

Conceptualizing and Implementing Social Prescribing Programs

Guidance from Our
Community of Practice

CASCH

Canadian Alliance for
Social Connection and Health

About this Report

This report presents the perspectives gathered from the Social Prescribing Community of Practice located on Vancouver Island. The aim in presenting these perspectives is to assist with the effective implementation and evaluation of social prescribing in our health region and beyond. By consolidating knowledge and experiences from various stakeholders, this report seeks to enhance the capacity of health and social care providers in leveraging social prescribing as a tool for health promotion and disease prevention. It also aims to provide strategies for overcoming barriers, ensuring uptake, engagement, and adherence, and customizing social prescribing to fit local contexts. The insights, recommendations, and strategies outlined in this report are the result of numerous involving healthcare professionals, community leaders, social workers, and other relevant stakeholders from across Vancouver Island. These conversations provided a platform for sharing experiences, best practices, and challenges associated with social prescribing. The report encapsulates this wealth of shared knowledge and provides a coherent and practical roadmap for strengthening social prescribing initiatives in various settings and among diverse populations. By presenting a synthesis of these discussions, this report holds the promise of informing future practice, encouraging the further integration of social prescribing into healthcare strategies, and fostering healthier communities.

About the Canadian Alliance for Social Connection and Health

The Canadian Alliance for Social Connection and Health (CASCH) is an inter-institutional, community-academic alliance of researchers and practitioners committed to addressing loneliness and social isolation through our three pillars: (1) Research and Evaluation; (2) Policy and Program Design; and (3) Knowledge Mobilization.

About the Social Prescribing on Vancouver Island Community of Practice

The Social Prescribing on Vancouver Island Community of Practice is a community-academic partnership supported through collaborations between Island Health, the Pacific Institute on Pathogens, Pandemics, and Society (PIPPS), and the Canadian Alliance for Social Connection and Health (CASCH). The community includes dozens of members from multiple disciplines and includes healthcare providers, policymakers, researchers, and other community service practitioners.

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Territorial Acknowledgement

As individuals and as a community of practice, we live, work, and play on the traditional territories of many diverse Indigenous nations. We humbly acknowledge that our gathering and activities take place across the beautiful landscapes of Vancouver Island, which have been home to Indigenous peoples since time immemorial.

These ancestral lands have been and continue to be stewarded by the Indigenous peoples of this region, who have upheld a deep and profound connection with the land, waters, and all living beings within. We recognize that the stewardship of these territories goes beyond mere occupation; it is a sacred responsibility passed down through countless generations, carrying with it a rich tapestry of languages, cultures, and traditions.

We extend our gratitude and respect to the Indigenous peoples and nations who continue to protect the land and offer us inspiration and insight into the true nature of health and wellness.

We are mindful of the profound impact that colonization and historical injustices have had on these communities and the intergenerational trauma they continue to endure. We are committed to understanding and learning from the past, and to actively promoting reconciliation, truth, and healing.

As we come together in our community of practice, we strive to honor the principles of reciprocity and solidarity with the Indigenous peoples of Vancouver Island. We seek to learn from their wisdom, traditional knowledge, and sustainable practices, recognizing that Indigenous ways of knowing hold valuable insights for the preservation and restoration of our shared environment. This is especially true as we strive to understand the role of social prescribing in remedying the harmful effects of colonization, industrialization, and other imperial influences.

Let us work together with humility, compassion, and open hearts, as we acknowledge the past, celebrate the present, and strive for a future of equity, understanding, and harmony with all the peoples of this land.

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What is social prescribing?

01

Social prescribing is a person-centered, community-engaged model that addresses non-medical social needs by connecting individuals with community, social supports, and essential services.

02

Many communities have practiced social prescribing and its principals for decades and the foundation of social prescribing is consistent with Indigenous and holistic conceptualizations of health.

03

Social prescribing comes in many forms, but at its core involves identifying individuals and working together with them to understand their goals and interests so that linkages can be made to community programs, supports, and services that meet their individual needs.

04

Social prescriptions include a wide range of supports and activities, including recreation, arts, cultural activities, hobbies, volunteer programs, mental healthcare, social connection, education, and material supports.

05

The intent of social prescribing is not to medicalize patient needs. Rather, the goal is to co-create and prescribe effective, evidence-based interventions to empower patients to live longer, healthier and happier lives.

1.1 What is social prescribing?

At its core, social prescribing is a holistic, person-centred, and community-based strategy aimed at addressing non-medical, health-related social needs by referring participants through “prescriptions” to community social programs and services. Table 1 provides internationally agreed-upon conceptual and operational definitions of social prescribing, as established by Muhl et al. (2023). In brief, they describe social prescribing as “a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription – a non-medical prescription, to improve health and wellbeing and to strengthen community connections.”

TABLE 1. INTERNATIONALLY ACCEPTED DEFINITIONS OF SOCIAL PRESCRIBING

Conceptual Definition

Social prescribing is “a holistic, person-centred, and community-based approach to health and wellbeing that bridges the gap between clinical and non-clinical supports and services. By drawing on the central tenets of health promotion and disease prevention, it offers a way to mitigate the impacts of adverse social determinants of health and health inequities by addressing non-medical, health-related social needs (e.g., issues with housing, food, employment, income, social support).

While it looks different across the globe, it is recognized as being a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription – a non-medical prescription, to improve health and wellbeing and to strengthen community connections. It requires collective action and collaboration among multiple sectors and stakeholders. It begins with an identifier, usually a clinical professional, who identifies that a person has non-medical, health-related social needs. Typically, they refer the person to a connector, but they may act as the connecting agent themselves by connecting the person to non-clinical supports and services within the community. Hence, either party may co-produce the social prescription with the person.



The connector, who is usually a non-clinical professional, provides personalized support and focuses on what matters to the person. They co-produce a personalized action plan with the person by supporting them to assess their needs, strengths, and interests, and they subsequently connect the person to non-clinical supports and services within the community, support them to access those community resources by addressing any barriers that may exist, and follow up with them. Through a feedback loop, they report back to the identifier. They conduct motivational interviewing to promote behaviour change, spend time with the person to build trust, and empower them to take greater control of their own health and wellbeing.

Finally, monitoring and evaluation are conducted to measure outcomes through the collection of qualitative and quantitative data and the completion of pre and post assessments to understand the impact on the person (e.g., non-medical, health-related social needs, health and wellbeing [physical, mental, social], satisfaction), clinical and non-clinical supports and services (e.g., demand, costs), and the community."

Operational Definition

Social prescribing is "a holistic, person-centred, and community-based approach to health and wellbeing that satisfies Condition 1 and either Condition 2 or Conditions 3 and 4:

- **Condition 1:** Identifier identifies that person has non-medical, health-related social needs (e.g., issues with housing, food, employment, income, social support)
- **Condition 2:** Identifier connects person to non-clinical supports and services within the community by co-producing a non-medical prescription
- **Condition 3:** Identifier refers person to connector
- **Condition 4:** Connector connects person to non-clinical supports and services within the community by co-producing a non-medical prescription"

Source: Muhl et al. (2023) "Establishing Internationally Accepted Conceptual and Operational Definitions of Social Prescribing Through Expert Consensus: A Delphi Study." BMJ Open.

While innovative in many contexts, social prescribing is not a new concept. The term itself has emerged more recently as a way to formally categorize a model of care that has long been valued by those who understand the holistic nature of health and wellness. It provides a framework that emphasizes team-based, community-engaged, and person-centered care, and it provides an alternative to the biomedical model of health. In fact, in our social prescribing Community of Practice webinars, a recurring theme emerged: recreational therapists and other healthcare professionals have been carrying out social prescribing for quite some time, even if it wasn't explicitly labeled as such.

The term “social prescribing” was coined in the United Kingdom (UK) in the 1990s.

One of the participants emphasized that when formalizing these practices, we should consider this existing experience and avoid duplicating services.

The term “social prescribing” was coined in the United Kingdom (UK) in the 1990s. The UK witnessed a growing recognition of the social determinants of health and an increasing need to address these factors in healthcare prac-

tice. To tackle these non-clinical factors affecting health, a more holistic model of care was advocated for. This led to the formalization of services under the banner of “social prescribing,” an innovative approach to expand healthcare beyond the boundaries of conventional medicine. In the early years, social prescribing was a grassroots movement, driven by healthcare professionals who saw the limitations of purely medical interventions. However, the model soon garnered recognition at a national level, and was adopted by the National Health Service (NHS) in the UK as an integral part of its healthcare delivery.

The success of social prescribing in the UK sparked interest internationally. The model has been recognized as having the potential to alleviate the burden on healthcare systems, improve health outcomes, and foster healthier, more connected communities. As of today, social prescribing has been adopted and adapted in approximately 17 countries worldwide, including Australia, the Netherlands, the United States, and New Zealand, each with its unique cultural and community contexts (Morse, [2022](#)).

