PATIENT EXPERIENCE OF SOCIAL PRESCRIBING: A SCOPING REVIEW

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TABLE OF CONTENTS

1. INTRODUCTION

Social prescribing is defined in Wales by Rees et al (2019) as “connecting citizens to community support, to better manage their health and well-being". Generally, access to social prescribing comes through third sector, community resources or self-referral (Wallace et al, 2021) and services have moved away from the medical model of care, and focus on holistic and person-centred methods to improve wellbeing (Pringle and Jerusara, 2022). The goals of social prescribing therefore align closely with many of the policies set out by the Welsh Government in initiatives such as A Healthier Wales (Welsh Government, 2019), particularly in values such as focussing on prevention and proactively supporting people. This has led to continued investment and development of social prescribing services and approaches.

In recent years, social prescribing has gained in popularity across Wales. Within the last three years specifically, referrals have risen from around 10,000 in 2018/19, to over 25,000 in 2020/21 (Welsh Government, 2021), however, social prescribing is not a new concept, and has been developed and tracked over a number of years (Primary Care Hub, 2018). One reason for its development is that as many as 20% of patients approach their GP for what may be a social difficulty, as opposed to a physical one (Lugonja, 2021), whilst the increase in social prescribing may have reduced footfall to GP surgeries by 15% to 28% (Welsh Government, 2022). As the demand on primary care increases (Welsh Government, 2022), the demand already seen for social prescribing is only likely to increase in kind.

Social prescribing can provide a wealth of benefits for people who engage. For example, social prescribing is suggested to boost mental and physical health, reduce isolation, improve self-esteem and confidence amongst a host of other possible benefits (Chatterjee et al, 2018). These benefits are particularly prominent when social prescribing is used as a preventative measure, before mental health difficulties require medication or ‘formal’ treatment (Dayson et al, 2013). Social prescribing also seems to be viewed as acceptable, even when delivered digitally (Galway et al, 2019), and there is emerging evidence that although social prescribing is generally a short term intervention, the improvement in wellbeing can be sustained at a follow up (Kimberlee, 2013).

However, as social prescribing is still developing, there is a need for further research to understand and optimise the services on offer. In particular, the evidence on the patient experience, the barriers and the outcomes of social prescribing need to be conceptualised for services to be able to learn from previous efforts, and tailor the offer they make. For these reasons, this scoping review has been undertaken to understand the pre-existing literature that describes the patient experience of social prescribing. Additionally, this review will consider the most successful ways of implementing services, the barriers to access, referral mechanisms and the terminology of “social prescribing” itself.

1.1 REVIEW REMIT AND OBJECTIVE

For the reasons outlined above, this scoping review was commissioned by Cardiff and Vale Research Innovation and Improvement Coordination (RIIC) hub. The RIIC hub, working with USW, are seeking to engage a number of local social prescribing services to produce an evaluation framework for social prescribing, followed by the establishment of a Community of Practice that embeds this framework into service functioning. Specifically, this scoping review aims to establish an evidence base of existing literature from which other elements of the project, including the evaluation framework and the Group Concept Mapping study, may draw from.

A scoping review is “a preliminary assessment of potential size and scope of available research literature. It aims to identify nature and extent of research evidence (usually including ongoing research)” (Grant and Booth, 2009). Therefore, this review cannot provide as comprehensive an examination of the literature as may be found in a systematic review. Instead, the review aims to conceptualise the boundaries of the topic; patient experience of social prescribing services.

1.1.1 REVIEW QUESTIONS

This scoping review was designed to address the following 5 research questions:

1. What is the patient experience of social prescribing?
2. Is there another way, a better way, of doing things?
3. Is anyone better off pre/post intervention?
4. Understanding referral mechanisms – why are services there but people are not getting through?
5. Is the term ‘social prescribing’ a barrier in itself to people engaging?

2. METHODS

This scoping review was carried out between August and October 2022 with the aim of conceptualising the literature on the patient experience of social prescribing, and the existing service context. Particularly, this review investigated not only patient experience, but also the effect of services pre/post intervention, the barriers to accessing services, and if there may be a better way of providing services than the present method.

The search comprised academic literature across the following four databases: CINAHL, Cochrane, ProQuest and Social Care Online. Due to the nature of a scoping review, and the high amount of literature identified from searches, snowballing did not take place.

A PICO (population/problem, intervention, comparison, outcome) table was developed to assist in searching databases (Appendix 1.). Search terms were limited to those closely aligned to the research questions and therefore, synonymous with the terms 'social prescribing', 'outcomes', 'patient experience' and barriers'. Of course, as services use different language, multiple terms were used in search of the same information (i.e. 'link worker', 'community connector', 'social referral' etc.). Search terms were kept consistent across databases (Appendix 2.).

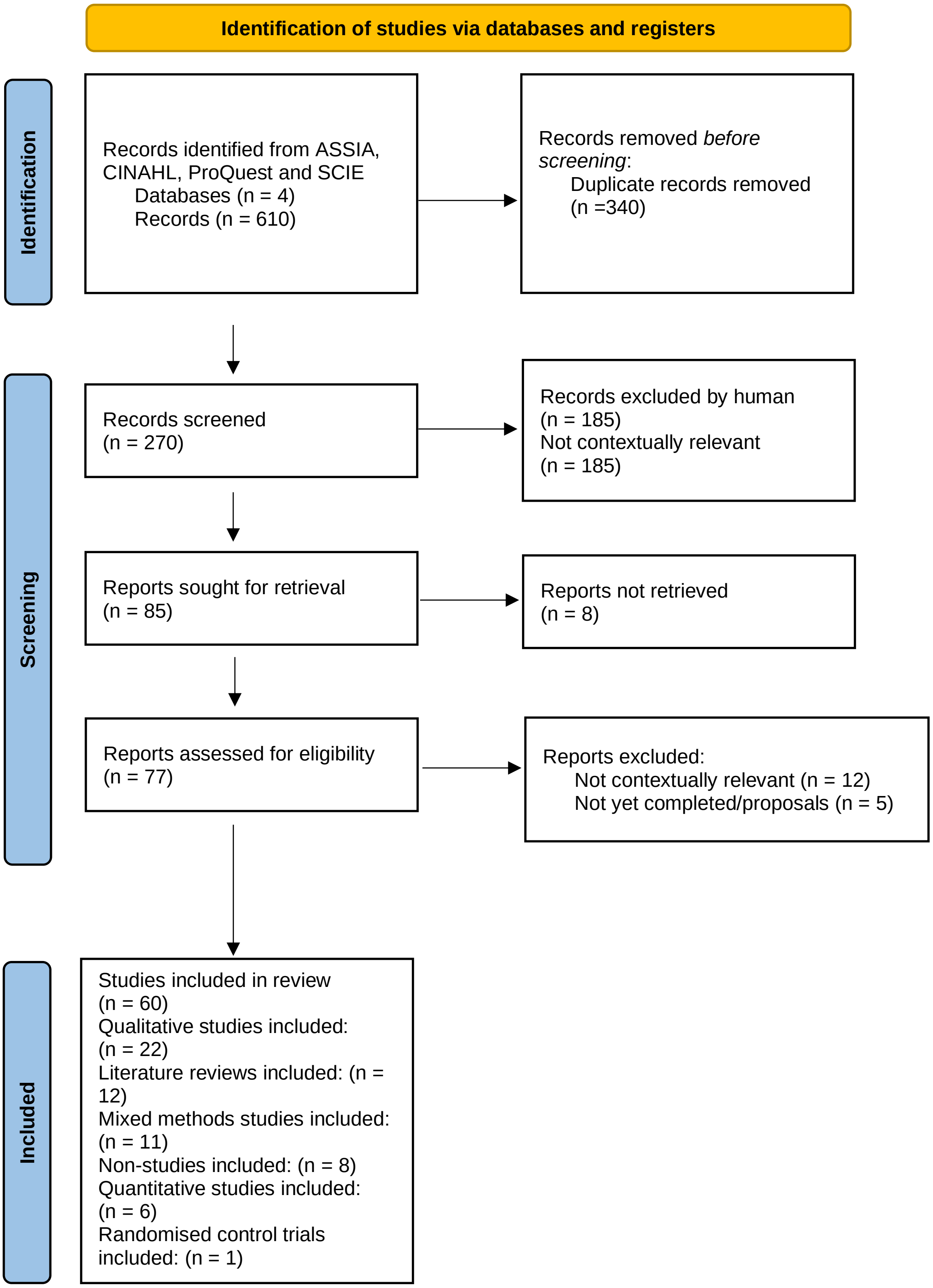
Subject to inclusion and exclusion criteria (Appendix 3), included in the review are all relevant literature published in the English Language. Papers were excluded if deemed to be unrelated to all five research questions and therefore papers were not limited to studies or literature reviews of social prescribing, but could also include relevant policy documents or guidelines.

The PRISMA diagram below provides detail on the number of records and of papers identified. Following the initial search of databases, 610 records were retrieved, 270 after duplicates were removed. These were first screened by title, and in cases where the title did not seem to reflect the content of the paper, further screened by abstract against the inclusion/exclusion criteria to extract those relevant to the research questions. If considered relevant, papers were rated green and if not considered relevant, they were rated red.

A total of 85 records were rated green for potential relevance. Of these, 8 could not be retrieved in full, 5 were study proposals without accessible posted results, and 12 were not considered to be contextually relevant when received in full. This left a total of 60 papers included in the review.

Papers were then screened for quality using a RAG rating criterion. Papers that were randomised control trials were given the Green rating, other qualitative and quantitative studies were given the Amber rating. Papers that were not studies were given a Red rating.

Figure 1. PRISMA diagram



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

3. RESULTS

A total of 60 papers are included within this scoping review, drawn from the 270 papers that were screened for possible inclusion. Detail of these papers is provided in Appendix 4. The review was structured around the five questions described above.

3.1 TYPES OF PAPERS

This scoping review includes 60 papers, of which:

- 22 were qualitative studies (Blickem et al, 2013; Crabtree et al, 2017; Dayson et al, 2020; Fixsen et al, 2022; Hanlon et al, 2021; Hassan et al, 2020; Husk et al, 2020; Innovation Unit, 2016; Kellezi et al, 2021; Khan et al, 2022; Morris et al, 2022; Pescheny et al, 2018; Pescheny et al, 2018; Scott et al, 2021; Simpson et al, 2020; Simpson et al, 2021; Stickley and Eades, 2013; Stuart et al, 2022; White et al, 2017; Wildman et al, 2019; Wildman et al, 2019; Wood et al, 2021).

- 12 were literature reviews (Bickerdike et al, 2017; Cordis Bright, 2019; Elsden and Roe, 2020; Featherstone et al, 2022; Kilgarriff-Foster and O'Cathain, 2015; Lee et al, 2022; McGrath et al, 2021; Munoz et al, 2020; Pescheny et al, 2018; Pescheny et al, 2020; Pilkington et al, 2017;Thomas et al, 2021).

- 11 were mixed methods studies (Burns and Van Der Meer, 2021; Dayson and Bennett, 2016; Evans et al, 2019; Fleming et al, 2022; Foster et al, 2021; Howarth et al, 2020; Kellezi et al, 2019; Pescheny et al, 2018; Thomson et al, 2020; Vogelpoel and Jarrold, 2014; Woodall et al, 2018)

- 8 were not studies (Beynon et al, 2020; Brown et al, 2004; Brown et al, 2018; Dayson and Damm, 2020; Gupta, 2021; Local Government Association, 2016; Pretty and Barton, 2020; Thew et al, 2017).

- 6 were quantitative studies (Aggar et al, 2021; Fancourt et al, 2020; Miranda et al, 2006; Pescheny et al, 2019; Sumner et al, 2021; Wakefield et al, 2022).

- 1 was a randomised control trial (Wyke et al, 2019).

Further screening was undertaken to identify which of the research questions each paper was relevant against. The table below shows the number of papers that were relevant for each of the five questions:

Review Question	No. of papers
1. What is the patient experience of social prescribing?	26
2. Is there another way, a better way, of doing things?	13
3. Is anyone better off pre/post intervention?	32
4. Understanding referral mechanisms – why are services there but people are not getting through?	20
5. Is the term 'social prescribing' a barrier in itself to people engaging?	14

In the sections that follow, key themes that emerged under each of these questions will be presented.

3.2 WHAT IS THE PATIENT EXPERIENCE OF SOCIAL PRESCRIBING?

Twenty six papers were identified that specifically discussed the patient experience of social prescribing, many of these were qualitative studies that undertook interviews with people that had been through services. Most papers described a positive patient experience leading to a number of wellbeing benefits, and several themes emerged throughout the literature. The most prevalent of these was a feeling of improved mood following engagement with social prescribing services: many papers described either feelings of happiness (Crabtree et al, 2017; Dayson et al, 2020; Thomson et al, 2020;), positivity (Evans et al, 2019; Howarth et al, 2020), or an improvement in mental health (Bickerdike et al, 2017; Dayson and Bennett, 2016; Innovation Unit, 2016). Of course, this self-reported outcome of improved mood is likely to be a result of some of the other positive experiences that people reported on in the literature as opposed to a distinctly separate theme.

