We screened 1079 unique studies for eligibility. No papers were eligible. There is therefore a paucity of evidence reporting the effectiveness of social prescribing

programmes for frail older adults living in the community. Given that frailty is a clinical priority and social prescribing is considered a key future direction in the provision of community care, this is a major limitation.

**Taylor DA; Nicholls GM; Taylor ADJ. Perceptions of Pharmacy Involvement in Social Prescribing Pathways in England, Scotland and Wales. Pharmacy: J Pharmacy Education Practice. 2019 Mar; 7(1).**

Social prescribing is increasingly viewed as a non-pharmacological option to address psychosocial consequences of social isolation, loneliness and bereavement; key contributors to poor mental health and wellbeing. Our study explored experiences and attitudes of pharmacists and pharmacy technicians to social prescribing in England, Scotland, and Wales, using an on-line survey. (Ethical approval, University of Bath, November 2017). The electronic survey was distributed to pharmacists registered with Royal Pharmaceutical Society local practice forum network groups in England, Scotland, and Wales, and pharmacy technicians via social media platforms. Data were analysed using descriptive statistics and free text by thematic analysis. One hundred and twenty respondents took part in the survey; (94.6% pharmacists and 5.4% pharmacy technicians). Responses indicated a lack of knowledge and experience with social prescribing; however, there was enthusiasm for pharmacists and the wider pharmacy team to be involved in local social prescribing pathways. Respondents believed they were well positioned within the community and consequently able to be involved in identifying individuals that may benefit. Barriers to involvement, included time, funding and training while enablers were pharmacist skills and the need within the community for social prescribing. There is a willingness in pharmacy, to be involved in social prescribing, however further research is required to enable pharmacy to be full participants in social prescribing pathways.

**Wildman JM, Moffatt S, Penn L, O'Brien N, Steer M, Hill C. Link workers' perspectives on factors enabling and preventing client engagement with social prescribing. Health Soc Care Community. 2019; 27(4):991-998. doi: 10.1111/hsc.12716.**

For a social prescribing intervention to achieve its aims, clients must first be effectively engaged. A 'link worker' facilitating linkage between clients and community resources has been identified as a vital component of social prescribing. However, the mechanisms underpinning successful linkage remain underspecified. This qualitative study is the first to explore link workers' own definitions of their role in social prescribing and the skills and qualities identified by link workers themselves as necessary for effective client linkage. This study also explores 'threats' to successful linked social prescribing and the challenges link workers face in carrying out their work. Link workers in a social prescribing scheme in a socioeconomically deprived area of North East England were interviewed in two phases between June 2015 and August 2016. The first phase comprised five focus groups (n = 15) and individual semi-structured interviews (n = 15) conducted with each focus group participant. The follow-up phase comprised four focus groups (n = 15). Thematic data analysis highlighted the importance of providing a holistic service focusing on the wider social determinants of health. Enabling client engagement required 'well-networked' link workers with the time and the personal skills required to develop a trusting relationship with clients while maintaining professional boundaries by fostering empowerment rather than dependency. Challenges to client engagement included: variation in the volume and suitability of primary-care referrals; difficulties balancing quality of intervention provision and meeting referral targets; and link workers' training inadequately preparing them for their complex and demanding role. At a broader level, public sector cuts negatively impacted upon link workers' ability to refer patients into suitable services due to unacceptably long waiting lists or service cutbacks. This study demonstrates that enabling client engagement in social prescribing requires skilled link workers supported by healthcare referrer 'buy-in' and with access to training tailored to what is a complex and demanding role.

**Wildman JM, Moffatt S, Steer M, Laing K, Penn L, O'Brien N. Service-users' perspectives of link worker social prescribing: a qualitative follow-up study. BMC Public Health. 2019 Jan 22;19(1):98. doi: 10.1186/s12889-018-6349-x.**

Background: Social prescribing enables health-care professionals to address non-medical causes of ill-health by harnessing the resources of the voluntary and community sectors in patient care. Although increasingly popular in the UK, evidence for the effectiveness of social prescribing is inconclusive and longer-term studies are needed. This study aimed to explore experiences of social prescribing among people with long-term conditions one to two years after their initial engagement with a social prescribing service. Methods: Qualitative methods comprising semi-structured follow-up interviews were conducted with 24 users of a link worker social prescribing service who had participated in an earlier study. Participants were aged between 40 and 74 years and were living in a socioeconomically-deprived area of North East England. Results: Participants reported reduced social isolation and improvements in their condition management and health-related behaviours. However, many participants had experienced setbacks, requiring continued support to overcome problems due to multi-morbidity, family circumstances and social, economic or cultural factors. Findings indicated that, in this sample of people facing complex health and socioeconomic issues, longer-term intervention and support was required. Features of the link worker social prescribing intervention that

were positively appraised by participants, included a highly personalised service to reflect individual goal setting priorities and a focus on gradual and holistic change dealing with issues beyond health. The important role of a strong and supportive relationship with an easily-accessible link worker in promoting sustained behaviour change highlights the importance of link worker continuity. A lack of suitable and accessible voluntary and community services for onward referral acted as a barrier to involvement for some participants. Conclusions: This study highlights issues of interest to commissioners and providers of social prescribing. Engagement with social prescribing for up to two years was examined and continued involvement was identified for those with complex issues, suggesting that a long-term intervention is required. The availability of onward referral services is an important consideration for social prescribing in a time of constrained public spending. From a research perspective, the range of improvements and their episodic nature suggest that the evaluation of social prescribing interventions requires both quantitative and qualitative data collected longitudinally.

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