In Canada, the social prescribing journey formally began with the efforts of the Alliance for Healthier Communities. They initiated one of the first comprehensive evaluations of social prescribing, assessing its viability, benefits, and challenges in the Canadian healthcare context (Mulligan et al., [2020](#)). This seminal work led to the formation of the Canadian Institute for Social Prescribing (CISP) in the wake of the COVID-19 pandemic. This organization has been instrumental in championing

the cause of social prescribing in Canada, advocating for its inclusion in mainstream healthcare, and providing support to healthcare and community organizations seeking to adopt this model.

Since then, social prescribing has taken root across Canada, with [numerous organizations](#) aligning [their work](#) with the principles and practices of social prescribing. Whether through dedicated programs within community health centres, through partnerships between healthcare providers and community organizations, or through formal social prescribing initiatives embedded in existing not-for-profits, social prescribing is becoming an integral part of the Canadian healthcare landscape.

In the journey from the UK to Canada and across the globe, social prescribing has demonstrated its transformative potential. As this model continues to evolve, it promises to further bridge the gap between clinical healthcare and community resources, fostering a more holistic, person-centered approach to health and wellbeing.



IN FOCUS:

Contribution from before and beyond social prescribing

Social prescribing is a formalization of long-standing practices, a continuum rather than a novelty. It builds upon the intuitive knowledge of a spectrum of practitioners, including recreational therapists, allied healthcare providers, and traditional healers, who have historically embraced the social, emotional, and environmental dimensions of health in their care strategies. These professionals have long recognized the influence of non-medical determinants on health outcomes.

The aim of integrating social prescribing into mainstream healthcare is not to overshadow the historical contributions of these practices but to acknowledge and enhance them. The framework of social prescribing provides a means to recognize and augment the roles of diverse practitioners in delivering comprehensive care, thereby increasing the resources and support allocated to these vital practices.

This approach aligns with the Indigenous concept of “two-eyed seeing,” as taught by Mi’kmaw Elders Albert and Murdena Marshall, which espouses a holistic view of health that marries the strengths of both Indigenous and Western knowledge systems. Social prescribing thus embodies a more expansive view of healthcare, one that interlaces medical interventions with community-based support, echoing Indigenous practices that consider health as the product of a harmonious balance between individuals, their communities, and the environment.

The institutionalization of social prescribing is a step towards redefining our healthcare system, advocating for an integrated, person-centered approach. It aims not only to improve individual health outcomes but also to foster more cohesive communities. This approach reflects the understanding, long held by diverse cultures and practitioners, that health is a state of complete physical, mental, and social wellbeing, not solely the absence of disease.

Ultimately, the emergence of social prescribing represents a revival of age-old wisdom within the healthcare sector, solidifying and legitimizing practices that have long championed a more encompassing approach to health. By embedding these principles at the core of healthcare delivery, we strive to devise a system that addresses the full spectrum of individual needs. It is within this process that the wisdom encapsulated in the Truth and Reconciliation Commission (TRC) of Canada’s 94 Calls to Action becomes particularly salient. These calls, which include the integration of Indigenous healing practices and the acknowledgment of healthcare rights, reinforce the value of a culturally sensitive approach. As we continue to evolve the practice of social prescribing, there is much to be gleaned from the TRC’s emphasis on wisdom, empathy, and community-oriented values to combat social isolation and to enhance public wellbeing.

1.2 Why is social prescribing important?

**What's
strong?**

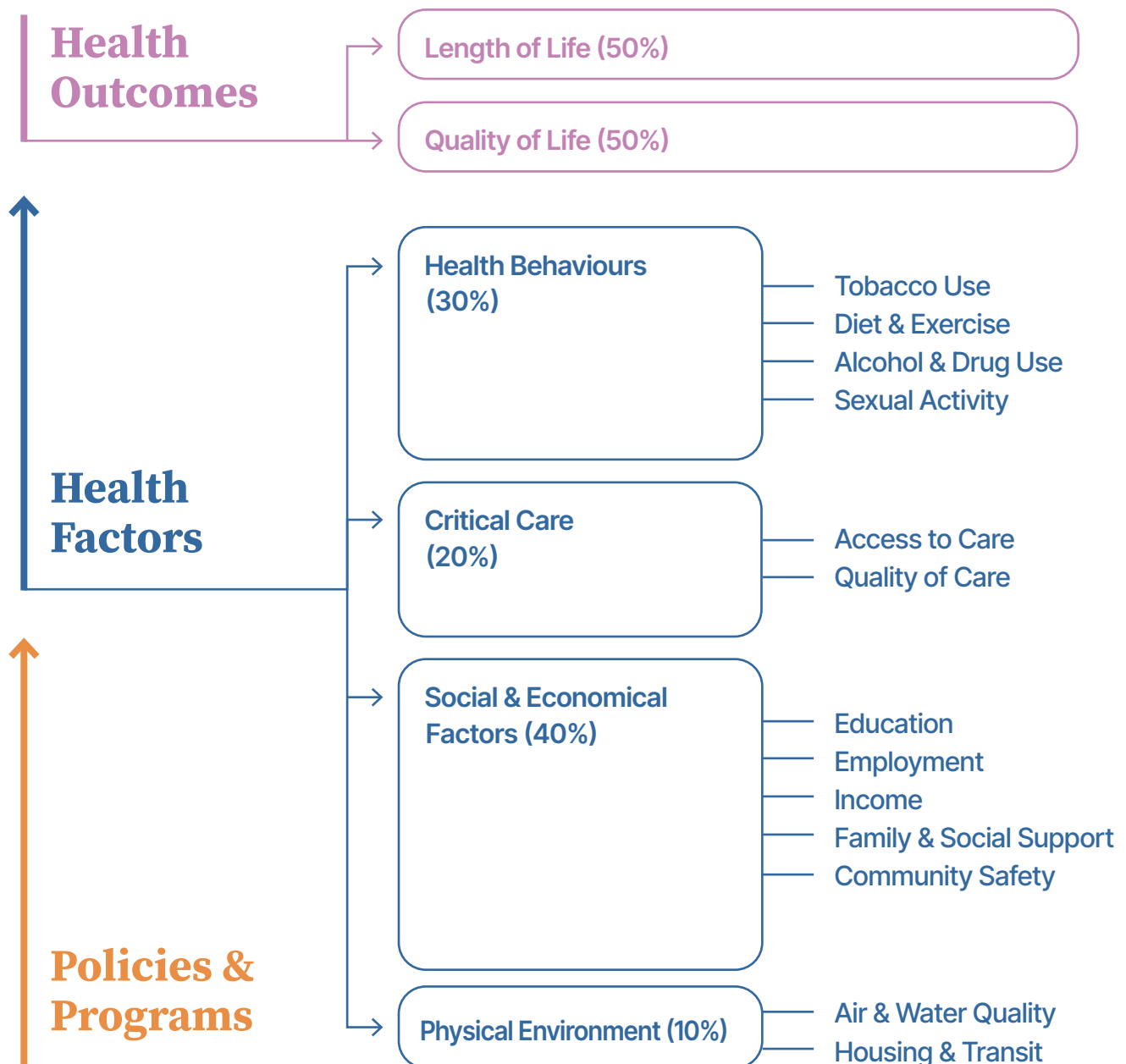
Not, what's
wrong?

**What
matters
to you?**

Not, what's the
matter with you?

1.2.1 FOR INDIVIDUALS

Understanding the full spectrum of factors that contribute to health and wellbeing reveals a startling truth. Research illuminates that medical interventions alone account for only about 20% of health outcomes. The overwhelming majority - 80% - is shaped by social and environmental determinants. These encompass a myriad of factors, ranging from economic status and education to physical environment and, notably, the quality of our social relationships (Hood et al., [2016](#)).



The [significance of social relationships to our health](#) cannot be overstated. Social relationships stand as one of the most influential determinants of health and happiness. As social animals, humans are hardwired for connection; we thrive in the presence of supportive and nurturing relationships and flounder when isolated. Strong social connections serve as a robust buffer against mental health issues, with close relationships being the most prominent risk factor for depression that can be modified or controlled (Choi et al., [2020](#)); without these, loneliness, the subjective experience of feeling separate from family, friends, and community supports, is more likely to occur.

Loneliness, however, is more than just an unpleasant feeling. It has serious, tangible impacts on physical health, equating in some studies to the detrimental effects of smoking 15 cigarettes a day. In this light, it's clear that loneliness isn't merely a personal issue; it's a public health crisis (Government of Canada, [2021](#); Keefe et al., [2006](#)). The rates of loneliness, anxiety, and depression are skyrocketing in contemporary society, reflective of environments inconsistent with our evolved social needs. Much like captive animals exhibiting stress responses to their unnatural habitats, humans too are reacting to modern environments that often leave us feeling disconnected and disoriented.