For example, another common theme identified was that many people enjoyed meeting with others (Crabtree et al, 2017; Foster et al, 2021), and felt less isolated as a result (Bickerdike et al, 2017; Dayson et al 2020). This was particularly relevant in the case that a person had a physical or mental health difficulty that they were then able to discuss with others (Blickem et al, 2013; Hassan et al, 2020).This improvement in socialisation could also be as a result of services, as opposed to a function of them, for example in the case of a lady who, rather than joining a group directly, learnt to use technology to video call her family as the result of her social prescribing referral (Fixsen et al, 2022). In addition to a simply increased amount of socialisation, many people also identified that a feeling of community was important to their experience of social prescribing and this was commonly described as a result of a feeling of similarity with other members of their group (Blickem et al, 2013; Kellezi et al, 2019; Simpson et al, 2020; Wood et al, 2021). In some cases, this also lead to people beginning their own projects, for example continuing arts projects (Stickley and Eades, 2013), establishing craft groups (Dayson and Damm, 2020) or starting to volunteer (Innovation Unit, 2016) even when their original social prescribing involvement had come to an end. In these cases, this seemed to be as a result of the skill development that took place during their initial social prescribing experience (Dayson and Damm, 2020; Stickley and Eades, 2013; Vogelpoel and Jarrold, 2014). Not only did these sorts of experiences often lead to the aforementioned improvement in mood, but many people described that their experiences left them feeling more motivated (Dayson and Bennett, 2016; Hassan et al, 2020; Woodall et al, 2018) and confident (Beynon et al, 2020; Thomson et al, 2020), which would also likely lead to mood improvement.

Despite the many positive patient experiences described in the literature, there were also a few papers that identified a negative experience for some people. In two papers, people described feeling an obligation to attend suggested groups and activities, because these were what had been ‘prescribed’ (Simpson et al, 2020; Stuart et al, 2022). In one case, this was compounded by feeling a stigma surrounding their motor neurone disease diagnosis (Simpson et al, 2020) which impacted on the positivity of the group for them. In another, this related more to a feeling of fatigue due to Myalgic Encephalomyelitis (ME) (Stuart et al, 2022), which was not helped through support group participation, and ultimately led to frustration that formal mental healthcare was not provided. Additionally, some people described feeling that accessibility was not considered for them and that practical implications impacted their experience. In both cases that this was reported, a lack of knowledge held by the general public and by those running groups was identified as a barrier (Kellezi et al, 2019) which could then cause practical implications such as a lack of consideration for wheelchair users (Simpson et al, 2020) leading to feeling unwelcome in the group. Additionally, one paper identified that when people started with particularly low self-esteem, or a lack of feelings of competence, they struggled to engage with the group and felt unable to participate, highlighting that social prescribing may not always be positive for people experiencing these feelings (Hanlon et al, 2021).

Many papers identified that the connection that people had with their link worker (or social prescriber/community connector) was one of the most important aspects of their experience. When people felt that their link worker was open or non-judgemental (Morris et al, 2022; Wildman et al, 2019), and they therefore felt listened to (Brown et al, 2018; Woodall et al, 2018), they may have felt more comfortable in participating in a suggested group or activity (Dayson and Damm, 2020). And so, it appears that when people have a negative experience of social prescribing it is important to think both about their initial point of contact with their link worker and whether this relationship is beneficial to them, in addition to the types of group they are signposted to and the appropriateness and accessibility of these groups. The literature reviewed above suggests that, when these aspects of social prescribing are well matched to the person and their needs, they generally have a positive experience.

3.3 IS THERE ANOTHER WAY, A BETTER WAY, OF DOING THINGS?

Thirteen papers were identified that discussed how social prescribing services could be improved upon, or described innovations that they had found to be effective. Overall, there were three key themes that emerged from these papers.

The first of these were suggested changes on the operational level of services. As service provision varies across areas and providers, some of the areas for potential improvement may already be in place in some services, but not in others. For example, co-location was highlighted in one paper as a driver of success (Lee et al, 2022) as this served as a physical reminder to others (such as GP's) of the availability of the service. It is likely that many social prescribing services are already co-located, however not in all cases, and possibly not following the impact of Covid-19. Similarly, the length of the intervention on offer was suggested, by people in the service, to be lengthened as they felt that there was not enough time to work through everything they may need from the service (Woodall et al, 2018) which is a suggestion that is also likely to vary between services already. Similarly, a change to the ways in which community projects are funded was highlighted (Khan et al, 2022), and it was suggested that more sustainable, long-term funding would aid the success of social prescribing services as a result. At a wider level than individual services or projects however was the suggestion that involvement of a wider range of professionals, occupational therapy in the case of this literature, would benefit social prescribing services (Simpson et al, 2020; Thew et al, 2017). Link workers and occupational therapists alike saw the benefit of knowledge sharing (Thew et al, 2017), and link workers particularly valued the specialist training they received from occupational therapists and felt this was of benefit to their clients (Simpson et al, 2020). At the operational level, the final suggestion identified in the literature was a change to public health messaging surrounding social prescribing (Stuart et al, 2022). Particularly, some people felt they could "get their hopes up" before finding that a group had too many barriers for them to attend, and therefore messaging should be more focussed on empowerment and ongoing support to overcome this.

The second theme identified in the literature related to changes in the practice of link workers. As discussed above, the link worker-client relationship seems to be a factor in the success of a social prescribing referral and therefore the way that link workers engage with clients can be crucial. One paper highlighted that people felt an inconsistency between different link workers, leading to disappointment with the service: "I feel a bit let down because my first one was brilliant. She was on the phone, talking, we used to meet up and it was great. I just feel as though I've been let down now…I just feel as though I've been pushed to one side." (Wildman et al, 2019, p8). This relates to better communication between link workers and clients, which was discussed in another paper in which clients were not clear on when or if to expect calls from their link worker (Morris et al, 2022), which could then cause variation in the outcomes achieved by the service. Finally, one paper evidenced the value that could be added by link workers being encouraged to engage in reflective practice (Thomas et al, 2021). This was found to have implications for practice, and could lead to better wellbeing outcomes for clients as well as being beneficial for the link worker. However, this practice was not discussed with any frequency in the identified literature, and so does not seem to be commonly encouraged despite possible benefits.

The final theme identified discussed changes to social prescribing services themselves and the offer that they make. Similarly to the first theme, these suggestions are likely to already be embedded in some social prescribing services, but this is unlikely to be all of them. For example, one paper identified that although engaging in a hobby simultaneously with others was beneficial to many people, it was not always necessary that the group centred on one particular interest (Burns and Van Der Meer, 2021). In this paper, it was found for someone that enjoyed to crochet that they did not need to go to a crochet group per se, but instead could simply engage in this hobby whilst in the company of others doing separate things to see a beneficial outcome, which could have implications as to the type of groups social prescribing services seek for clients. In another paper, where clients had specific interests, they would encourage the formation of a group with others, rather than only signposting to a pre-existing group (Local Government Association, 2016), which allowed other clients to try activities they may otherwise not have identified an interest in. This related to another paper, which suggested that fundamentally, people simply needed a space in which to connect with others, and that it was important not to ‘overcomplicate’ the circumstances in which that happened (Beynon et al, 2020). Finally, when considering the types of signposting that social prescribing services carry out, one paper identified the importance of meaningful activity that could develop skills and provide important experience to people, particularly migrant populations who may struggle to access opportunities elsewhere (Kellezi et al, 2021).

Overall, there were several suggestions and innovations found in the literature that indicated a ‘better way’ for social prescribing services to run. However the central idea appeared to be that services needed to be set in a supportive operational context, with communicative link workers who could give due consideration to the needs of their clients.

3.4 IS ANYONE BETTER OFF PRE/POST INTERVENTION?

32 papers were identified that described the effects of social prescribing pre/post intervention, and how people may be better off. Several key themes emerged from the literature on this topic.

The most prevalent theme identified was an improvement in mental and physical health post intervention. Mental health improvements included improvements in general wellbeing (Howarth et al, 2020; Munoz et al, 2020; Pescheny et al, 2020; Pretty and Barton, 2020; Thomson et al, 2020; Vogelpoel and Jarrold, 2014; Woodall et al, 2018) overall quality of life (Aggar et al, 2021; Dayson et al, 2020; Wakefield et al, 2022) levels of anxiety and depression, (McGrath et al, 2021; Sumner et al, 2021) and ability to manage psychosocial needs (Kilgarriff-Foster and O'Cathain, 2015). In some cases, physical health improvements were linked to mental health, and these improvements primarily included increased physical activity and exercise (Crabtree et al, 2017; Pescheny et al, 2019; Wildman et al, 2019; Wyke et al, 2019), but there were also improvements in weight loss (Local Government Association, 2016), as well as blood pressure, blood sugar levels and cholesterol (Pescheny et al, 2020). In many of these papers a direct link to clinical services is not stated. In papers that did discuss this, results led to improvement in self-management, meaning less need for clinical services (Aggar et al, 2021; Kilgarriff-Foster and O'Cathain, 2015) and in one case there was an observed decrease in the use of GP services following a social prescribing intervention (Woodall et al, 2018).

Particularly in the case of mental health, these improvements are likely to be related to some of the 'softer' outcomes identified in the literature. For example, many people described increased feelings of confidence (Howarth et al, 2020; Pescheny et al, 2020; Thomas et al, 2021) and self-esteem (Dayson et al, 2020; Stickley and Eades, 2013) which were directly linked to the improvements seen in mental health. This was also the case, though to possibly a lesser extent, in physical health as was highlighted in one study in which people described enjoying their time at the gym due to the increase in confidence that the group they attended gave them (Wildman et al, 2019), thereby increasing their level of activity. A reduction in social isolation (Featherstone et al, 2022; Howarth et al, 2020; Pescheny et al, 2018; Stickley and Eades, 2013; Thomas et al, 2021) or loneliness (Aggar et al, 2021; Foster et al, 2021) was also commonly reported, and presumed to be closely linked to the improvements in mental health observed post intervention.

A few papers directly discussed the ways in which social prescribing interventions could move people away from clinical services in more concrete terms. For example, one paper suggested that social prescribing could be effective in some people who were 'pre-hospital' (i.e. frequent flyers, older adults) and prevent them from then needing admission (Scott et al, 2021). Social prescribing was also linked to more positive outcomes for diabetes (Pilkington et al, 2017) and for dementia (Fancourt et al, 2020), in the latter case seeming to reduce the risk of dementia development which would be assumed to lead to a marked decrease in the use of clinical services long term. Due to the improvements outlined above, one study identified that social prescribing interventions can lead to a reduction in primary care consultations and mental health prescriptions (Blickerdike et al, 2017), and another outlined how people post intervention appeared to reduce their use of secondary care (Dayson and Damm, 2020), clearly demonstrating how people are moved away from clinical services post intervention.

Only one paper described that social prescribing did not seem to be effective post intervention, and instead identified medication and cognitive-behavioural therapy to be the preferred 'treatment' in the case of depression (Miranda et al, 2006). Interestingly, a review of literature identified that research directly comparing treatments, as above, was needed so that these comparisons can be accurately drawn (Brown et al, 2004). Furthermore, another review identified a paper in which there were not significant improvements in wellbeing following social prescribing (Munoz et al, 2020), however as is the case with this review, that was not the prevailing finding. This could be linked to a point highlighted in another paper, which stated that in the case of social prescribing: "cultural access, not levels of engagement was the determinant of psychological well-being but how there is a link is unclear." (Elsden and Roe, 2020, p168). This once again highlights, in line with the other literature, the need for increased levels of research on the topic.

In summary, positive outcomes are observed in the majority of cases post social prescribing intervention for a variety of reasons, and although there is evidence to suggest that this is not always the case, further research and evaluation is needed to understand why this might be, and in which populations.

3.5 UNDERSTANDING REFERRAL MECHANISMS – WHY ARE SERVICES THERE BUT PEOPLE ARE NOT GETTING THROUGH?

Twenty papers were identified that discussed difficulties in social prescribing referral mechanisms and why people may not be accessing services. Many barriers were identified, but these could be grouped into two key themes.

The first of these themes centred around difficulties in communication with GP's and/or GP surgeries. The lapse in communication seemed to felt on both sides by both link workers and by GP's and surgery staff. In one paper, for example, link workers expressed that they struggled to speak to GP's at all to discuss their service, and they did not know how to make initial contact (Fleming et al, 2022). Similarly, another paper described that link workers had been surprised by a lack of referrals from GP's from the outset of their service, and felt they needed to invest a portion of their time to navigate this: "I didn't anticipate there being a slow start in terms of GPs referring and that's been difficult because it meant that marketing, promotion, selling, that has become quite a big part of the role" (Wildman et al, 2019, p995). In this paper, the investment needed was felt to be so significant that work with clients could be "side-lined" by trying to encourage referrals. Part of this could be linked to, as one paper explained, social prescribing being "less valued" than medical interventions in some cases (Fixsen et al, 2022), and in other cases the view of social prescribing staff as "nonprofessional" (Wood et al, 2021). Additionally, White et al (2017) identified that some healthcare professionals did not see that needs outside of clinical reach were a part of their role to address, and in the case of GP's specifically, some did not feel that addressing social difficulties was a "legitimate part" of their job.