This is where the power of social prescribing becomes apparent. It seeks to address these fundamental social and environmental determinants of health, aiming to alleviate the 'diseases of disconnection' that pervade our society. By facilitating linkages between individuals and their communities, social prescribing can nurture a sense of belonging, improve mental health, and enhance overall wellbeing.

1.2.2 FOR COMMUNITIES

Social prescribing benefits not only individuals, but communities overall. Drawing on existing community resources and strengths, [Asset-Based Community Development](#) social prescribing initiatives can foster and empower local solutions that work for individuals and communities. According to Cormac Russell, a faculty member of the Asset-Based Community Development (ABCD) Institute, this model focuses on what communities have, rather than what they don't have. In this way, social prescribing can also support the establishment of connections and collaborations between healthcare agencies and social service and not-for-profit organizations, thus strengthening communities and systems.

1.2.3 FOR HEALTHCARE SYSTEMS

Finally, social prescribing also aims to diminish the burden on over-taxed healthcare systems by reducing healthcare usage and costs. The evidence for this remains mixed, however, and more robust research is needed to establish the potential of social prescribing to achieve this goal (Costa et al, [2021](#); Lynch and Jones, [2022](#)).

Social prescribing represents a revolutionary approach to healthcare, one that aligns with our intrinsic human needs. Rather than narrowly focusing on the symptoms of our contemporary malaise, it addresses the root causes. By connecting people to their communities, it brings us back to our inherent social nature, fostering healthier and happier lives and communities. Ultimately, social prescribing offers a promising remedy to the epidemic of loneliness, underscoring the age-old adage that indeed, no person is an island.

1.3 Social Prescribing in Theory

The logic for social prescribing, broadly applied, is built upon robust evidence demonstrating (1) the power of social and community connection, (2) the role of self-efficacy, empowerment and autonomy in health, and (3) the importance of person-centered care. This theory of change includes the following key principles and concepts:

- **Integrated Health and Wellbeing Support:** This model advocates for the integration of health and social care with community services, promoting a holistic approach to health that transcends traditional medical treatments and addresses a wide range of individual needs.
- **Personalization and Empowerment:** A fundamental principle is the empowerment of individuals in their health and wellbeing journey. The model emphasizes personalization, with individuals actively participating in the creation of their care plans. This approach is rooted in the concept of self-determination, recognizing that individuals are best positioned to understand and articulate their own needs and preferences.
- **Community Engagement and Resource Utilization:** Recognizing that health is influenced by social, economic, and environmental factors, the model leverages community resources and services to address these broader determinants of health. This aspect underscores the importance of engaging with and utilizing the existing strengths and assets within communities.

- **Collaborative Approach:** Collaboration between healthcare professionals, social workers, and community organizations is crucial. This ensures a coordinated and comprehensive approach to care, drawing upon the diverse expertise and resources available across sectors.
- **Prevention and Early Intervention:** Emphasizing prevention and early intervention, the model aims to tackle issues before they escalate into more severe health problems, thereby reducing the need for intensive medical interventions later.
- **Capacity Building and Sustainability:** A key focus is on building the capacity of individuals and communities to manage their health and wellbeing. This not only empowers individuals but also contributes to the development of more robust and self-reliant communities.
- **Strengthening Community Cohesion:** By building individual capacities and linking social capital, the model aims to strengthen community cohesion. This approach recognizes that empowered individuals and interconnected communities can contribute to long-term prevention and health promotion. As communities become more resilient and self-supporting, the demand on the healthcare system is likely to decrease.
- **Evidence-Based and Adaptive:** The approach is grounded in evidence-based practice and is adaptable to changing needs and emerging evidence. Continuous evaluation and adaptation are key to ensuring the model remains relevant and effective.



In essence, the theory of change for social prescribing is centered on a holistic, person-centered approach that combines health and social care with community engagement. It focuses on empowering individuals through self-determination and capacity building, while also strengthening community cohesion and resilience, ultimately aiming to create sustainable health improvements and reduce the long-term demand on the healthcare system.

1.4 Social Prescribing in Practice

As commonly implemented, social prescribing offers a structured referral pathway that ensures participants' needs are holistically addressed, extending care beyond traditional medical models. In the literature, these pathways have multiple names, so for clarity in this report we will draw on those previously established by Husk et al. (2020), who reported on four primary models (we have combined the last two for ease): Signposting, Direct Referral, and a Link Worker or Holistic pathway. Brief outlines of each of these are described below.

1.4.1 SIGNPOSTING PATHWAY

In the signposting model, which mimics information and referral services, an individual is given information about programs and referred to participate in them. The information can be proactively provided by healthcare providers, medical office assistants, or another member of the patient's care team, or passively through posters, email, and other less formal methods. There is controversy about whether these types of referrals qualify as social prescriptions and the efficacy of these interventions is questionable; they tend to work best for confident individuals who do not require assistance beyond a referral (UK Gov't, n.d.). Nevertheless, this model of social prescribing is widely used in many settings.

1.4.2 DIRECT REFERRAL PATHWAY

Direct referral models of care typically involve active referral from a member of the patient's care team. Individuals are identified as having a specific non-medical health or social need and referred to an established service or program that is designed to fulfill that need. For example, individuals may be given a coupon or entry ticket for their local recreation centre, a bus pass, or a park pass. The primary concern with this model of social prescribing is that it focuses on one-size fits all solutions and that the service that individuals are referred to might not be appropriate for meeting their individual needs. Similar to signposting, evidence supporting the effectiveness of this pathway is lacking.

1.4.3 LINK WORKER OR HOLISTIC PATHWAY

The link worker and/or holistic model takes a more individualized and holistic approach to social prescribing, and the research evidence for its effectiveness is somewhat better established and continues to grow (Bertotti et al., 2018; Wildman



et al. [2019](#)). In this model, a 'link worker', 'community connector', or 'navigator' works with an individual to identify their unique needs, values, and interests.

The process begins with an initial assessment where the link worker engages in a thorough conversation with the individual. During this interaction, they gain a deep understanding of the person's circumstances, aspirations, and what matters to them. Working from a strengths-based approach, the link worker focuses on both the needs of the person but also their strengths, talents, and resources, so that solutions work for the individual and support them to achieve better health and wellbeing.

Based on this comprehensive understanding, the link worker then co-creates a personalized 'social prescription' with the individual. This could include a variety of activities or resources tailored to their preferences and circumstances, from joining a local hobby club to accessing financial advice services. As the patient becomes involved in the social prescription activity, opportunities to volunteer may arise, which can further support adherence and foster wellbeing through giving back to their community.

The link worker ensures that the individual has all the necessary information and support to access these services. They play an essential role in navigating any obstacles or challenges the person may face, such as arranging transportation, dealing with complex registration processes, or overcoming personal barriers such as fear or motivation. In some programs, link workers may attend the first session with the individual to provide personalized support.

Finally, a crucial aspect of the holistic model is follow-up. The link worker maintains regular contact with the individual over time, providing ongoing support and adjusting the social prescription as needed. They also relay any important feedback or information back to the referring healthcare provider.

The linker worker or holistic model allows for a high degree of flexibility and personalization in social prescribing. It acknowledges that everyone's needs and circumstances are unique and that successful social prescribing must adapt to these differences. However, it also requires more resources and infrastructure compared to the other models, particularly in terms of trained link workers and the capacity for ongoing follow-up and coordination.



CASE STUDY #1:

The Victoria Cool Aid Society's Community Health Centre

Victoria, British Columbia, Canada

Health care providers, such as Dr. Chris Fraser, the medical director at the Cool Aid Community Health Centre in Victoria, B.C. have been practicing social prescribing for many years. The Cool Aid Clinic is an inner-city, interdisciplinary primary health care centre serving over 7200 clients living with chronic mental health challenges, problematic substance use and homelessness. They offer comprehensive support to adults of all ages, with a focus on the person's holistic wellbeing. Their approach is rooted in the bio/psycho/social/spiritual model, which means they consider four key aspects of a person: their physical health, mental and emotional wellbeing, social connections, and spiritual aspects. This approach aligns well with the overarching objectives of social prescribing.

At the Cool Aid Clinic, the social prescribing process begins with engaging individuals in conversations to identify their needs, goals and aspirations. Social prescribing referrals, or recommendations may include physical activities like walking or another type of exercise routine; it could be a socially-based exercise group; or, it could involve attending a public facility where they can connect to courses and activities. If a client is not ready to take action immediately, practitioners don't rush them.