Despite these difficulties, another paper identified that some GP's they interviewed saw social prescribing positively, however they weren't always aware of what was available or how long their patients could expect to be waiting (Brown et al, 2018), and another highlighted that often practice managers may be given information that then does not necessarily reach practitioners (White et al, 2017). This lack of knowledge was not just identified by GP's but also other healthcare staff, such as paramedics, who described that services change so often that they do not always know where they can refer (Scott et al, 2021). This lack of understanding for both social prescribers and GP's/healthcare professionals can then lead to inappropriate referrals (Innovation Unit, 2016) for people who then may have unrealistic expectations of social prescribing (Wildman et al, 2019). However, these difficulties are not without solution, and two papers discussed the importance of good communication on both sides and that with this, issues were largely addressed (Bickerdike et al, 2017; Cordis Bright, 2019). In both cases, it was seen as particularly important that link workers feedback to GP's about the progress of people referred to them, and that referral pathways were clear and simple. Co-location was also discussed, and was seen to "legitimize" social prescribing services in the eyes of both healthcare professionals and their patients (Kilgarriff-Foster and O'Cathain, 2015). This legitimization was seen as particularly important to certain groups, such as migrant populations, who could view social prescribing less favourably than medication and feel that they have not been taken seriously when referred (Kellezi et al, 2021), or could want a written script for the referral (Husk et al, 2020) which would require that the GP have a good knowledge and attitude to social prescribing. Co-location could therefore address this barrier, and could perhaps be considered as a facilitator for the success of social prescribing initiatives.

The second theme identified related to the lack of reach of some social prescribing services. As described above, many social prescribing services rely primarily, or completely, on GP surgeries for referrals however this leaves some populations without a way to access services. Many people experiencing loneliness, for example, would not meet the clinical threshold to see their GP (Wakefield et al, 2022) and are therefore not aware of, or able to access, social prescribing services. Similarly, people who may not want or be able to leave their home would also struggle to access services (Beynon et al, 2020) and so services miss people who would potentially benefit from social prescribing. This is also true of specific populations, such as autistic adults, who experience a range of barriers in accessing primary care (i.e. inaccessible environments, communication difficulties), causing them to delay seeking appropriate assistance and then impacting on their ability to enrol in social prescribing when this is suggested (Featherstone et al, 2022). Additionally, when individuals with additional needs are successfully referred to social prescribing services, they can struggle with additional barriers to engagement such as limited public transport, mobility issues etc. and therefore may need more support from their link workers in order to remain engaged (Foster et al, 2021). One paper also identified the need of link workers to diversify the format of the intervention as this could impact the receptiveness of the person referred (Wildman et al, 2019). Therefore, social prescribing services may struggle to reach, or remain engaged with key populations. However, when social prescribing services allow for direct/self-referrals they tend to see improved "take up" (Local Government Association, 2016) and so this may be one way to navigate these difficulties, in addition to appropriate service delivery, and flexibility of the link worker.

3.6 IS THE TERM ‘SOCIAL PRESCRIBING’ A BARRIER IN ITSELF TO PEOPLE ENGAGING?

Fourteen papers were identified that discussed specific barriers to engagement with social prescribing services, and four of these discussed the term “social prescribing” specifically. Therefore, papers have been grouped into two themes based on either identifying the phrase “social prescribing” as a barrier, or not.

In papers that discussed the use of the term “social prescribing”, the prevailing finding appeared to be that people were unfamiliar with the term or did not understand it, even when there was familiarity with the intervention itself when this was explained. For example, in a paper that conducted focus groups with members of the public, one person commented that: “It is happening in lots of places but we just don’t necessarily call it that, it’s happened for a long time in lots of places just never tagged it in that name.” (Khan et al, 2022, p229). Participants were subsequently able to name a number of community activities that they felt could fit under the social prescribing “umbrella”, despite their initial unfamiliarity with the term. This finding was mirrored in another paper, who found that the majority of their participants (people with neurological conditions) did not recognise the term “social prescribing”, or if they had heard of it this was generally through media or a specific charity, and their understanding of the meaning behind the term was perhaps reductionist in some cases: “I don’t think I’d necessarily heard the term but I know what that means. I’d seen stuff about people gardening and people being outdoors so I presumed it was all interlinked in to that side of things.” (Simpson et al, 2021, p4). Additionally, when one paper considered barriers to social prescribing access, they identified significant language barriers (Gupta, 2021) which would like apply to a term such as “social prescribing” as it is not in common use for many people. Beyond members of the public, one paper also identified that healthcare professionals were not always familiar with the term (Scott et al, 2021), and again if they were they may not have been aware of exactly what this would entail.

Despite the literature above which describes the term “social prescribing” as a potential barrier to access, many papers did not identify this. For example, a systematic review specifically considering facilitators and barriers to the delivery of social prescribing did not discuss terminology at all and instead identified a number of more pertinent barriers such as communication, GP characteristics, local infrastructure and leadership (Pescheny et al, 2018). Two studies had similar results, one identifying key barriers as resource availability, staff turnover and partner relationships amongst others (Pescheny et al, 2018), and the other discussing issues such as transport, waiting times and affordability (Innovation Unit, 2016), but neither discussed terminology. This does not necessarily mean that the term “social prescribing” could not present as a barrier, however does highlight that there may be more pressing obstacles to access that warrant the attention of these papers.

A number of papers identified that their participants had experienced barriers to engagement not with social prescribing services themselves, but with the groups or activities suggested to them. The most common of these were physical difficulties, in one case this was a lack of equipment or adaptations to assist people with motor neurone disease (Simpson et al, 2020), in another this linked to a person being unable to engage outdoors, but being uninterested in indoor activities (White et al, 2017), and in another there was a high dropout rate in activities due to ill-health (Howarth et al, 2020). This was also linked to mental health difficulties, with severe anxiety or depression identified as a barrier to engagement in a number of cases (Simpson et al, 2021; Thomas et al, 2021; Wildman et al). Additionally, as has been discussed above, there were some difficulties identified in encouraging healthcare professionals to recommend social prescribing and therefore encourage their patients to engage (Pescheny et al, 2018; White et al, 2017). Cultural barriers were also discussed in one paper, which described that people who may need an interpreter experienced worry that their interpreter would share their troubles within their community, and were therefore deterred from engaging (Kellezi et al, 2021).

Therefore, the literature suggests that it is possible for the term “social prescribing” to form a barrier to engagement for some people or populations, however in most cases this is not viewed as a key obstacle, and there may instead be other barriers that are more important to many people.

4. CONCLUSIONS

The literature described above demonstrates that there is a wide evidence base from which to draw when considering the patient experience of social prescribing interventions. Results should be interpreted whilst keeping in mind the limitations of a scoping review, and with reference to the applied inclusion and exclusion criteria. This review only gives a broad overview of the available literature, however whilst a systematic review would likely provide a most comprehensive picture of the evidence base, the key issues identified in this review are reflective of the reviewed literature and would likely be identified were further research or review undertaken on the topic.

Overall, the literature described that the patient experience of social prescribing is largely positive. Many papers included descriptions of improved health, increased confidence, improved socialisation and a range of other benefits in addition to anecdotal comments from participants who commented on simply enjoying their engagement. There was some literature which identified a negative patient experience, however this appeared to be linked primarily to accessibility issues or to the need for other interventions such as formal mental healthcare. In these cases, it seemed that people had perhaps been inappropriately referred when other intervention was needed, or that more consideration needed to be given to their needs, and if this were addressed their experience may have improved.

When considering another way to do things, many suggestions were identified in the literature. For example, on an operational level there were suggestions of changes to funding, co-location and multi-professional working to facilitate successful social prescribing. Some change to ways in which link workers practice such as clearer communication or reflective practice were also seen as welcome. And finally, flexibility in the offer that services make was seen as key, perhaps in creating groups themselves or in considering more simple ways for people to connect.

There were a high number of papers that described the effect pre/post intervention, and this was largely positive with many people better off than before. For example, there were improvements in physical health, mental health, self-management and isolation and these improvements in turn seemed to move people away from other clinical services. Only one paper did not identify that people were better off post social prescribing as it compared outcomes to medication and CBT. This appeared to need more research on the topic before drawing any firm conclusions.

Many papers discussed referral mechanisms and why people may not be referred to social prescribing services. Primarily, difficulties centred around difficulties in communication between GP's, GP surgeries more broadly and link workers. In some cases, link workers were unaware of how to speak to GP's, and in others GP's were unaware of the offer being made to their patients. The literature also identified that services may miss people that do not attend a GP appointment, or that some people experience too many barriers to engage in services once referred. This is likely to need consideration by social prescribing services when considering the offer that they make and the referral pathways they establish as self-referral, for example, was seen as a way to combat some of these obstacles.

Finally, when considering the term “social prescribing”, there were a small number of papers that identified this a barrier to engagement. In these papers, most people and even some healthcare professionals were unaware of the term or its meaning until this was explained. One paper also described the difficulty in language barriers, and how this term could be unfamiliar and lead to some people not understanding what they have been referred to. Other papers focussed on barriers such as communication, leadership, transportation etc. and did not discuss terminology. It appeared that although terminology could be seen as a barrier, there were numerous other difficulties that arose when considering engagement.

Overall, this review demonstrated that there is a wide range of literature relating to the patient experience of social prescribing in addition to the outcomes of services and the facilitators/barriers that services need to consider. Of course, as this is a scoping review some topics may not have been identified or may have not be fully represented in this report. Of note, there were very few papers discussing the term “social prescribing” despite the tendency of some papers to avoid the term and instead use another term such as “community referral”. Additionally, there was a lack of literature identified to directly compare social prescribing interventions with other treatments (i.e. medication, CBT) and a lack of randomised control trials to give robust evidence in favour of social prescribing. Therefore, it may be useful for future research to focus on this and for future review to investigate these topics to identify the evidence that is already available.

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APPENDICES

APPENDIX 1. PICO TABLE

Population/Problem	Intervention	Comparison	Outcome
Community	Social prescribing		Benefits
Client	Community connector		Barriers
Adult	Social referral		Opinion
Patient	Link worker		Experience
Service user	Community referral		Outcome measures
Citizen			Engagement
			Satisfaction
			Utilisation

APPENDIX 2. LIST OF SEARCH TERMS

(ab ("community referral") OR ab ("social referral")) AND (ab ("patient") OR ab ("service user") OR ab ("client") OR ab ("citizen"))

(ab("community referral") OR ab("social referral")) AND (ab("experience") OR ab("satisfaction") OR ab("perspective"))

(ab("community referral") OR ab("social referral")) AND (ab("outcomes") OR ab("outcome measures") OR ab("survey"))

(ab("community referral") OR ab("social referral")) AND (ab("barriers") OR ab("challenges"))

(ab("community referral") OR ab("social referral")) AND ab("utilisation")

(ab("community referral") OR ab("social referral")) AND ab("engagement")

ab("social prescribing") AND (ab("patient") OR ab("service user") OR ab("client") OR ab("citizen"))

ab("social prescribing") AND (ab("experience") OR ab("satisfaction") OR ab("perspective"))

ab("social prescribing") AND (ab("outcomes") OR ab("outcome measures") OR ab("survey"))

ab("social prescribing") AND (ab("barriers") OR ab("challenges"))

ab("social prescribing") AND ab("utilisation")

ab("social prescribing") AND ab("engagement")

(ab("link worker") OR ab("community connector")) AND (ab("patient") OR ab("service user") OR ab("client") OR ab("citizen"))

(ab("link worker") OR ab("community connector")) AND (ab("experience") OR ab("satisfaction") OR ab("perspective"))

(ab("link worker") OR ab("community connector")) AND (ab("outcomes") OR ab("outcome measures") OR ab("survey"))

(ab("link worker") OR ab("community connector")) AND (ab("barriers") OR ab("challenges"))

(ab("link worker") OR ab("community connector")) AND ab("utilisation")

(ab("link worker") OR ab("community connector")) AND ab("engagement")

APPENDIX 3: INCLUSION/EXCLUSION CRITERIA

Inclusion	Exclusion
Patient experience	Non English language publications
Patient outcomes	Staff satisfaction
Outcome measure	Secondary care
Evaluation	Research proposals/incomplete studies
Social prescribing	
Green prescribing	
Social referral	
Community referral	
Community connector	
Link worker	
Patient satisfaction	
Terminology	
Referral pathway	
Referral mechanism	
Community	
English language	

APPENDIX 4: TABLE OF LITERATURE INCLUDED IN THE SCOPING REVIEW

No	Title	Author(s)	Full Reference	Abstract
1	Social Prescribing for Individuals Living with Mental Illness in an Australian Community Setting: A Pilot Study	Aggar Christina; Thomas, Tamsin; Gordon, Christopher; Bloomfield, Jacqueline; Baker, James.	Community Mental Health Journal; New York Vol. 57, Iss. 1, (Jan 2021): 189-195. DOI: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.
2	Bristol Ageing Better Community Navigators Service: final evaluation report of a social prescribing initiative addressing loneliness and social isolation amongst older people	BEYNON Penny, et al	University of the West of England	Funded by Bristol Ageing Better, the Community Navigators is a city-wide service that works with people aged 50+ to improve confidence, boost wellbeing and tackle loneliness and isolation. The Community Navigator service is a type of social prescribing initiative. Trained Community Navigators work one-to-one on a short-term basis visiting people in their homes or via phone appointments. Between 1st July 2017 and 31st March 2020 the Community Navigators have supported 1,769 individuals. On exit from the service, the cohort show improved health and wellbeing and reduced social isolation scores. The evaluation indicates that the key aspects of success include: home visiting, which makes the service more accessible and supports a better understanding of clients’ day-to-day lives; accepting referrals from any source; accompanying people to groups

No	Title	Author(s)	Full Reference	Abstract
				and events; navigator skills and support; combination of staff and volunteers; and collaboration between the service delivery agencies. (Edited publisher abstract)
3	Social prescribing: less rhetoric and more reality. A systematic review of the evidence	Bickerdike, Liz; Booth, Alison; Wilson, Paul M; Farley, Kate; Wright, Kath.	BMJ Open; London Vol. 7, Iss. 4, (2017): e013384. DOI:10.1136/bmjopen-2016-013384	Objectives Social prescribing is a way of linking patients in primary care with sources of support within the community to help improve their health and well-being. Social prescribing programmes are being widely promoted and adopted in the UK National Health Service and so we conducted a systematic review to assess the evidence for their effectiveness. Setting/data sources Nine databases were searched from 2000 to January 2016 for studies conducted in the UK. Relevant reports and guidelines, websites and reference lists of retrieved articles were scanned to identify additional studies. All the searches were restricted to English language only. Participants Systematic reviews and any published evaluation of programmes where patient referral was made from a primary care setting to a link worker or facilitator of social prescribing were eligible for inclusion. Risk of bias for included studies was undertaken independently by two reviewers and a narrative synthesis was performed. Primary and secondary outcome measures Primary outcomes of interest were any measures of health and well-being and/or usage of health services. Results We included a total of 15 evaluations of social prescribing

No	Title	Author(s)	Full Reference	Abstract
				programmes. Most were small scale and limited by poor design and reporting. All were rated as a having a high risk of bias. Common design issues included a lack of comparative controls, short follow-up durations, a lack of standardised and validated measuring tools, missing data and a failure to consider potential confounding factors. Despite clear methodological shortcomings, most evaluations presented positive conclusions. Conclusions Social prescribing is being widely advocated and implemented but current evidence fails to provide sufficient detail to judge either success or value for money. If social prescribing is to realise its potential, future evaluations must be comparative by design and consider when, by whom, for whom, how well and at what cost.
4	Linking people with long-term health conditions to healthy community activities: development of Patient-Led Assessment for Network Support (PLANS).	Blickem, Christian; Kennedy, Anne; Vassilev, Ivaylo; Morris, Rebecca; Brooks, Helen; et al.	Health Expectations Vol. 16, Iss. 3, (September 2013): e48-e59. DOI:10.1111/hex.12088	To combine insights from service users with long-term conditions (LTCs) to assist the development of a community referral intervention designed to promote engagement and improve access to health-relevant resources. Social deprivation and reduced access to resources have been causally linked with social isolation and the ability to manage LTCs. Participation in meaningful activity has been associated with positive health benefits, and strategies to promote access to community activities have shown some potential to improve outcomes for people with LTCs. This suggests the need to develop an engagement and referral intervention in partnership with service users and community groups as part of mainstream self-care support. A series of focus groups and interviews with members of community groups in Greater Manchester designed as an iterative and collaborative approach to elicit the role of personal and community networks that support long-term condition management (LTCM) to develop a community referral tool. Participants reported a broad range of resources relevant to LTCM that often went beyond

No	Title	Author(s)	Full Reference	Abstract
				the usual concerns associated with self-care. This helped to inform a tool (PLANS) to tailor access to types of community-based resources which can support LTCM. Understanding the everyday challenges of living with a LTC highlighted the importance of connecting and engaging with localized support for people. In response to this, we developed an intervention (PLANS) which tailors access to local resources based on personal preferences, needs and acceptability to encourage service users to engage with sustainable health choices.
5	Community Webs: final evaluation report	BROWN C., et al	Bristol Ageing Better	Evaluation of Community Webs, a pilot project funded by Bristol Ageing Better (BAB) and Better Care Bristol (BCB), a social prescribing service which enables GP patients to access social activities and non-medical support services available in their local community. The evaluation of used both qualitative and quantitative methods to understand the process of delivery, short-term outcomes for clients and key costs linked to the project. The evaluation findings include client profiles and patterns of service use, patient experience of the linkworker service, GP and practice staff perceptions of the service, and links between service participation and client outcomes. The main reasons for practitioners making referrals were social isolation, low confidence and self-esteem and practical support needs (including welfare benefits, housing and form filling). The results suggest that Community Webs is beneficial for patients and GPs, in particular through its person-centred methods which have resulted in significant improvements to patients' health and wellbeing. Patients have been provided with the right information to help them to access social, emotional and practical support, and have been able to make positive choices regarding their broader health and wellbeing needs. GP's and practice staff have demonstrated trust in the voluntary and community sector, and in social prescribing in particular, by continuing to refer their patients into the service. The report also highlights that there is no 'one size fits all' in relation to

No	Title	Author(s)	Full Reference	Abstract
				social prescribing services and the value of exploring both the individual and community 'assets'. Learning and recommendations are included.
6	Prescriptions for pleasure	BROWN Martin, FRIEDLI Lynne, WATSON Stuart	Mental Health Today, June 2004, pp.20-23.	Social prescribing links patients in primary care with non-medical sources of support within the community. It is part of a wider recognition of the influence of social and cultural factors on mental health outcomes. This article is based on a new evidence review commissioned by the Northern Centre for Mental Health to support the wider use of social prescribing in primary care to achieve more positive outcomes for vulnerable client groups, including people with mild to moderate depression and anxiety and people with long term difficulties. Highlights some evaluated models of social prescribing and looks at their success.
7	Happy Hookers: findings from an international study exploring the effects of crochet on wellbeing.	Burns, P; Van Der Meer R.	Perspectives in Public Health; London Vol. 141, Iss. 3, (May 2021): 149-157. DOI:10.1177/1757913920911961	Aims: With rising rates of mental health disorders being reported globally, it is imperative that we investigate economical and accessible ways to increase relaxation and reduce stress. While there is a plethora of anecdotal evidence as to the positive effects of domestic crafts on mental wellbeing, there is little empirical research in this area. As such, we aimed to explore perceived links between crochet and wellbeing. Methods: An online survey was developed and piloted, based on an existing tool that explored knitting and wellbeing. The final survey was promoted through social media, over a 6-week period, resulting in valid responses from 8391 individuals. Results: Most respondents were female (99.1%), aged between 41 and 60 years (49.5%) and living in 87 different countries. Many

No	Title	Author(s)	Full Reference	Abstract
				respondents reported crocheting for between 1 and 5 years (42.6%). The three most frequent reasons reported for crocheting were: to be creative (82.1%), to relax (78.5%) and for a sense of accomplishment (75.2%). Respondents reported that crochet made them feel calmer (89.5%), happier (82%) and more useful (74.7%). There was a significant improvement in reported scores for mood before crocheting ($M = 4.19$, $SD = 1.07$) and mood after crocheting ($M = 5.78$, $SD = 0.82$); $z = -69.86$, $p < .001$, $r = -0.56$. Content analysis of free-text responses identified five major themes: (1) health benefits, (2) process of crochet, (3) personal connection, (4) crochet as contribution and (5) online crochet communities. Conclusion: The data suggests that crochet offers positive benefits for personal wellbeing with many respondents actively using crochet to manage mental health conditions and life events such as grief, chronic illness and pain. Crochet is a relatively low-cost, portable activity that can be easily learnt and seems to convey all of the positive benefits provided by knitting. This research suggests that crochet can play a role in promoting positive wellbeing in the general population, adding to the social prescribing evidence base.
8	What works in social prescribing?	CORDIS BRIGHT	Cordis Bright	Based on a review of the literature, this evidence summary highlights the potential of social prescribing services to combat the root social causes of ill health and alleviate demand on healthcare services. The review provides a definition of social prescribing and outlines the key ingredients for successful social prescribing services. These key ingredients cover: funding, buy-in of health professionals, referral process, link workers, patient-centred care, collaborative working and integration between different sectors. The review also explores potential barriers to the widespread adoption of social prescribing services. It notes that robust evidence for social prescribing remains

No	Title	Author(s)	Full Reference	Abstract
				weak, with the majority of evaluations small in scale and poorly designed.
9	Men's sheds: the perceived health and wellbeing benefits	Crabtree, Lois; Tinker, Anthea; Glaser, Karen.	Working With Older People; Brighton Vol. 22, Iss. 2, (2018): 101-110. DOI:10.1108/WWOP-09-2017-0026	Purpose The purpose of this paper is to explore older men's perceptions of the health and wellbeing benefits of participating in men's sheds. Design/methodology/approach Qualitative semi-structured interviews with eight men aged 65 and over from men's sheds in London. Interviews were audio recorded and transcribed by hand, and analysis was conducted through coding of the transcripts. Findings The results of this study suggested that men's sheds improved older men's perceived level of social interaction, men's outlook, led to self-reported improvements in depression, and all perceived themselves to be fitter since joining. Despite the research being conducted in an urban area, it highlighted the lack of prior community engagement. Research limitations/implications The sample size used in the research was small and may not be representative of other men's sheds in different areas, therefore further research with a larger sample should be conducted. Practical implications A health policy dedicated to males which includes the promotion and funding of men's sheds, such as in Ireland, should be considered by the government. In addition, clinical commissioning groups should recognise men's sheds as a non-clinical alternative for their patients through social prescribing in general practice. Finally, in order to achieve the World Health Organisation initiative of creating "age

No	Title	Author(s)	Full Reference	Abstract
				friendly cities" community groups such as men's sheds need to be promoted and further utilised. Originality/value There has been little research in the UK.
10	Evaluation of Doncaster Social Prescribing Service: understanding outcomes and impact	DAYSON Chris, BENNETT Ellen	Sheffield Hallam University. Centre for Regional Economic and Social Research	An evaluation of the Doncaster Social Prescribing Service, providing an analysis of outcomes for service users and the costs and benefits of the service between August 2015 and July 2016. It uses interviews with staff and key stakeholders from across health and social care, and users of the service; self-evaluation questionnaires from 292 people using the Service; and quality of life surveys completed by 215 users of the Service. The Social Prescribing Service reached more than 1,000 people referred by their GP, Community Nurse or Pharmacist and enabled almost 600 local people to access support within the community during the evaluation period. The main reasons for referral were a long term health or mental health condition. Positive outcomes for clients included improvements in health related quality of life (HRQL), social connectedness, and financial well-being. However, there was little evidence to suggest a reduction in the use of secondary care and inpatient stays. In health terms, the evaluation estimates that for every £1 of the £180,000 funding spent, the Service produced more than £10 of benefits in terms of better health. (
11	The Rotherham Social Prescribing Service for People with long-term conditions: evaluation update	DAYSON Chris, DAMM Chris	Sheffield Hallam University. Centre for Regional Economic and Social Research	An updated assessment of the social and economic impact of the Rotherham Social Prescribing Service between September 2012 and March 2016. Originally commissioned as a two-year pilot in 2012 the service is now funded until 2018 through the Better Care Fund. Its two core features are: advisors providing a single gateway to voluntary and community sector (VCS) support for GPs and service users (advisors assess the support needs of patients and carers before referring on to appropriate VCS services) and a grant funding

No	Title	Author(s)	Full Reference	Abstract
				programme for VCS activities to meet the needs of service users. The evaluation reports that between September 2012 and March 2016 the Rotherham Social Prescribing Service supported more than 3,000 local people with long-term health conditions and their carers. It identifies reductions in service users' use of secondary care, reduced admissions to Accident and Emergency, and improvements in the well-being of service users. Wider benefits seen in the VCS across Rotherham, include additional investment; developing and promoting social action and volunteering; and the development of a 'micro-commissioning' model. The evaluation also consistently demonstrated costs avoided by the NHS, with figures across the first four years of service equating to an estimated £647,000 of NHS costs avoided: an initial return on investment of 35 pence for each pound (£1) invested.
12	Social prescribing for patients of secondary mental health services: emotional, psychological and social well-being outcomes	Dayson, Chris; Painter, Jo; Bennett, Ellen.	Journal of Public Mental Health; Brighton Vol. 19, Iss. 4, (2020): 271-279. DOI:10.1108/JPMH-10-2019-0088	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

No	Title	Author(s)	Full Reference	Abstract
				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.
13	Does arts engagement and cultural participation impact depression outcomes in adults: a narrative descriptive	Elsden, Esme; Roe, Brenda.	Journal of Public Mental Health; Brighton Vol. 20, Iss. 3, (2021): 159-171. DOI:10.1108/JPMH-06-2020-0060	Purpose The purpose of this study is to explore whether engaging with arts and culture affect depression in adults. This is because depression is the most common mental health disorder. Diversification of mental health services, initiatives in arts in health and social prescribing are providing emerging evidence of benefits relating to depression outcomes.