Instead, they maintain an ongoing dialogue until the person feels able to try and make progress.

CoolAid maintains a shared electronic record among their healthcare team, so other staff can remind clients about referrals that have been discussed previously and check in to see if the client has pursued an activity or resource that has been recommended. This team-based approach also allows other team members to offer practical support, if needed.

Despite this comprehensive support, individuals may face barriers in their journey. These obstacles can be internal, stemming from physical self-perception, or the impacts of their mental health, or substance use, all of which can stop people from taking actions that they identify would be helpful for themselves.

These barriers may also be structural. For instance, programs and activities might assume a certain level of literacy, the ability to self-navigate, or competence with social structures. Importantly, clients may have had institutional challenges and failures in the past, where things did not go the way they trusted they would; as such, they do not believe the



system can and will support them. When faced with interacting with people behind the desk at a recreation centre or community service, they may come in with their guard up because they think staff may judge them as they have not similar life experiences or had any training related to supporting individuals with complex needs.

The Cool Aid Clinic acknowledges these challenges and strives to create a supportive environment that considers these factors, including trauma-informed care.

Dr. Fraser suggested several strategies for other healthcare providers and referral agencies interested in social prescribing:

1. Use telehealth for follow-up and check-ins regarding progress with prescribed activities.
2. Provide training in motivational interviewing for healthcare professionals, but also for staff at recreational centers, libraries, and other community organizations. This can ensure that individuals who may require multiple attempts to achieve their goals are treated with patience and encouragement.
3. Offer a range of non-medication interventions aligned with the bio/psycho/social/spiritual model.
4. Promote trauma-informed training among healthcare providers to better understand and address trauma-related issues.

1.5 Types of Social Prescriptions

Social prescribing is used to address various non-medical health needs, from providing material assistance to facilitating social connections. Because individual needs differ greatly, social prescriptions are wide-ranging, and vary in scope and nature, based on individual requirements. They may include physical activity and recreation, arts and culture, education and learning, social engagement, health and wellbeing, mental health supports, environment and nature, or economic and material supports (see Resources section at the end of this chapter for examples).

- **Personal health coaching** includes helping people identify their values, priorities, and goals, as well as their meaning and purpose in life. Through these coaching sessions, link workers can encourage individuals to seek connections with friends, neighbours, and others in their lives or identify other health behaviours that patients can benefit from.
- In the realm of **physical activity and recreation**, social prescriptions may encompass a variety of exercise programs or classes such as yoga, tai chi, or dancing. These may also include participation in walking or running groups, gardening clubs, community sports teams, and cycling groups. Outdoor adventure programs, such as hiking or canoeing, can also be part of a social prescription.
- **Art and culture**, too, play a significant role in social prescriptions. These could be art classes or workshops where individuals engage in activities like painting or pottery. Participation in music classes or community choirs, dance classes, and community theatre groups are other possibilities. Social prescriptions in this category might also encourage regular visits to museums or galleries and joining film clubs.
- In the sphere of **education and learning**, social prescriptions could involve attending literacy classes or language courses. Individuals might be recommended to take part in skill-building workshops, such as cooking or DIY classes. There's also the option of digital literacy classes and local history groups.
- When it comes to **social engagement**, social prescriptions may encourage joining social clubs or gatherings, taking up volunteering opportunities, and participating in community outreach programs. The focus could also be on intergenerational activities and peer support groups.



- In **health and wellbeing**, mindfulness or meditation groups are often recommended. Other options may include healthy eating classes or clubs, peer counselling, or support groups for specific health conditions. Self-care workshops and smoking cessation groups can also fall under this category.
- For **mental health supports**, cognitive-behavioural therapy groups, mindfulness-based stress reduction programs, art therapy or music therapy sessions, and support groups for various mental health concerns such as anxiety, depression, or grief are all potential social prescriptions.
- Regarding the **environment and nature**, individuals could be directed towards conservation groups, outdoor mindfulness or ecotherapy sessions, community gardening projects, and wildlife or nature observation groups. This is sometimes called Green social prescribing.
- In terms of **economic and material support**, job clubs or employment support services could be part of a social prescription. Individuals might also benefit from debt or financial advice services and housing support services. Community services also play a pivotal role in social prescribing, with options such as community meals, home assistance programs, and local charity work. Finally, individuals might receive social prescriptions for shelter, rental support, home safety assessments, home energy efficiency advice, or other housing-related supports.

In the link worker and holistic models, each social prescription is carefully tailored to the individual's needs, preferences, and the resources available within their community, highlighting the person-centred nature of this approach.

TABLE 2. SELECT SOCIAL PRESCRIPTIONS FOR ADULTS

Several Vancouver Island-specific programs were mentioned as appropriate social prescriptions for different adult populations:

- [Every Step Counts, the CoolAid Society](#)
- [Choirs for people living with dementia](#)
- [Memory Cafe](#)
- [Caregiver Rx](#)

IN FOCUS:

Understanding the Social Prescribing Metaphor

The term “social prescribing” draws on the traditional language of medical practice. The metaphor of “prescribing” carries weight, leveraging the inherent authority of doctors as trusted providers. Much like medication prescriptions, these social prescriptions are designed to be effective, targeted, and individualized. They are intended to improve health outcomes, not by providing a pharmaceutical solution, but by addressing the non-medical determinants of health, such as social isolation, physical inactivity, or stress.

Just as different patients require different medications, social prescriptions are uniquely tailored to the individual’s needs. A doctor might “prescribe” involvement in community activities, physical exercise, or volunteer work, depending on the individual’s condition, interests, and the resources available in their community. In essence, this metaphor recognizes the influential role doctors can play in guiding patients towards healthier lifestyles.

However, the intention of social prescribing is not to further medicalize life’s problems but rather to acknowledge that health is about more than just biology. It’s about our environments, our networks, and our mental wellbeing. The metaphor of “prescribing” is thus symbolic of a broader shift in healthcare, which acknowledges that social factors can be just as influential on health as physical ones.

Yet, it is also crucial to approach the metaphor with some caution. As we adopt the language of “prescribing,” we must be wary of inadvertently reinforcing hierarchical relationships between health professionals and patients. The process should be a collaborative one, ensuring that patients are empowered to take an active role in their own health and wellbeing.

The metaphor of “social prescribing” also opens up discussions about cultural implications. We must be mindful of the potential for colonial influences within this model and ensure that we design our programs in a way that promotes inclusivity and respect for all cultural perspectives. This might mean engaging with Indigenous communities, migrants, or other equity-seeking groups right from the outset to ensure that the services offered are sensitive to and respectful of cultural differences.

In conclusion, while “social prescribing” is a powerful metaphor, it also prompts us to examine the assumptions and values embedded within it. As we continue to expand and refine this practice, we must continually question and adapt our approach to ensure it remains patient-centered, inclusive, and responsive to the complex realities of health and wellbeing.

1.6 Evidence Supporting Social Prescribing

1.6.1 OVERVIEW OF EVIDENCE

The evidence supporting social prescribing is varied, encompassing both qualitative and quantitative research, though it's important to note that the field is still developing and the quality of evidence varies.

- **Quantitative Evidence:** There are numerous quantitative studies that have shown positive outcomes associated with social prescribing. These outcomes include improved mental health (Brettell et al., [2022](#); Mulligan et al., [2020](#)), reduced symptoms of depression and anxiety (Sumner et al., [2020](#)), increased levels of physical activity (Pescheny et al., [2019](#); Polley et al., [2021](#)), and enhanced overall wellbeing (Foster et al., [2020](#); Mulligan et al., [2020](#)). However, many of these studies have limitations, such as small sample sizes, lack of control groups, and short follow-up periods, which can affect the robustness of the conclusions (Bickerdike et al., [2017](#); Husk et al., [2019](#); Pescheny et al., [2019](#)).
- **Qualitative Evidence:** Qualitative studies, including interviews and case studies, have provided insights into patient experiences and satisfaction with social prescribing schemes. These studies often highlight the benefits of personalized care, increased social interaction, and the empowerment that comes from being involved in one's own health and wellbeing journey (Cheshire et al., [2022](#); Hanlon et al., [2021](#); Moffatt et al., [2017](#)). While qualitative evidence is valuable for understanding patient perspectives, it does not provide the same level of generalizable data that quantitative research does.
- **Systematic Reviews and Meta-Analyses:** Some systematic reviews and meta-analyses have been conducted, attempting to synthesize available evidence (Cooper et al., [2023](#); Costa et al., [2021](#); Htun et al., [2023](#); Liebmann et al., [2022](#); Percival et al., [2023](#)). These reviews generally conclude that social prescribing can lead to positive health outcomes, but they also note the variability in study quality and the need for more rigorous research.
- **Randomized Controlled Trials (RCTs):** RCTs are considered the gold standard in medical research for determining the efficacy of interventions. There are a limited number of RCTs on social prescribing, and those that exist have shown mixed results (Kangovi et al., [2017](#); Mercer et al., [2019](#)). The challenges in conducting RCTs in this field include the ethical

and practical difficulties of randomizing individuals to non-intervention control groups and the highly personalized nature of social prescribing interventions.