No	Title	Author(s)	Full Reference	Abstract
	systematic review of observational studies			Design/methodology/approach A systematic review design adhering to the preferred reporting items for systematic reviews and meta-analyses reporting guidelines. MEDLINE®, Embase and American psychology association PsycINFO were searched and six studies were deemed eligible. Data extraction and quality appraisal enabled a narrative descriptive summary comparing study design, characteristics, populations and key results relating arts and cultural engagement to depression outcomes. Findings The total number of participants across the studies were 49,197. Three studies reported mean age, 58.78 years (15–99 years). Gender reported by five studies was 52.4% (n = 24,689) female and 47.6% (n = 22,439) male. Five studies found that engaging with arts decreased your odds of having depression. Originality/value This systematic review found emerging evidence that arts and cultural engagement benefits a wider population by reducing depression incidence. Establishing and understanding the association between arts engagement and decreasing depression incidence in a population is relevant to health-care providers, the general population and policymakers alike.
14	Connections with nature for people living with dementia.	Evans, Simon Chester; Barrett, Julie; Mapes, Neil; Hennell, June; Atkinson, Teresa; et al.	Working With Older People; Brighton Vol. 23, Iss. 3, (2019): 142-151. DOI:10.1108/WWOP-01-2019-0003	Purpose The benefits of “green dementia care”, whereby people living with dementia are supported to connect with nature, are increasingly being recognised. Evidence suggests that these benefits span physical, emotional and social spheres and can make a significant contribution towards quality of life. However, care settings often present specific challenges to promoting such connections due to a

No	Title	Author(s)	Full Reference	Abstract
				range of factors including risk-averse cultures and environmental limitations. The purpose of this paper is to report on a project that aims to explore the opportunities, benefits, barriers and enablers to interaction with nature for people living with dementia in residential care and extra care housing schemes in the UK. Design/methodology/approach Data were gathered from 144 responses to an online survey by managers/staff of extra care housing schemes and care homes in the UK. In depth-case studies were carried out at three care homes and three extra care housing schemes, involving interviews with residents, staff and family carers. Findings A wide variety of nature-based activities were reported, both outdoor and indoor. Positive benefits reported included improved mood, higher levels of social interaction and increased motivation for residents, and greater job satisfaction for staff. The design and layout of indoor and outdoor spaces is key, in addition to staff who feel enabled to promote connections with nature. Research limitations/implications This paper is based on a relatively small research project in which the participants were self-selecting and therefore not necessarily representative. Practical implications The paper makes some key recommendations for good practice in green dementia care in extra care housing and care homes. Social implications

No	Title	Author(s)	Full Reference	Abstract
				Outdoor activities can promote social interaction for people living with dementia in care settings. The authors' findings are relevant to the recent policy focus on social prescribing. Originality/value The paper makes some key recommendations for good practice in green dementia care in extra care housing and care homes.
15	Community engagement and dementia risk: time-to-event analyses from a national cohort study	Fancourt, Daisy; Steptoe, Andrew; Cadar, Dorina.	Journal of Epidemiology and Community Health; London Vol. 74, Iss. 1, (Jan 2020): 71. DOI:10.1136/jech-2019-213029	Background There is increasing interest in the potential health benefits of referring older adults to engage in community leisure activities ('social prescribing') to help promote healthy cognitive ageing. However, it remains unclear whether beneficial effects of community engagement are independent of the well-known protective effects of broader structural, functional and subjective social factors. Methods We analysed data from 9550 adults aged 50+ from the English Longitudinal Study of Ageing, with baseline from 2004 to 2005. We assessed associations between different types of community engagement and dementia incidence over a 12-year period. Specifically, we used Cox proportional hazards models, competing risk regressions models, and modified Fine and Gray subdistribution hazards models while controlling for all identified demographic, health-related, and social covariates. Results Community cultural engagement (eg, visiting museums, galleries, the theatre) was associated with a lower hazard of developing dementia in older age independent of demographic, health-related and a broad range of social factors, using all three statistical approaches (fully adjusted Cox models: HR 0.58, 95% CI 0.41 to 0.80). Community group

No	Title	Author(s)	Full Reference	Abstract
				engagement (eg, attending clubs or societies) was only associated with dementia prior to adjustment for social factors. Results were robust to sensitivity analyses considering reverse causality, over-adjustment and baseline cognitive function. Conclusion It is not just social factors that are associated with reduced risk of dementia onset, but community engagement may also be protective, particularly when relating to cultural activities. These findings are of relevance when considering the current interest in social prescribing to support healthy ageing.
16	Health and wellbeing outcomes and social prescribing pathways in community-based support for autistic adults: A systematic mapping review of reviews.	Featherstone, Charlotte; Sharpe, Richard A; Axford, Nick; Asthana, Sheena; Husk, Kerryn.	Health & Social Care in the Community; Oxford Vol. 30, Iss. 3, (May 2022): 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

No	Title	Author(s)	Full Reference	Abstract
				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.
17	Supporting Vulnerable Populations During the Pandemic: Stakeholders' Experiences and Perceptions of Social Prescribing in Scotland During Covid-19	Alison, Fixsen Dr; Simon, Barrett Dr; Shimonovich Michal.	Qualitative Health Research; Thousand Oaks Vol. 32, Iss. 4, (Mar 2022): 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.
18	Collaboration between primary care and a voluntary, community sector organisation: Practical guidance	Fleming, Joanna; Wellington, Chrissie; Parsons, Joanne; Dale, Jeremy.	Health & Social Care in the Community; Oxford Vol. 30, Iss. 2, (Feb 2022): 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

No	Title	Author(s)	Full Reference	Abstract
	from the parkrun practice initiative.			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.
19	Impact of social prescribing to address loneliness: A mixed methods evaluation of a national social	Foster, Alexis; Thompson, Jill; Holding, Eleanor; Ariss, Steve; Mukuria, Clara; et al.	Health & Social Care in the Community; Oxford Vol. 29, Iss. 5, (Sep 2021): 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

No	Title	Author(s)	Full Reference	Abstract
	prescribing programme.			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.
20	Social prescribing in ethnic minority communities.	Gupta, Abhishek Kumar	In: British Journal of General Practice; Mar2021; v.71 n.704, 109-109. (1p)	Benefits include improved fitness, motivation, and confidence to maintain better health, alongside reducing the burden of polypharmacy.[1] Unfortunately, there remains a recognised deficit in referrals for ethnic minority patients to social prescribing schemes.[2] Social prescribing may not have the desired outreach to British Asian and minority ethnic groups because of cultural,

No	Title	Author(s)	Full Reference	Abstract
				religious, and language barriers within social prescribing projects that prevent these schemes from being diversity friendly.[3] As a result, there arises a need to ensure certain projects are designed with ethnic minority communities as the key stakeholders in an effort to encourage these groups to access social prescribing. Social prescribing reinforces a holistic approach to health.
21	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	Hanlon, Peter; Gray, Cindy M; Chng, Nai Rui; Mercer, Stewart W.	Chronic Illness; London Vol. 17, Iss. 3, (Sep 2021): 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

No	Title	Author(s)	Full Reference	Abstract
				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.
22	Social prescribing for people with mental health needs living in disadvantaged communities: the Life Rooms model	HASSAN Shaima M., et al	BMC Health Services Research, 20(19), 2020, Online only	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

No	Title	Author(s)	Full Reference	Abstract
				independence. Conclusion: Findings support the need and benefit social prescribing to improve mental health wellbeing and reduce the burden of mental illness
23	Social prescribing: a 'natural' community-based solution.	Howarth, Michelle; Griffiths, Alistair; da Silva, Anna; Green, Richard	British Journal of Community Nursing (BR J COMMUNITY NURS), Jun2020; 25(6): 294-298. (5p)	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.
24	What approaches to social prescribing work, for whom, and in what circumstances? A realist review.	Husk, Kerryn; Blockley, Kelly; Lovell, Rebecca; Bethel, Alison; Lang, Iain; et al.	Health & Social Care in the Community; Oxford Vol. 28, Iss. 2, (Mar 2020): 309-324. DOI:10.1111/hsc.12839	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

No	Title	Author(s)	Full Reference	Abstract
				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.
25	Wigan community link worker service evaluation	INNOVATION UNIT	Innovation Unit	Evaluation of the Wigan Community Link Worker (CLW) service, which was set up as a pilot in 2015 to improve the health and wellbeing of local people by helping them to access community based support and activities. It also helps those referred to use their skills and experience through volunteering. The evaluation, commissioned by Wigan Borough CCG and Wigan Council, aims to gain a better understanding of how the service is working, who is using it and what difference it is making to clients and referring services. The evaluation draws on an analysis of referral data, case studies and qualitative interviews with commissioners, people running services,

No	Title	Author(s)	Full Reference	Abstract
				patients, community link workers and representatives of voluntary and community organisations. Findings report high levels of commitment to the service from stakeholders, with health and care professionals valuing the service and promoting it to colleagues and clients. A total of 784 clients were supported between January 2015 and March 2016. Over half of these clients were over 55, with social isolation and mental health issues the most recurrent presenting issues, along with benefits and financial advice. The service is also used by number of carers. Client stories suggest that CLWs help them to feel supported and able to contribute in their community. The evaluation also found anecdotal evidence of reduced pressure on mainstream services. Recommendations include that the service retains it wide referral and low threshold for access; development of the skills of CLWs as relational workers through peer support and reflective practice; and enlists CLWs, clients and health professionals in co-designing and co-producing the service in the future. (Edited publisher abstract)
26	The social cure of social prescribing: a mixed-methods study on the benefits of social connectedness on quality and effectiveness of care provision	Kellezi, Blerina; Juliet Ruth Helen Wakefield; Stevenson, Clifford; McNamara, Niamh; Mair, Elizabeth; et al.	BMJ Open; London Vol. 9, Iss. 11, (2019): 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.

No	Title	Author(s)	Full Reference	Abstract
				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.

No	Title	Author(s)	Full Reference	Abstract
27	Adapting Social Prescribing to meet the needs of migrant populations: Challenges and solutions to service access and efficacy	Kellezi, Blerina; Wakefield, Juliet; Bowe, Mhairi; Bridger, Kay; Teague, Kirsty.	Community Psychology in Global Perspective; Lecce Vol. 7, Iss. 2, (2021): 1-21. DOI:10.1285/i24212113v7i2p1	Experiences of international migrants in host countries are very diverse. However, many migrants face cumulative challenges to their health and wellbeing which can be best supported by health initiatives aiming to a) address needs derived from socio-political context where they live and b) increase meaningful connection with community. This paper discussed the value and challenges of using one such health initiative to support the needs of vulnerable migration populations: 'Social Prescribing'. Data was collected from two roundtables with forty participants from organisations working with migrants in the UK and those with lived experience of migration and analysed using thematic analysis. Several challenges to accessing health support were identified including issues around acceptability, appropriateness, and quality of care. Participants emphasised the importance of holistic and culturally appropriate approaches which address health needs while recognising legal, economic and other challenges migrants face. To successfully implement initiatives such as Social Prescribing, there needs to be flexibility, shared understanding between service users and providers, community buy-in, attention to safeguarding and direct involvement of migrants in their development and implementation.
28	Public perspectives of social prescribing.	Khan, Koser; Ward, Fiona; Halliday, Emma; Holt, Vivien	Journal of Public Health (J PUBLIC HEALTH), Jun2022; 44(2): e227-e233. (7p)	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

No	Title	Author(s)	Full Reference	Abstract
				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.
29	Exploring the components and impact of social prescribing	KILGARRIFF-FOSTER Alexis, O'CATHAIN Alicia	Journal of Public Mental Health, 14(3), 2015, pp.127-134.	Purpose: Social prescribing are short-term intermediary services that facilitate patients with psychosocial needs to engage in non-clinical support. However, little is known about the components and potential impact of social prescribing. The paper aims to discuss this issue. Design/methodology/approach: A review was conducted to explore the evidence based on social prescribing including mapping its key components and potential impact. Database, internet and hand searching was utilised to identify relevant studies. Data extraction and narrative analysis was undertaken to explore the issues. Findings: In total, 24 studies met the inclusion criteria. The studies were diverse in their methodologies and the services evaluated. Stakeholders such as general practitioners and patients perceived that social prescribing increased patients' mental well-being and decreased health service use. However, the quantitative evidence supporting this was limited. The only randomised-controlled trial showed a decrease in symptoms and increase in functional well-being at four months. The other non-controlled designs had large drop-out rates limiting their value in determining