- **Longitudinal Studies:** Longitudinal studies that track patients over time are crucial for understanding the long-term impacts of social prescribing (Prior et al., [2019](#); Wakefield et al., [2020](#)). Such studies are less common, but they are essential for assessing the sustainability of the benefits.
- **Economic Evaluations:** There is a growing body of research examining the cost-effectiveness of social prescribing (Heisler et al., [2022](#); Loftus et al., [2017](#); Wildman & Wildman, [2023](#)). These studies are important for determining the financial sustainability of social prescribing programs and their potential for reducing healthcare costs.

In conclusion, while there is evidence supporting the benefits of social prescribing, the overall quality of evidence is mixed. More high-quality research, particularly RCTs and long-term longitudinal studies, is needed to strengthen the evidence base. Additionally, economic evaluations are crucial for understanding the cost implications of these interventions. The heterogeneity of social prescribing programs, which are tailored to individual and community needs, also poses a challenge to conducting standardized research in this area.

1.6.1 A NOTE ON THE CHALLENGE OF EVALUATING SOCIAL PRESCRIBING

Social prescribing, a multifaceted, person-centered approach, presents several evaluation challenges due to its complexity and the personalized nature of interventions. These challenges can be categorized and addressed through various methodologies.

First, the distinction between the two components of social prescribing – the process and the actual prescription – poses a significant challenge. The effects of each component are often intertwined, making it difficult to isolate their individual impacts. A potential solution to this challenge involves randomizing individuals to specific elements, such as signposting, to discern the specific effects of link navigation.

Second, the self-selection inherent in social prescribing complicates the evaluation. Given its person-centered nature, participants choose interventions that align with their preferences, introducing bias. To mitigate this, evaluators can focus on the match between patients and interventions, satisfaction levels, and the core elements of the program's model of change, rather than specific outcomes.

Third, the need for mixed methods approaches is crucial. Social prescribing's diversity in patient experiences necessitates both quantitative and qualitative analyses. Quantitative methods can measure outcomes, while qualitative approaches can capture the depth and breadth of patient experiences throughout their journey.

Fourth, differing patient baselines and the lack of randomization present challenges. Patients enter social prescribing programs with varied histories and trajectories. Using waitlist or historical controls, and tracking individuals over time, can help adjust for these variations and provide more accurate comparisons.

Fifth, the variability among individuals in terms of their needs, preferences, and responses to interventions complicates the evaluation. Some individuals might experience adverse outcomes from interventions that benefit others. Research into factors like loneliness, social anxiety, and existential isolation is necessary to understand these differential effects.

Sixth, the issue of reversion to the mean is notable in social prescribing evaluations. Individuals often access these interventions during crises, which may naturally resolve over time, leading to a perceived improvement that is actually a regression to their baseline state. To address this, longer follow-up periods with multiple assessments are needed.

Seventh, measuring the long-term sustainability and integration of social prescribing within broader healthcare systems poses a challenge. Evaluating the systemic impacts, cost-effectiveness, and long-term patient outcomes is crucial for understanding its viability as a healthcare approach.

Given the complexities summarized above, it has been suggested that a "jigsaw" approach is essential, recognizing that no single study can comprehensively demonstrate its impact due to the multifaceted and context-specific nature of the

A "jigsaw" approach is essential, recognizing that no single study can comprehensively demonstrate its impact.

intervention. This approach involves employing a variety of studies and methods in diverse contexts to understand different components of social prescribing. Each study contributes a piece to the broader understanding, akin to how individual jigsaw puzzle pieces come together to form a complete picture. Quantitative studies may provide data on specific outcomes, while qualitative research can offer deeper insights into patient experiences and satisfaction. Additionally, longitudinal studies can help understand

long-term impacts, and comparative studies can elucidate differences across various implementations. By synthesizing findings across these diverse methodologies and contexts, a more holistic and nuanced understanding of social prescribing's effectiveness and challenges can be achieved. This approach acknowledges the complexity of social prescribing and the impossibility of capturing its entire scope and impact through a singular research lens.

1.7 Conclusion

Social prescribing acknowledges the broad array of factors that contribute to individual and community wellness. In particular, social prescribing acknowledges that most of what shapes an individual's health status is addressed through interventions outside those offered by the health system. Integrating patients into communities has significant promise for improving health and reducing demand for health services. Social prescribing may therefore be a critical component of healthcare reform.

RESOURCES

- [WHO Social Prescribing Course](#)
- [Social Prescribing: a resource for health professionals](#)
- [WHO toolkit on social prescribing](#)
- [Social Prescribing in general practice: adding meaning to medicine](#)
- [Bridgeable report on social prescribing in Canada](#)
- [Canadian Institute for Social Prescribing](#)
- [Social Prescribing 'Plus' \(asset-based community development\)](#)
- [Arts and Culture and social prescribing](#)
- [Nature-based social prescribing](#)
- [Physical Activities and social prescribing](#)

How do you screen participants for social prescribing?

01

Social prescribing programs cater to a diverse array of individuals with their own distinct needs, backgrounds, life paths, and experiences; this includes individuals from underserved communities, who may face unique challenges to accessing and engaging with healthcare services.

02

Identifying candidates for social prescribing requires an understanding of the connection between the social determinants of health and overall wellbeing. If equipped with the appropriate evaluation tools, healthcare providers can ensure that social prescriptions reach the individuals who can benefit from them.

03

To ensure that social prescribing programs are effective, accessible, and inclusive, consideration of the potential barriers to identifying individuals who are well-suited for social prescribing is critical.

04

Promoting awareness of the benefits of social prescribing among healthcare providers and the public, alongside comprehensive training and support for healthcare professionals to identify and address patients' social care needs, will reduce these barriers to identifying potential candidates.

2.1 Introduction

The effectiveness of a social prescribing program heavily relies on the successful identification and screening of suitable participants. This chapter delves into the strategies used to identify potential beneficiaries, elucidates who might (or might not) benefit from social prescribing programs, and addresses challenges and potential solutions in the identification and screening process.

2.2 Beneficiaries of Social Prescribing

Beneficiaries of social prescribing programs encompass a vast and diverse spectrum of individuals, each with unique needs, backgrounds, experiences, and life trajectories. They may range from people experiencing socio-economic challenges to those feeling isolated or lonely, and those managing chronic illnesses or mental health conditions. Social Prescribing has proven particularly effective for individuals whose needs are not purely medical but deeply intertwined with broader social determinants of health.



Let's delve into specific populations that can significantly benefit from social prescribing and the reasons why these particular populations warrant special attention in a healthcare context.

- **Indigenous Peoples:** Indigenous communities in many parts of the world have faced historical and ongoing socio-economic disadvantages, with profound effects on health outcomes (Kim, [2019](#); Phillips-Beck et al., [2020](#)). Social prescribing can offer a culturally appropriate, holistic approach to healthcare that aligns with Indigenous concepts of wellness. It can provide opportunities to strengthen cultural connections and promote healing practices grounded in Indigenous knowledge and traditions (Markham et al., [2021](#)).
- **Racialized Populations:** Racialized individuals often encounter systemic barriers to health, leading to disparities in health outcomes (Kalich et al., [2016](#)). Social prescribing can play a critical role in mitigating these disparities by addressing social determinants of health, such as housing and food insecurity, that disproportionately affect these groups. Furthermore, social prescribing can connect individuals to culturally sensitive resources and services that respect and acknowledge their unique experiences and needs.
- **Migrants:** Migrants, including refugees and asylum seekers, may face unique challenges related to language barriers, social isolation, and navigating unfamiliar healthcare systems (Ahmed et al., [2015](#)). Social prescribing can assist these individuals by linking them to community resources, language classes, and social networks, fostering a sense of belonging and easing their transition into new communities (Zhang et al., [2021](#)).
- **Older Adults:** As people age, they may face increased loneliness, loss of independence, and chronic health conditions that can lead to social isolation (Holt-Lunstad & Perissinotto, [2023](#)). Social prescribing can connect older adults to a range of activities that promote social interaction, physical activity, and mental stimulation, such as walking groups, art classes, and volunteer opportunities (Grover et al., [2023](#)).