No	Title	Author(s)	Full Reference	Abstract
				effectiveness. Research limitations/implications: Further research is needed on the effectiveness and cost-effectiveness of social prescribing using robust evaluative designs. (Publisher abstract)
30	A systematic scoping review of community-based interventions for the prevention of mental ill-health and the promotion of mental health in older adults in the UK	LEE Caroline, et al	Health and Social Care in the Community, 30(1), 2022, pp.27-57.	Background: Mental health concerns in older adults are common, with increasing age-related risks to physical health, mobility and social isolation. Community-based approaches are a key focus of public health strategy in the UK, and may reduce the impact of these risks, protecting mental health and promoting wellbeing. The researchers conducted a review of UK community-based interventions to understand the types of intervention studied and mental health/wellbeing impacts reported. Method: the researchers conducted a scoping review of the literature, systematically searching six electronic databases (2000–2020) to identify academic studies of any non-clinical community intervention to improve mental health or wellbeing outcomes for older adults. Data were extracted, grouped by population targeted, intervention type, and outcomes reported, and synthesised according to a framework categorising community actions targeting older adults. Results: In total, 1,131 full-text articles were assessed for eligibility and 54 included in the final synthesis. Example interventions included: link workers; telephone helplines; befriending; digital support services; group social activities. These were grouped into: connector services, gateway services/approaches, direct interventions and systems approaches. These interventions aimed to address key risk factors: loneliness, social isolation, being a caregiver and living with long-term health conditions. Outcome measurement varied greatly, confounding strong evidence in favour of particular intervention types. Conclusion: The literature is wide-ranging in focus and methodology. Greater specificity and consistency in outcome measurement are required to evidence effectiveness – no single category of intervention yet stands out as 'promising'. More robust

No	Title	Author(s)	Full Reference	Abstract
				evidence on the active components of interventions to promote older adult's mental health is required. (Edited publisher abstract)
31	Just what the doctor ordered: social prescribing - a guide for local authorities	LOCAL GOVERNMENT ASSOCIATION	Local Government Association	Social prescribing, sometimes called community referrals, is a way of enabling primary care services to refer patients with social, emotional or practical needs to a range of local community services and activities to improve their health and wellbeing. This publication highlights the role of local authorities in facilitating social prescribing and provides nine short case studies to show how councils are working across England. (Edited publisher abstract)
32	Effectiveness of community interventions for protecting and promoting the mental health of working-age adults experiencing financial uncertainty: a systematic review	McGrath, Michael; Duncan, Fiona; Dotsikas, Kate; Baskin, Cleo; Crosby, Liam; et al.	Journal of Epidemiology and Community Health; London Vol. 75, Iss. 7, (Jul 2021): 665-673. DOI:10.1136/jech-2020-215574	Background The COVID-19 pandemic has created a period of global economic uncertainty. Financial strain, personal debt, recent job loss and housing insecurity are important risk factors for the mental health of working-age adults. Community interventions have the potential to attenuate the mental health impact of these stressors. We examined the effectiveness of community interventions for protecting and promoting the mental health of working-age adults in high-income countries during periods of financial insecurity. Methods Eight electronic databases were systematically screened for experimental and observational studies published since 2000 measuring the effectiveness of community interventions on mental health outcomes. We included any non-clinical intervention that aimed to address the financial, employment, food or housing insecurity of participants. A review protocol was registered on the PROSPERO database (CRD42019156364) and results are reported in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Results

No	Title	Author(s)	Full Reference	Abstract
				From 2326 studies screened, 15 met our inclusion criteria. Five categories of community intervention were identified: advice services colocated in healthcare settings; link worker social prescribing; telephone debt advice; food insecurity interventions; and active labour market programmes. In general, the evidence for effective and cost-effective community interventions delivered to individuals experiencing financial insecurity was lacking. From the small number of studies without a high risk of bias, there was some evidence that financial insecurity and associated mental health problems were amenable to change and differences by subpopulations were observed. Conclusion There is a need for well-controlled studies and trials to better understand effective ingredients and to identify those interventions warranting wider implementation.
33	One-Year Outcomes of a Randomized Clinical Trial Treating Depression in Low-Income Minority Women	Miranda, Jeanne; Green, Bonnie L; Krupnick, Janice L; Chung, Joyce; et al.	Journal of Consulting and Clinical Psychology; Arlington Vol. 74, Iss. 1, (Feb 2006): 99-111. DOI:10.1037/0022-006X.74.1.99	This study examines 1-year depressive symptom and functional outcomes of 267 predominantly low-income, young minority women randomly assigned to antidepressant medication, group or individual cognitive-behavioral therapy (CBT), or community referral. Seventy-six percent assigned to medications received 9 or more weeks of guideline-concordant doses of medications: 36% assigned to psychotherapy received 6 or more CBT sessions. Intent-to-treat, repeated measures analyses revealed that medication ($p < .001$) and CBT ($p = .02$) were superior to community referral in lowering depressive symptoms across 1-year follow-up. At Month 12, 50.9% assigned to antidepressants, 56.9% assigned to CBT, and 37.1% assigned to community referral were no longer clinically depressed. These findings suggest that both antidepressant medications and CBT result in clinically significant decreases in depression for low-income minority women. [PUBLICATION ABSTRACT]

No	Title	Author(s)	Full Reference	Abstract
34	Social prescribing during the COVID-19 pandemic: a qualitative study of service providers' and clients' experiences.	Morris, Stephanie L.; Gibson, Kate; Wildman, Josephine M.; Griffith, Bethan; Moffatt, Suzanne; Pollard, Tessa M.	BMC Health Services Research (BMC HEALTH SERV RES), 2/25/2022; 22(1): 1-13. (13p)	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. Conclusions: Social prescribing offered valued support to

No	Title	Author(s)	Full Reference	Abstract
				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.
35	Evaluating social prescribing	MUNOZ Sarah-Anne, TERJE Anna, BAILEY Helen	IRISS	This insight provides a review of the research methods and approaches used to evaluate UK-based social prescribing interventions in recent years, to inform healthcare and social services professionals, as well as organisations delivering social prescribing interventions and those conducting evaluations of them. It aims to give an overview of how social prescribing has been evaluated, and, importantly, what can be learned from this. The paper finds that recent evaluations of UK-based social prescribing interventions are concerned with schemes that employ link workers or community navigators to signpost participants to community-based activities – referrals to link workers can come from primary care, social services or self-referral. Most evaluations are non-experimental in design and do not include a control group while interviewing methods are widely and successfully used to capture service user experience and self-reported outcomes. The paper indicates that the interrogation of data on peoples' use of healthcare services can help understand the impact of social prescribing schemes on individuals, and healthcare services. The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a widely used measure that can help to compare the outcomes of different social prescribing schemes. The current evidence suggests that social prescribing has the potential to improve both physical and mental wellbeing. However, more research is needed to establish what works, for whom and in what circumstances.
36	The impact of the Luton social	Julia Vera Pescheny; Gunn,	BMJ Open; London Vol. 9, Iss. 6, (2019): e026862.	Objectives The objective of this study was to assess the change in energy

No	Title	Author(s)	Full Reference	Abstract
	prescribing programme on energy expenditure: a quantitative before-and-after study	Laura H; Randhawa, Gurch; Pappas, Yannis.	DOI:10.1136/bmjopen-2018-026862	expenditure levels of service users after participation in the Luton social prescribing programme. Design Uncontrolled before-and-after study. Setting This study was set in the East of England (Luton). Participants Service users with complete covariate information and baseline measurements (n=146) were included in the analysis. Intervention Social prescribing, which is an initiative that aims to link patients in primary care with sources of support within the community sector to improve their health, well-being and care experience. Service users were referred to 12 sessions (free of charge), usually provided by third sector organisations. Primary outcome measure Energy expenditure measured as metabolic equivalent (MET) minutes per week. Results Using a Bayesian zero-inflated negative binomial model to account for a large number of observed zeros in the data, 95% posterior intervals show that energy expenditure from all levels of physical activities increased post intervention (walking 41.7% (40.31%, 43.11%); moderate 5.0% (2.94%, 7.09%); vigorous 107.3% (98.19%, 116.20%) and total 56.3% (54.77%, 57.69%)). The probability of

No	Title	Author(s)	Full Reference	Abstract
				engaging in physical activity post intervention increased, in three of four MET physical activity levels, for those individuals who were inactive at the start of the programme. Age has a negative effect on energy expenditure from any physical activity level. Similarly, working status has a negative effect on energy expenditure in all but one MET physical activity level. No consistent pattern was observed across physical activity levels in the association between gender and energy expenditure. Conclusion This study shows that social prescribing may have the potential to increase the physical activity levels of service users and promote the uptake of physical activity in inactive patient groups. Results of this study can inform future research in the field, which could be of use for commissioners and policy makers.
37	Facilitators and barriers of implementing and delivering social prescribing services: a systematic review.	Pescheny, Julia Vera; Pappas, Yannis; Randhawa, Gurch	BMC Health Services Research (BMC HEALTH SERV RES), 2/7/2018; 18: 1-1. (1p)	Background: Social Prescribing is a service in primary care that involves the referral of patients with non-clinical needs to local services and activities provided by the third sector (community, voluntary, and social enterprise sector). Social Prescribing aims to promote partnership working between the health and the social sector to address the wider determinants of health. To date, there is a weak evidence base for Social Prescribing services. The objective of the review was to identify factors that facilitate and hinder the implementation and delivery of SP services based in general practice involving a navigator. Methods: We searched eleven databases, the grey literature, and the reference lists of relevant studies to identify the barriers and facilitators to the implementation and delivery of Social Prescribing services in June and July 2016. Searches were limited to literature written in English. No date restrictions were applied. Findings were synthesised narratively, employing thematic analysis. The Mixed Methods Appraisal Tool Version 2011 was used to

No	Title	Author(s)	Full Reference	Abstract
				evaluate the methodological quality of included studies. Results: Eight studies were included in the review. The synthesis identified a range of factors that facilitate and hinder the implementation and delivery of SP services. Facilitators and barriers were related to: the implementation approach, legal agreements, leadership, management and organisation, staff turnover, staff engagement, relationships and communication between partners and stakeholders, characteristics of general practices, and the local infrastructure. The quality of most included studies was poor and the review identified a lack of published literature on factors that facilitate and hinder the implementation and delivery of Social Prescribing services. Conclusion: The review identified a range of factors that facilitate and hinder the implementation and delivery of Social Prescribing services. Findings of this review provide an insight for commissioners, managers, and providers to guide the implementation and delivery of future Social Prescribing services. More high quality research and transparent reporting of findings is needed in this field.
38	Service user outcomes of a social prescribing programme in general practice.	Pescheny, Julia Vera; Pappas, Yannis; Randhawa, Gurch	International Journal of Integrated Care (IJIC) (INT J INTEGR CARE), 2018 Supplement2; 18: 1-2. (2p)	Introduction: Social prescription promotes the use of the community and voluntary sector within primary healthcare. It provides healthcare professionals with a non-medical referral option, which can operate alongside medical treatments, to address the non-clinical needs of patients. Social deprivation or psychosocial problems are often the source of health problems, poor wellbeing, and may lead to frequent primary and secondary care visits. To address the non-clinical needs of people, social prescribing links patients with sources of support within the third sector. There is evidence that social prescribing interventions have the potential to improve service user outcomes, however, most evaluations are small scale and limited by poor design and reporting. This study aimed to assess and explore the service user outcomes for the patients who

No	Title	Author(s)	Full Reference	Abstract
				participated in a social prescription intervention in the East of England Luton. Methods: A mixed-methods study was conducted including ten semi-structured interviews with service users, analysed using thematic analysis. Quantitative analysis of change in service users' mental wellbeing N=68, measured with the 7-item Warwick Edinburgh Mental Wellbeing Scale was conducted. A Bayesian approach to analysis was conducted to estimate the average percent increase in physical activity and probability of observing a non-zero score indicating no physical activity post intervention N=186. Physical activity was measured with the 7-item International Physical Activity Questionnaire. Results: Qualitative service user outcomes included reduced social isolation, pain relief, feelings of control and self-confidence, improvements in mood, stress management, and wellbeing. The quantitative analysis found a significant improvement in service users' mental wellbeing t67 = 5.026, p= 0.00 post intervention. The expected increase in physical activity is 56.3% with 95% PPI 54.77-57.69, and the average increase in probability of observing a non-zero score due to the intervention is 26.4% with 95% PPI 0.15-0.36. Discussion: The qualitative findings can contribute to an evidence base on social prescribing and inform the choice of quantitative outcome measures to evaluate social prescribing interventions in the future. The quantitative analysis was limited by missing outcome data at baseline and post intervention >58%. The authors proposed that the following issues should be considered in future evaluations to reduce the rate of missing data and to strengthen the evidence base for social prescribing: Clear outcomes, the selection of relevant and validated measurement tools, clear communication about roles and responsibilities in the evaluation process, standardised training for those responsible for data collection, a user friendly IT platform ensuring the collection of standardised data, establishment of systems to ensure continuous