- **Young People:** Adolescents and young adults, particularly those facing socio-economic challenges or mental health issues, can greatly benefit from social prescribing. It can provide access to youth-friendly services and activities, such as sports programs, music workshops, or mental health support groups, fostering resilience and providing opportunities for social connection (National Academy for Social Prescribing, [2020](#)).
- **Sexual and Gender Minorities:** Individuals identifying as lesbian, gay, bisexual, transgender, queer, intersex, and other non-binary identities often face unique health challenges and barriers to care (Lund & Burgess, [2021](#)). Social prescribing can create safe, inclusive spaces and connect these individuals to LGBTQ+ friendly resources and support groups, promoting mental health and overall wellbeing.

Each of these populations faces distinct health challenges and barriers to care, rooted in complex social, economic, and cultural factors. By tailoring social prescriptions to address these unique needs, social prescribing can play a pivotal role in reducing health disparities and fostering more equitable, inclusive healthcare systems.

Despite the broad potential of social prescribing, it's important to note that not everyone may be a suitable candidate. Individuals requiring immediate medical attention or those unwilling or unable to engage in community-based activities may not significantly benefit from social prescribing. The process relies heavily on an individual's readiness and willingness to actively participate in their health and wellbeing. Nonetheless, with the right approach and resources, social prescribing can cater to a wide array of individuals and their unique health needs.



What do older adults think about social prescribing?

Older Canadian adult participants in survey research exploring the social prescribing needs of this demographic believed that social prescribing could benefit others, but were less likely to strongly agree or agree that social prescribing would meet their own needs. However, the majority of this group were willing to be screened by their healthcare providers for social prescribing, and they also expressed interest in learning about social prescribing opportunities in their communities.

“Yes, I would be interested in participating and looking more for things where there is some human connection. We can live quite solitary lives, and it would be helpful to integrate back into a community.”

WOMAN, AGE 72

casch.org/s/CISP-Baseline-Report.pdf

2.3 Identifying Candidates for Social Prescribing

In principle, everyone should have access to social prescribing. However, in resource constrained environments, this may not always be possible. Identifying the right candidates for social prescribing programs is a crucial step that determines the success of these interventions. This process often begins within a healthcare setting, where medical and social care providers act as the primary gatekeepers. These professionals are equipped with the skills and knowledge to recognize patients who would benefit from non-clinical, community-based services.

Healthcare professionals might encounter patients dealing with various social determinants of health that can significantly impact their overall wellbeing. These determinants could include housing instability, food insecurity, unemployment, low income, or lack of social support. Providers can identify these needs through regular patient interactions and consultations (Andermann, [2016](#)).

Loneliness is a prevalent issue in many populations and can have severe impacts on both physical and mental health.

To aid healthcare professionals in identifying suitable candidates for social prescribing, screening tools play a vital role. These tools are designed to assess a wide range of factors that could indicate a need for social prescribing, including loneliness, mental health, trauma, and material needs.

Loneliness is a prevalent issue in many populations and can have severe impacts on both physical and mental health. Tools like the [UCLA Loneliness Scale](#), for instance, can be used to gauge the level of social isolation a person may be experiencing, thereby indicating a potential benefit from social engagement activities through social prescribing.

Similarly, mental health screening tools such as the [Generalized Anxiety Disorder \(GAD-7\)](#) and [Patient Health Questionnaire \(PHQ-9\)](#) can help identify individuals experiencing symptoms of anxiety or depression. These individuals could significantly benefit from a variety of social prescribing services, such as mindfulness groups, cognitive-behavioral therapy groups, and peer support groups.

Trauma-informed care is increasingly recognized as an essential component of healthcare, and recognizing and responding to trauma can be a vital part of social prescribing. Tools such as the [Adverse Childhood Experiences \(ACE\)](#)

[questionnaire](#) can help identify individuals who have experienced significant trauma and might benefit from appropriate community resources and supports.

In terms of material needs, tools like the [PRAPARE](#) (Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences) tool can be used to understand and act on the social determinants of health. This tool helps identify needs such as housing instability and food insecurity, which could be addressed through social prescribing interventions.

Finally, broad tools, such as the ONS-4 can be used as a preliminary screening tool, which can be followed up with some of the scales and measures identified above or with a direct referral to a link worker.

TABLE 3. ONS-4 SCALE ITEMS

Next I would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".

Measure	Question
Life Satisfaction	Overall, how satisfied are you with your life nowadays?
Worthwhile	Overall, to what extent do you feel that the things you do in your life are worthwhile?
Happiness	Overall, how happy did you feel yesterday?
Anxiety	On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?

Note: For ONS4 life satisfaction, worthwhile and happiness scores, responses 9–10 are grouped as Very high, 7–8 as High, 5–6 as Medium and 0–4 as Low. For anxiety scores, responses 6–10 are grouped as High, 4–5 as Medium, 2–3 as Low and 0–1 as Very low.

Self-referral is another common entry point for social prescribing programs. In these instances, individuals recognize their own social, emotional, or environmental needs and seek out social prescribing services autonomously. Community awareness and outreach are essential for this pathway to be successful, as individuals need to be aware of the available social prescribing services and how to access them.

Webinar participants suggested other means to identify potential beneficiaries of social prescribing. Specifically, it was noted that some individuals are too proud to admit they need support, so recruiting family members to help identify potential candidates could be fruitful. A participant who works supporting family caregivers mentioned the need for healthcare professionals to pay attention to the needs of these carers when they attend appointments with their family members, since caregiving is known to be highly stressful and negatively impact mental health

The identification process for candidates requires a holistic, patient-centered approach, one that acknowledges the complexity of each individual's circumstances and experiences.

(Schulz et al., [2020](#)). Finally, low barrier approaches to screening, such as forms left in physician's waiting rooms, may elicit feedback from some patients that would identify them as potential candidates for social prescribing.

The identification process for candidates requires a holistic, patient-centered approach, one that acknowledges the complexity of each individual's circumstances and experiences. By using effective screening tools and fostering an environment that encourages self-referral, we can ensure that social prescribing services reach those who need them most.

2.4 Barriers to Identification and Screening

While social prescribing holds significant potential for a broad array of individuals, several barriers can impede the identification of suitable beneficiaries. These challenges span across multiple dimensions, including screening procedures, confidentiality, stigma, and potential conflicts of interest. Understanding these obstacles is crucial in developing effective, equitable, and inclusive social prescribing programs.

- **Screening Challenges:** Comprehensive and effective screening is essential to identify individuals who would benefit most from social prescribing. However, screening procedures can sometimes be inadequate or overly simplistic, failing to capture the complexities of individuals' social, emotional, and environmental health needs. Furthermore, resource constraints and time pressures within busy healthcare settings can make thorough screening difficult. There may also be a lack of standardized, validated tools to assess patients' social needs in a systematic way (Karran et al., [2023](#)).
- **Confidentiality Concerns:** Discussions around social determinants of health can delve into sensitive areas of a person's life, raising concerns about privacy and confidentiality. Patients may be hesitant to disclose personal information if they are unsure about how it will be used or who will have access to it. The exchange of information between healthcare providers and community-based services must be managed carefully to ensure patients' privacy is respected, and their data is protected.
- **Stigma:** Stigma associated with certain social conditions or health issues can deter individuals from accessing social prescribing (Pescheny et al., [2018](#)). For example, someone struggling with substance use or mental health issues might avoid seeking help due to fear of judgment or discrimination. Similarly, stigma around poverty and social assistance can prevent individuals from accessing services that could significantly improve their health and wellbeing. Loneliness and social isolation may also be experienced as stigmatizing and must be considered when screening for social prescribing. Efforts to reduce stigma within healthcare settings and the wider community are crucial to make social prescribing more accessible and effective.
- **Potential Conflicts of Interest:** In close-knit or rural communities, where healthcare providers may know patients personally or socially, conflicts of interest can arise. This familiarity might influence a provider's judgment about who could benefit from social prescribing, leading to potential bias or unequal access to services. Providers may also hesitate to discuss certain social issues or needs due to concerns about overstepping professional boundaries or breaching confidentiality. Clear guidelines and training can help manage these potential conflicts, ensuring all patients are assessed fairly and impartially (Sharma, [2015](#)).



- **Language and Cultural Barriers:** Language barriers can impede the identification of suitable social prescribing candidates, particularly among migrant populations or individuals with limited proficiency in the local language. Cultural differences may also influence perceptions of health and wellbeing, willingness to discuss personal issues, and openness to non-medical interventions (Kalich et al., [2016](#); McKeary & Newbold, [2010](#)). Culturally sensitive communication and the involvement of cultural mediators or translators can help overcome these barriers.

In tackling these barriers, it is crucial to adopt a patient-centered, holistic approach that respects individuals' unique circumstances and needs. By creating safe, inclusive, and non-judgmental spaces, healthcare providers can facilitate open dialogue, encourage active participation, and ensure the right individuals are connected with the right social prescriptions.

2.5 Overcoming Barriers

To overcome these barriers, a multifaceted approach is required. Firstly, healthcare providers must understand, and be convinced of, the benefits of social prescribing. Secondly, training and supporting healthcare providers to identify non-medical, health-related social needs during routine care can enhance the identification of potential social prescribing candidates. Finally, efforts to increase public awareness and understanding of social prescribing are vital to enable self-referral, and to ensure uptake and engagement with social prescriptions

Creating safe and non-judgmental environments within healthcare settings can also help overcome stigma, encouraging patients to discuss social issues that might be affecting their health.

Creating safe and non-judgmental environments within healthcare settings can also help overcome stigma, encouraging patients to discuss social issues that might be affecting their health. Lastly, integrating the use of validated screening tools into routine care can further facilitate the identification of individuals who might benefit from social prescribing.

In conclusion, the identification and screening of participants for social prescribing are key to the successful implementation and effectiveness of this model. Despite the challenges,

employing strategies such as provider training, raising public awareness, promoting open discussions of social issues, and using validated screening tools can significantly enhance this process.

2.6 Conclusion

Identifying candidates for social prescribing is a critical step to implementing the intervention. However, it can be difficult to identify patients with complex health needs due to a variety of reasons. Consistent and universal screening and assessment, as well as an established patient-provider relationship is critical to building the trust needed to identify appropriate candidates for social prescribing programs.

RESOURCES

- [Families' health-related social problems and missed referral opportunities](#)
- [Applying surveillance and screening to family psychosocial issues](#)
- [Centre for Effective Practice Clinical Screening Tools and Resources](#)
- [Social Prescribing Screening Tool for older adults](#)
- [Pride in Practice](#)
- [Social Prescribing Needs of Older Adults in Canada report](#)

How do we link participants to community and social care?

01

Linkages between primary care and community and social services may take the form of a direct physician referral or a connection to a link worker, who may work in-house or at community service and not-for-profit organizations.

02

Barriers to connecting patients to community resources may arise from patient characteristics, or from external factors, or from a combination of the two.

03

The link worker role can be filled by a wide variety of health professionals, but crucially, link workers must have the capacity to work together with the patient to identify needs, interests, and goals. Required skills include cultural competency, mental health and trauma-informed care, problem-solving, and knowledge of community resources.

04

Social prescribing extends beyond the initial referral and requires ongoing connection to assess progress, address barriers, and offer sustained support to engage with, and adhere to, the referral.

EXAMPLE IMAGE FOR "SOCIAL PRESCRIPTION PADS"

DR. SMITH AND VICTORIA FAMILY MEDICINE CENTRE / Client Referral Form

CLIENT INFORMATION

Client Name:

Postal Code:

REFERRAL INFORMATION

Referral Date

Please identify the area of support the patient would like help connecting with:

Referrer Name

Additional Notes

 Nutrition / Food Programs Physical Activity Program Social / Community Programs Other (specify below):

INSTRUCTIONS

Your Health provider has identified that you might benefit from participating in our social prescribing program. As part of this program, we will help you get connected to community services that may benefit you.

We will be contacting you within 2 weeks to schedule a time for you with one of our community navigators.

EXAMPLE IMAGE FOR "SOCIAL PRESCRIPTION PADS"

DR. SMITH AND VICTORIA FAMILY MEDICINE CENTRE
/ Prescription Pad

CLIENT INFORMATION

Name
[Redacted]

Address
[Redacted]

GENERAL HEALTH ACTIVITIES AVAILABLE

Follow up in [Redacted] Months

- Gentle Cycling
- Health Walks
- Park Runs
- Gentle Movements
- Nature Conservation
- Pram Pushing
- Football
- Walking Football
- Walking Netball
- Arts and Crafts
- And many more activities

Signature [Redacted] Date [Redacted]

CALL 211 TO FIND ORGANIZATIONS AND ACTIVITIES NEAR YOU OR VISIT OUR WEBSITE AT VFMG.CA/ACTIVITIES

3.1 Introduction

Linking patients to community and social care resources is an integral aspect of social prescribing. This chapter examines the various strategies employed to create these connections, assesses potential barriers to these linkages, and investigates potential solutions.

CASE STUDY #2:

Island Health Wellness Monitoring Program, Victoria, British Columbia

The Wellness Monitoring program, a component of Island Health's primary care network in Victoria, B.C., employs social prescribing for adult patients of all ages as part of its care model. One of its Wellness Mentors, Johanne Hemond, a Recreation Therapist by training, described how a patient moves from a Primary Care Practitioner (PCP) referral, to assessment, ongoing support, and connection to community services and programs.

Referrals come from PCPs who are concerned about a patient's psychosocial and general wellbeing. The referral process is straightforward: 1) PCPs connect with the program via Island Health's physician connector line and share their reasons for the referral. 2) Wellness mentors review the client's electronic chart, their history and potential challenges they may be facing. 3) The mentor contacts the client by phone to arrange an in-person (at the health unit or in a preferred community location),

virtual, or over-the-phone interview to begin the assessment and referral process.

During this meeting, Johanne will conduct a holistic assessment of the patient's wellbeing. Topics they discuss generally include: diagnosis review, social history, ADLs (Activities of Daily Living), IADLs (Instrumental Activities of Daily Living), sleep, mobility, coping, mood, medication management and level of pain (if any). In addition, she asks about the person's social supports, as well as their strengths and ability to deal with difficult situations. When she has a clear understanding of the patient's situation, Johanne will ask about their values, interests, and goals. Once the client has discussed reachable goals and a plan is formulated, appropriate referrals to community services and programs are made. If needed, she will accompany her clients as they try a new activity, access a new community resource, or visit a recreation centre for



the first time. Finally, once the assessment is completed, Johanne writes a report that becomes part of a provider note in the client's electronic health records that the PCP receives; this feedback is a crucial part of the social prescribing process.

After the initial meeting, monthly or bi-weekly (depending on client need) follow up phone calls with each client allow Wellness Mentors to connect with their clients, take note of any changes, and provide additional support, if required, such as in-person visits. If there has been a change in client status, a provider note is shared where recommendations are made. All conversations with clients are charted and can be viewed by all involved in the client's care. Wellness monitoring is a long-term program, so patients can rely on their mentors for ongoing social and practical support.

Johanne's description of her job suggests this role requires significant skill and insight, and effective training and professionalism are essential when dealing with sometimes

complex cases. Active listening and motivational interviewing are core skills needed for this position. For instance, Johanne reports that her work could involve assisting someone, both emotionally and practically, who is facing financial difficulties related to health issues that have resulted in food insecurity or housing precarity. She might also be working with another person who is very elderly and wants to remain living independently in their community; in this case being able to foresee and interpret the subtle or unspoken needs of her patients, and then make gentle suggestions that could improve mobility and safety, is important to successfully carrying out her responsibilities.

One of the challenges of her position is making busy PCPs aware of the service and reminding those who do know about it to remember to use it. The Wellness Monitoring program is still quite new, and it is not yet being promoted as social prescribing, which could serve to increase its profile.

3.2 Linking Methods

A range of methods is utilized to connect patients to community resources. In many instances, linkages are formed through the assistance of a navigator or support worker or via a referral from a physician. These services can exist in-house at community health centers or be available through municipal entities or third sector organizations.

Examples of successful linkages include campaigns like “Walk with a Doc” which uses various platforms such as emails from doctors and social media to advertise the event. Other examples include the use of community spaces like libraries to promote upcoming events. The importance of knowing how participants learned about events was highlighted, as this information can guide future outreach efforts.

CASE STUDY #3:

Walk with a Doc, Doctors of B.C.

Walk with a Doc events happen in communities throughout British Columbia and can be started by any doctor interested in hosting them. These simple and fun events give patients the opportunity to get outside and get moving while learning from their doctor about the health benefits of walking. They are a great way for patients and doctors to connect outside of health clinics and offices. Free of charge to participants, Walk with a Doc is fully-funded by the Doctors of B.C.

At the 2023 Walk with a Doc in Nanaimo, B.C., three physicians, representing two health clinics, were accompanied by approximately ten patients and their families, plus administrative staff from the Division of Family Practice, for a brisk 45-minute walk along the Nanaimo seawall. The walk, led by Dr. Derek Poteryko, began with an opening talk and group stretch. The sunny day provided a perfect backdrop to the congenial and lively conversation. Along the way new friendships were made and health knowledge was enhanced for all who participated.