No	Title	Author(s)	Full Reference	Abstract
				data collection and recruitment if responsible staff is leaving, and monitoring the data collection and recruitment process on a regular basis. Conclusion: This study produced evidence on qualitatively and quantitatively measured service user outcomes of a social prescribing intervention in the East of England. Considering the practical issues discussed by the authors in future programmes, has the potential to reduce the prevalence of missing quantitative data and to strengthen the evidence base for social prescribing.
39	Social Prescribing: Primary care patient and service user engagement.	Pescheny, Julia Vera; Pappas, Yannis; Randhawa, Gurch	International Journal of Integrated Care (IJIC) (INT J INTEGR CARE), 2018 Supplement2; 18: 1-2. (2p)	Introduction: Social Prescribing provides healthcare professionals with a non-medical referral option, in order to address the non-medical factors that determine patients' health, wellbeing, and often lead to frequent primary and secondary care visits. To meet the non-medical needs of people, social prescribing links primary care patients with sources of support usually provided within the third sector. Research on social prescription indicates that there is a potential for psychosocial benefits, health, and wellbeing improvements for patients who engaged with the service. However, there is no research on factors affecting primary care patients' decision to take part, or not to take part, in social prescribing. In addition, it is unclear why service users engage, and disengage, with the prescribed services. This study aimed to explore factors affecting the participation of primary care patients (uptake) and engagement of service users (adherence) with a social prescription intervention in the East of England (Luton). Methods: A qualitative study was conducted including 17 semi-structured interviews with GPs (3), navigators (4), and service users (10), analysed using thematic analysis. Results: Factors relating to perceived needs and benefits, the role of GPs, stigmatisation, the entrenchment in the medical model, and the nature of the social prescribing programme affected the participation of primary care patients. Changes in health and wellbeing, rewards, motivation, trust, perceived benefits, service

No	Title	Author(s)	Full Reference	Abstract
				provider-, family-, and navigator support, and the accessibility and availability of services were factors related to the engagement and disengagement of service users. Discussions: Findings of this study fill the existing knowledge gap on factors affecting primary care patients' participation and engagement in social prescribing interventions. Identified factors can inform policy and practice and, if considered in the social prescribing pathway, potentially improve patient uptake and service user adherence in existing and future programmes. A limitation of this study is that primary care patients who refused to be referred into the social prescribing programme were not interviewed. Due to a lack of recording primary care patients who refused to be referred into the social prescribing programme, this patient group could not be identified. To gain an understanding of potential reasons for refusal, in this study GPs were asked about reasons for refusal in this patient group. However, to gain a deeper understanding of barriers to initial participation, more robust and transparent research in this field, including primary care patients who refused to get involved with social prescribing, is needed. Conclusions: This study produced evidence on factors affecting the participation of primary care patients and service user engagement in a social prescribing intervention in the UK. Findings can contribute to the development of an evidence base for social prescription programmes in the UK, and inform practice, policy, and future research in the field.
40	Social Prescribing: Implementation and delivery.	Pescheny, Julia Vera; Pappas, Yannis; Randhawa, Gurch	International Journal of Integrated Care (IJIC) (INT J INTEGR CARE), 2018 Supplement2; 18: 1-2. (2p)	Introduction: Social prescription is an innovative approach that aims to link patients in primary care with sources of support within the community and voluntary sector to help improve their health, wellbeing, and care experience. Social prescription provides healthcare professionals with a non-medical referral option, which can operate alongside medical treatments, to address non-clinical factors that precipitate and perpetuate ill health and often lead to

No	Title	Author(s)	Full Reference	Abstract
				frequent primary and secondary care visits. It is based on the bio-psycho-social model of health that considers physical, as well as psychological and social factors as determinants of health and wellbeing. Research on social prescription indicates that there is a potential for psychosocial benefits and health and wellbeing improvements for service users. While most attention has been paid to outcome evaluations, there is a lack of research on factors affecting the implementation process of social prescription interventions. This study aimed to explore factors facilitating and hindering the implementation and delivery of a social prescription intervention in the East of England Luton. The Luton social prescribing programme is based in primary care and involves navigators, who support and work with referred patients to identify their non-medical needs. Methods: A qualitative study was conducted including 22 semi-structured interviews with managers and policy-makers 9, GPs 3, navigators 4, and service providers in the third sector 6 involved in the Luton social prescribing programme. Thematic analysis was used to analyse the data. Results: Due to the differences in stakeholders' experiences and views, barriers and facilitators were often two sides of the same coin e.g. good communication/poor communication. Therefore, the identified issues are presented by theme, rather than separately for barriers and facilitators. Identified issues include the availability of resources, stakeholder involvement and engagement, information technology, organisational culture and readiness, existing infrastructures, leadership, staff turnover, support and supervision, planning, communication, and relationships between stakeholders. Discussion: This study contributes to the development of an evidence base on barriers and facilitators to the implementation and delivery of social prescribing programmes. Some of the identified barriers and facilitators seem to be similar to those of other integrated care pilots

No	Title	Author(s)	Full Reference	Abstract
				in the UK, whereas others are specific to social prescribing interventions. Thus, it is important to conduct more robust and transparent research on social prescribing, to address potential barriers to implementation. Conclusion: This study produced evidence on factors that hinder and facilitate the implementation of a social prescription programme in the East of England. Findings can contribute to the development of an evidence base for social prescription programmes in the UK, and inform practice, policy, and future research in the field.
41	The impact of social prescribing services on service users: a systematic review of the evidence.	Pescheny, Julia V; Randhawa, Gurch; Pappas, Yannis	European Journal of Public Health (EUR J PUBLIC HEALTH), Aug2020; 30(4): 664-673. (10p)	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

No	Title	Author(s)	Full Reference	Abstract
				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. International Prospective Register of Systematic Reviews number: CRD42017079664
42	Searching for Real-World Effectiveness of Health Care Innovations: Scoping Study of Social Prescribing for Diabetes	Pilkington, Karen; Loef, Martin; Polley, Marie.	Journal of Medical Internet Research; Toronto Vol. 19, Iss. 2, (Feb 2017). DOI:10.2196/jmir.6431	Background: Social prescribing is a process whereby primary care patients are linked or referred to nonmedical sources of support in the community and voluntary sector. It is a concept that has arisen in practice and implemented widely in the United Kingdom and has been evaluated by various organizations. Objective: The aim of our study was to characterize, collate, and analyze the evidence from evaluation of social prescribing for type 2 diabetes in the United Kingdom and Ireland, comparing information available on publicly available websites with the published literature. Methods: We used a broad, pragmatic definition of social prescribing and conducted Web-based searches for websites of organizations providing potentially relevant services. We also explored linked information. In parallel, we searched Medline, PubMed, Cochrane Library, Google Scholar, and reference lists for relevant studies published in peer-reviewed journals. We extracted the data systematically on the characteristics, any reported evaluation, outcomes measured and results, and terminology used to describe each service. Results: We identified 40 UK- or Ireland-based projects that referred people with type 2 diabetes and prediabetes to nonmedical interventions or services provided in the community. We located evaluations of 24 projects; 11 as published papers, 12 as Web-based reports, and 1 as both a paper and a Web-based report. The

No	Title	Author(s)	Full Reference	Abstract
				interventions and services identified included structured group educational programs, exercise referral schemes, and individualized advice and support with signposting of health-related activities in the community. Although specific interventions such as community-based group educational programs and exercise referral have been evaluated in randomized controlled trials, evaluation of individualized social prescribing services involving people with type 2 diabetes has, in most cases, used pre-post and mixed methods approaches. These evaluations report generic improvement in a broad range of outcomes and provide an insight into the criteria for the success of social prescribing services. Conclusions: Our study revealed the varied models of social prescribing and nonmedical, community-based services available to people with type 2 diabetes and the extent of evaluation of these, which would not have been achieved by searching databases alone. The findings of this scoping study do not prove that social prescribing is an effective measure for people with type 2 diabetes in the United Kingdom, but can be used to inform future evaluation and contribute to the development of the evidence base for social prescribing. Accessing Web-based information provides a potential method for investigating how specific innovative health concepts, such as social prescribing, have been translated, implemented, and evaluated in practice. Several challenges were encountered including defining the concept, focusing on process plus intervention, and searching diverse, evolving Web-based sources. Further exploration of this approach will inform future research on the application of innovative health care concepts into practice.
43	Nature-based interventions and mind–body	PRETTY Jules, BARTON Jo	Social prescribing during the COVID-19 pandemic	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

No	Title	Author(s)	Full Reference	Abstract
	interventions: saving public health costs whilst increasing life satisfaction and happiness			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. This study assessed 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). This study concludes that NBIs and MBIs can play a role in helping to reduce the costs on health systems, while increasing the well-being of participants.
44	Exploring the potential for social prescribing in pre-hospital emergency and urgent care: A qualitative study	Scott, Jason; Fidler, Gayle; Monk, Daniel; Flynn, Darren; Heavey, Emily.	Health & Social Care in the Community; Oxford Vol. 29, Iss. 3, (May 2021): 654-663. DOI: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

No	Title	Author(s)	Full Reference	Abstract
				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.
45	Exploring the enablers and barriers to social prescribing for people living with long-term neurological conditions: a focus group investigation.	Simpson, Suzanne; Furlong, Moira; Giebel, Clarissa	BMC Health Services Research (BMC HEALTH SERV RES), 11/13/2021; 21(1): 1-14. (14p)	Background: People living with Long Term Neurological Conditions (LTNCs) value peer support and social activities. Psychological support and wellbeing enables them to manage their condition. Social prescribing is a formal process of referring patients to a link worker to co-design a plan to improve their health and wellbeing. Intervention involves supporting participation in activities based within the individual's local community. This study aimed to explore the barriers and enablers to accessing social prescribing for people living with LTNCs (plwLTNCs).Methods: A total of four focus groups were carried out with 17 participants, including different neurological conditions such as multiple sclerosis, Fragile X Syndrome, epilepsy, and traumatic brain injury. Two participants were family carers and supported people living with epilepsy and motor neurone disease. Findings were analysed using thematic analysis.Results: Five themes were identified: (1) Lack of knowledge; (2) Service provision

No	Title	Author(s)	Full Reference	Abstract
				difficulties; (3) Benefits of social prescribing activities; (4) Physical barriers and (5) Psychological barriers. There was a lack of knowledge about social prescribing and what it actually was. Participants anticipated service provision difficulties relating to funding, link workers need for knowledge of LTNC's and for activities to be varied and individualised. The potential benefits of social prescribing activities were recognised across the groups especially its potential to tackle loneliness and to offer plwLTNC's purpose. Participants highlighted a number of physical barriers such as transport and accessibility; and psychological barriers such as anxiety and stigma.Conclusion: Social prescribing aims to address the health inequalities of those living with long-term conditions, however currently it is likely to exclude plwLTNCs. Recommendations for practice and future research are made.
46	Supporting access to activities to enhance well-being and reduce social isolation in people living with motor neurone disease.	Simpson, Suzanne; Smith, Sandra; Furlong, Moira; Ireland, Janet; Giebel, Clarissa.	Health & Social Care in the Community; Oxford Vol. 28, Iss. 6, (Nov 2020): 2282-2289. DOI:10.1111/hsc.13049	Purpose People living with Motor Neurone Disease (plwMND) have emphasised the importance of psychological support and well-being in helping them manage their condition. Social prescribing is a formal process of referring patients with largely socioeconomic and psychosocial issues to a link worker to co-design a plan to improve their health and well-being. Intervention involves supporting engagement in meaningful activities based within the individual's local community. This pilot project aimed to explore the application of social prescribing with plwMND. Methods A cohort of plwMND were supported by an occupational therapist and link worker to identify and access community-based activities. Qualitative interviews were completed post-intervention with the plwMND and the link workers. Findings were analysed using thematic analysis.

No	Title	Author(s)	Full Reference	Abstract
				Results A total of nine plwMND took part in this pilot service, and five plwMND and four link workers were interviewed. PlwMND valued participation and wanted to engage in community-based activities. Those with mild symptomatology were able to access activities and reported a positive impact on their well-being. Those with more complex needs, particularly reduced mobility, experienced significant barriers to participation. Barriers included transport, equipment provision, lack of company to support participation and lack of confidence using mobility aids in a community environment. Link workers valued joint working with an occupational therapist. Conclusion Social prescribing aims to address the health inequalities of those living with long-term conditions, although currently it likely excludes plwMND. Future work needs to quantitatively evaluate the effects of the service on the well-being of plwMND.
47	Arts on Prescription: a qualitative outcomes study	Stickley, T; Eades, M.	Public Health Vol. 127, Iss. 8, (August 2013): 727-734.	Objectives In recent years, participatory community-based arts activities have become a recognized and regarded method for promoting mental health. In the UK, Arts on Prescription services have emerged as a prominent form of such social prescribing. This follow-up study reports on the findings from interviews conducted with participants in an Arts on Prescription programme two years after previous interviews to assess levels of 'distance travelled'. Study design This follow-up study used a qualitative interview method amongst participants of an Arts on Prescription programme of work. Methods: Ten qualitative one-to-one interviews were conducted in community-based arts venues. Each participant was currently using or had used mental health services, and had been interviewed two years earlier. Interviews were digitally recorded, transcribed and

No	Title	Author(s)	Full Reference	Abstract
				analysed. Results: For each of the 10 participants, a lengthy attendance of Arts on Prescription had acted as a catalyst for positive change. Participants reported increased self-confidence, improved social and communication skills, and increased motivation and aspiration. An analysis of each of the claims made by participants enabled them to be grouped according to emerging themes: education: practical and aspirational achievements; broadened horizons: accessing new worlds; assuming and sustaining new identities; and social and relational perceptions. Both hard and soft outcomes were identifiable, but most were soft outcomes. Conclusions Follow-up data indicating progress varied between respondents. Whilst hard outcomes could be identified in individual cases, the unifying factors across the sample were found predominately in the realm of soft outcomes. These soft outcomes, such as raised confidence and self-esteem, facilitated the hard outcomes such as educational achievement and voluntary work.
48	'Oh no, not a group!' The factors that lonely or isolated people report as barriers to joining groups for health and well-being	Avelie Stuart; Stevenson, Clifford; Koschate, Miriam; Cohen, Jessica; Levine, Mark.	British Journal of Health Psychology; Leicester Vol. 27, Iss. 1, (Feb 2022): 179-193. DOI:10.1111/bjhp.12536	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.

No	Title	Author(s)	Full Reference	Abstract
				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’.
49	Arts on prescription: observed changes in anxiety, depression, and well-being across referral cycles	Sumner, RC; Crone, DM; Hughes, S; James, DVB.	Public Health; Houndsmill Vol. 192, (Mar 2021): 49. 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

No	Title	Author(s)	Full Reference	Abstract
				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.
50	Social prescribing: An emerging area for occupational therapy	Thew, Miranda; Bell, Fiona; Flanagan, Eithne.	The British Journal of Occupational Therapy; London Vol. 80, Iss. 9, (Sep 2017): 523-524. DOI:10.1177/0308022617700905	Social prescribing has been used in some form in the National Health Service (NHS) since the 1990s, but in recent years there has been increased interest and investment by the United Kingdom (UK) government to include a wider range of community interventions and activities (NHS England, 2014), in part to make the approach more sustainable (Dyson, 2014). Social prescribing links people, through general practitioner (GP), nurse or other primary care referral, to local non-medical and social welfare support agencies in the community that provide activities and social interactions that may benefit health. Social prescribing particularly targets populations facing significant social, economic or psychological risk factors that themselves contribute to many preventable diseases and conditions. Often these populations experience lifestyle and social challenges, such as smoking, drug or alcohol misuse and unemployment, which in addition may exacerbate underlying ill-health and disease (Dyson, 2014). The kinds of interventions or activities that may already exist, but would now be eligible for referral by a GP, range from 'knit and natter' clubs, health promotional educational groups, arts, creativity, learning and exercise on referral, to fishing clubs (Dyson, 2014).
51	A systematic review to examine the	THOMAS Gwenlli, LYNCH Mary,	Molecular Diversity Preservation International	This systematic review aims to investigate the evidence in applying a co-design, co-productive approach to develop social prescribing

No	Title	Author(s)	Full Reference	Abstract
	evidence in developing social prescribing interventions that apply a co-productive, co-designed approach to improve well-being outcomes in a community setting	SPENCER Llinos Haf	and Multidisciplinary Digital Publishing Institute	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.
52	Art, nature and mental health: assessing the biopsychosocial effects of a 'creative green prescription' museum programme involving horticulture,	Thomson, L J; Morse, N; Elsden, E; Chatterjee HJ.	Perspectives in Public Health; London Vol. 140, Iss. 5, (Sep 2020): 277-285. DOI: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

No	Title	Author(s)	Full Reference	Abstract
	artmaking and collections			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 collection
53	Social prescription and the role of participatory arts programmes for	Vogelpoel, Nicholas; Jarrold, Kara.	Journal of Integrated Care Vol. 22, Iss. 2, (0, 2014): 39-50. DOI:10.1108/JICA-01-2014-0002	Purpose -- The purpose of this paper is to describe the benefits of a social prescribing service for older people with sensory impairments experiencing social isolation. The paper draws on the findings from a 12-week programme run by Sense, a voluntary sector organisation,

No	Title	Author(s)	Full Reference	Abstract
	older people with sensory impairments			and illustrates how integrated services, combining arts-based participation and voluntary sector support, can create positive health and wellbeing outcomes for older people. Design/methodology/approach -- The research took a mixed-methodological approach, conducting and analysing data from interviews and dynamic observation proformas with facilitators and quantitative psychological wellbeing scores with participants throughout the course of the programme. Observations and case study data were also collected to complement and contextualise the data sets. Findings -- The research found that participatory arts programmes can help combat social isolation amongst older people with sensory impairments and can offer an important alliance for social care providers who are required to reach more people under increasing pecuniary pressures. The research also highlights other benefits for health and wellbeing in the group including increased self-confidence, new friendships, increased mental wellbeing and reduced social isolation. Research limitations/implications -- The research was based on a sample size of 12 people with sensory impairments and therefore may lack generalisability. However, similar outcomes for people engaging in participatory arts through social prescription are documented elsewhere in the literature. Practical implications -- The paper includes implications for existing health and social care services and argues that delivering more integrated services that combine health and social care pathways with arts provision have the potential to create social and medical health benefits without being care/support resource heavy. Originality/value -- This paper fulfils a need to understand and develop services that are beneficial to older people who become sensory impaired in later life. This cohort is growing and, at present, there are very few services for this community at high risk of social isolation.

No	Title	Author(s)	Full Reference	Abstract
54	Social Prescribing as 'Social Cure': A longitudinal study of the health benefits of social connectedness within a Social Prescribing pathway	Wakefield Juliet Ruth Helen; Kellezi Blerina; Stevenson, Clifford; McNamara, Niamh; Bowe Mhairi; et al	Journal of Health Psychology; London Vol. 27, Iss. 2, (Feb 2022): 386-396. DOI: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.
55	Front-line perspectives on 'joined-up' working relationships: a qualitative study of social prescribing in the west of Scotland.	White, Jane M; Cornish, Flora; Kerr, Susan.	Health & Social Care in the Community; Oxford Vol. 25, Iss. 1, (Jan 2017): 194-203.	Cross-sector collaboration has been promoted by government policies in the United Kingdom and many western welfare states for decades. Literature on joint working has focused predominantly on the strategic level, neglecting the role of individual practitioners in putting 'joined-up working' into practice. This paper takes the case of 'social prescribing' in the west of Scotland as an instance of joined-up working, in which primary healthcare professionals are encouraged to refer patients to non-medical sources of support in the third sector. This study draws on social capital theory to analyse the quality of the relationships between primary healthcare professionals and third sector practitioners. Eighteen health professionals and 15 representatives of third sector organisations participated in a qualitative interview study. Significant barriers to collaborative working were evident. The two stakeholder groups expressed different understandings of health, with few primary healthcare professionals considering non-medical sources of support to be useful or relevant. Health professionals were mistrustful of unknown third sector organisations, and concerned about their accountability for referrals that were not successful or positive for the patient. Third sector practitioners sought to build trust through face-

No	Title	Author(s)	Full Reference	Abstract
				to-face interactions with health professionals. However, primary healthcare professionals and third sector practitioners were not connected in effective networks. We highlight the ongoing imbalance of power between primary healthcare professionals and third sector organisations. Strategic collaborations should be complemented by efforts to build shared understandings, trust and connections between the diverse front-line workers whose mutual co-operation is necessary to achieve effective joined-up working.
56	Link workers' perspectives on factors enabling and preventing client engagement with social prescribing	Wildman, Josephine M; Moffatt, Suzanne; Penn, Linda; O'Brien, Nicola; Steer, Mel; et al.	Health & Social Care in the Community; Oxford Vol. 27, Iss. 4, (Jul 2019): 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

No	Title	Author(s)	Full Reference	Abstract
				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.
57	Service-users' perspectives of link worker social prescribing: a qualitative follow-up study.	Wildman, Josephine M.; Moffatt, Suzanne; Steer, Mel; Laing, Kirsty; Penn, Linda; O'Brien, Nicola	BMC Public Health (BMC PUBLIC HEALTH), 1/22/2019; 19(1): N.PAG-N.PAG. (1p)	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

No	Title	Author(s)	Full Reference	Abstract
				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.
58	Social prescribing for people with complex needs: a realist evaluation	WOOD Emily, et al	BMC Family Practice, 22(53), 2021,	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. This study 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: This study 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-

No	Title	Author(s)	Full Reference	Abstract
				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. (Edited publisher abstract)
59	Understanding the effectiveness and mechanisms of a social prescribing service: a mixed method analysis.	Woodall, James; Trigwell, Joanne; Bunyan, Ann-Marie; Raine, Gary; Eaton, Victoria; Davis, Joanne; Hancock, Lucy; Cunningham, Mary; Wilkinson, Sue	BMC Health Services Research (BMC HEALTH SERV RES), 8/6/2018; 18(1): N.PAG-N.PAG. (1p)	Background: Evidence of the effectiveness of social prescribing is inconclusive causing commissioning challenges. This research focusses on a social prescribing scheme in Northern England which deploys 'Wellbeing Coordinators' who offer support to individuals, providing advice on local groups and services in their community. The research sought to understand the outcomes of the service and, in addition, the processes which supported delivery.Methods: Quantitative data was gathered from service users at the point they entered the service and also at the point they exited. Qualitative interviews were also undertaken with service users to gather further understanding of the service and any positive or negative outcomes achieved. In addition, a focus group discussion was also conducted with members of social prescribing staff to ascertain their perspectives of the service both from an operational and strategic perspective.Results: In total, 342 participants provided complete

No	Title	Author(s)	Full Reference	Abstract
				wellbeing data at baseline and post stage and 26 semi-structured qualitative interviews were carried out. Improvements in participants' well-being, and perceived levels of health and social connectedness as well as reductions in anxiety was demonstrated. In many cases, the social prescribing service had enabled individuals to have a more positive and optimistic view of their life often through offering opportunities to engage in a range of hobbies and activities in the local community. The data on reductions in future access to primary care was inconclusive. Some evidence was found to show that men may have greater benefit from social prescribing than women. Some of the processes which increased the likelihood of success on the social prescribing scheme included the sustained and flexible relationship between the service user and the Wellbeing Coordinator and a strong and vibrant voluntary and community sector.Conclusions: Social prescribing has the potential to address the health and social needs of individuals and communities. This research has shown a range of positive outcomes as a result of service users engaging with the service. Social prescribing should be conceptualised as one way to support primary care and tackle unmet needs.
60	OP72 Effectiveness of primary-care based community-links practitioners in areas of high socioeconomic deprivation	Wyke, S; Fitzpatrick, B; Grant, L; Chng, N R; McConachie, A; et al.	Journal of Epidemiology and Community Health; London Vol. 73, Iss. Suppl 1, (Sep 2019): A35. DOI:10.1136/jech-2019-SSMabstracts.75	Background A common policy response to health inequalities is the introduction of social prescribing programmes. Social prescribing aims to link patients to non-medical sources of support within a community, expanding options and resources beyond those traditionally provided in primary healthcare. Providing access to community-based services is expected to, for example, help reduce social isolation, provide access to initiatives supporting behaviour change (such as walking groups) and mitigate some of the effects of poverty by access to welfare advice or employment opportunities. Although widespread, the evidence-base for the effectiveness of social

No	Title	Author(s)	Full Reference	Abstract
				prescribing is extremely limited. We aimed to assess the effect of a form of social prescribing, the primary care-based community links practitioner (CLP) programme, on patients' quality of life and wellbeing. Methods Quasi-experimental cluster randomised controlled trial in socioeconomically deprived areas of Glasgow, Scotland. Adult patients (≥18 years) referred to CLPs in seven intervention practices were compared with a random sample of adult patients from eight comparison practices at baseline and 9 months. Primary outcome; health-related quality of life (EQ-5D-5L). Secondary outcomes; wellbeing (ICE-CAP A), depression (HADS-D) anxiety (HADS-A), and self-reported exercise. Multilevel, multi-regression analyses adjusted for baseline differences. Patients were not blind to the intervention, but outcome analysis was masked. Results Data were collected on 288 and 214 (72.4%) patients in the intervention practices at baseline and follow-up, and on 612 and 561 (92%) patients in the comparison practices. Intention to treat analysis found no differences between the two groups for any outcome. In sub-group analysis, patients who saw the CLP on three or more occasions (45% of those referred) had significant improvements in EQ-5D-5L, HADS-D, HADS-A and exercise levels. There was a high positive correlation between CLP consultation rates and patient uptake of suggested community resources Conclusion We were unable to prove the effectiveness of referral to CLPs based in primary care in deprived areas on improving patient outcomes.

No	Title	Author(s)	Full Reference	Abstract
				Future efforts to boost uptake and engagement might improve overall outcomes, although the apparent improvements in those who regularly saw the CLPs may be due to reverse causality. Further research is required before wide-scale deployment of this approach.