CASE STUDY #4:

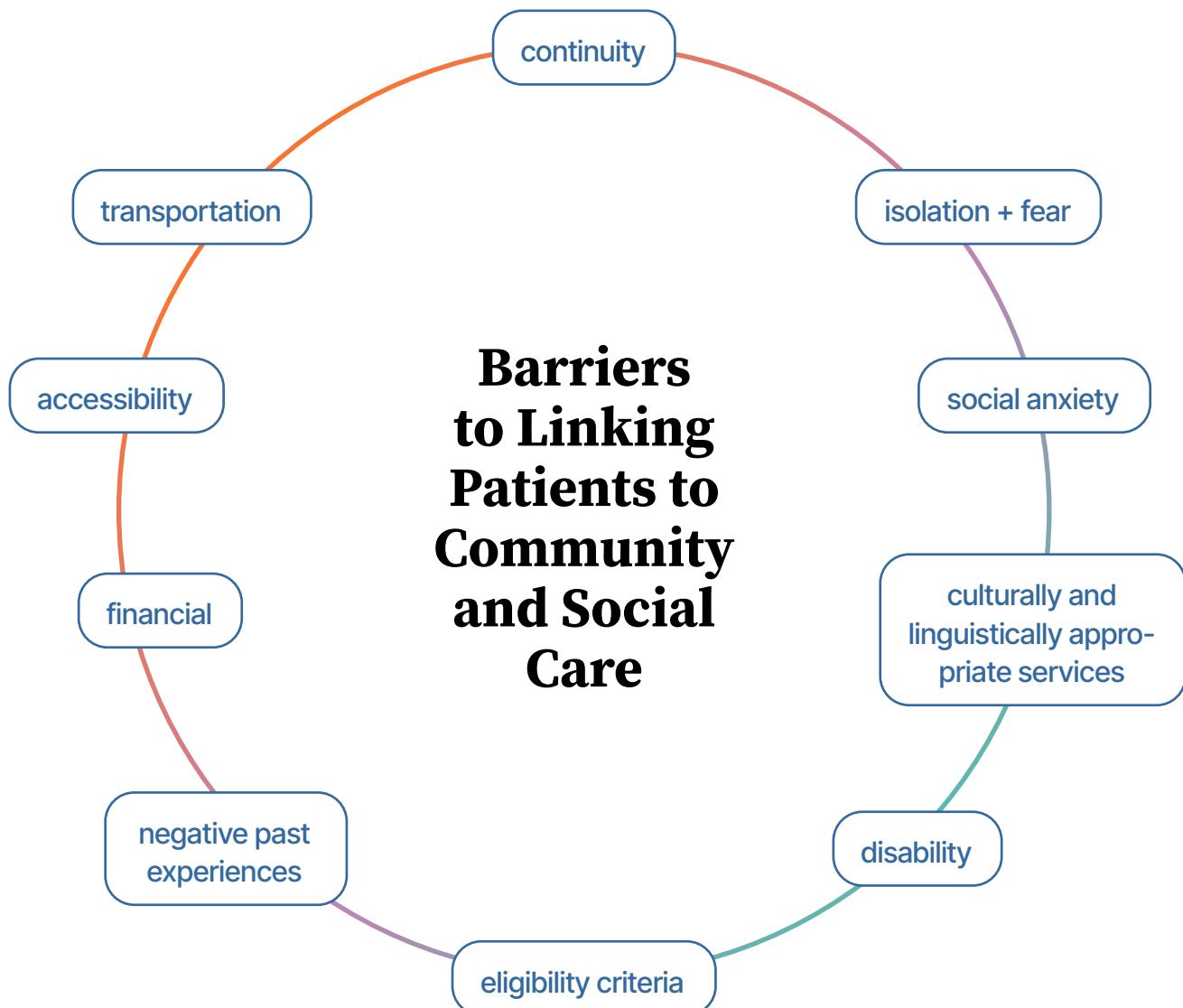
Social Prescribing Group Medical Visit In Nanaimo, British Columbia, Canada

Dr. Adam Hoverman is leading a series of Group Medical Visits (GMVs) focused on social prescribing for patients in his practice living with Hypertension. These sessions occur over three consecutive meetings, spaced three weeks apart. The City of Nanaimo Parks, Recreation, and Culture support these visits by providing space at the Bowen Park Complex. During these gatherings, patients gather to build social connections; gain knowledge of how to effectively manage their health conditions; and explore a range of programs and activities, provided at Bowen through Harbour City Seniors, that promote both physical well-being and social connections.

The nature of GMVs aligns well with many aspects of social prescribing. GMVs are a holistic healthcare approach that facilitate patient engagement, peer support, and knowledge sharing. Patient self-efficacy and agency has been reported as an outcome of GMVs due to enhanced feelings of confidence attributed to being part of the group. Through mutual support, GMVs can also serve as a catalyst for individuals to improve their health behaviors (Lavoie et al., [2013](#); Wadsworth et al., [2019](#); Wong et al., [2015](#)).

3.3 Barriers to Linking Patients to Community and Social Care

Barriers to linking patients to appropriate community resources often include transportation, accessibility, and financial limitations. Other obstacles might include the availability of services of interest, lack of continuity and follow-up, stringent eligibility criteria, and the presence of disability. Isolation, social anxiety, and fear can also pose significant challenges, as can negative past experiences with healthcare providers and the need for culturally and linguistically appropriate services. Patients may also face systemic barriers such as overloaded healthcare providers and lack of knowledge about available resources (1: Pescheny et al., 2018; 2: Pescheny et al., 2018).



IN FOCUS:

When the state of our communities is the problem.

Social prescribing stands as a beacon of hope in our battle against loneliness, isolation, and the myriad of health concerns related to social determinants. Yet, beneath the optimism lies a pertinent question: What happens when there are no community services or supports to refer people to? This question serves as a stark reminder that social prescribing is not a stand-alone solution but part of a broader socio-economic ecosystem. The vitality of social prescribing is dependent on robust and accessible community resources, and it underscores the need for society to invest in communal structures, neighborhoods, and the very fabric of our social existence.

To see the full potential of social prescribing, we need to create communities that can support it. Investments in public infrastructure such as parks, community centers, and local libraries create spaces for social interaction and community building. Adequate funding for mental health services, food banks, sports clubs, and other community organizations ensures that people have access to a range of services that can cater to diverse needs. These investments are not just conducive for social prescribing; they are essential for creating societies that can meet our inherent human need to connect and belong.

Yet, the necessity goes beyond physical infrastructures and organizations. The essence of community lies in the authenticity of human bonds and a sense of shared identity. Our societies need to cultivate an ethos that cherishes these bonds, encourages mutual support, and

values the concept of 'Ubuntu' – I am because we are. Fostering this spirit is key to creating communities where people feel seen, heard, and valued.

Modern society, despite its advancements, often falls short in meeting these fundamental human needs. The atomization of society, growing socioeconomic disparities, and an increasing sense of alienation suggest a somewhat anti-human environment. We are social animals, and our societal structures must reflect and nurture this biological imperative.

Thus, social prescribing, while offering a pathway to better health and wellbeing, should also be seen as a catalyst for broader societal change. It brings the deficiencies of our social structures into sharp focus and emphasizes the need for systemic change. The vision of social prescribing is not just to link individuals to existing services but to contribute to a transformation that sees the rise of compassionate, interconnected communities.

By viewing social prescribing within this larger frame, we understand that its ultimate goal is not merely to address individual health issues but to alter the way society conceives of health, community, and human interconnectedness. This perspective puts a greater onus on policy-makers, community leaders, and all of us as members of society, to commit to creating communities that are conducive to social prescribing and, more fundamentally, to our inherent nature as social beings.

CASE STUDY #5:

Island Sexual Health Clinic, Victoria, British Columbia

Island Sexual Health, a [Community Health Centre \(CHC\)](#) located in Victoria, B.C., incorporates a social prescribing model to serve their patient demographic, which includes transgender individuals and street workers, characterized by high barriers and complexity. In total, Island Sexual Health serves over 650 attached patients and more than 9000 episodic, sexual health patients yearly. Bobbi Williams, BSW, the Executive Director of Island Sexual Health, discussed how social prescribing is carried out at this clinic.

Island Sexual Health practitioners (including physicians, nurse practitioners, a registered clinical counsellor, and a community health worker), follow a holistic approach to healthcare with their attached patients, many of them who face serious mental health challenges, such as high anxiety, low daily function, and suicidal ideation. The interdisciplinary, team-based model allows clinic staff to work together to address the needs of their patients; physicians and nurse practitioners can refer patients who require psychosocial care to the registered clinical counsellor and the allied health worker available onsite. Since many patients face complex mental health, food scarcity, housing precarity and social isolation challenges, support from multiple providers can improve patient health and

wellbeing. Ongoing team communication means that feedback related to referred activities and services, and changing needs, is seamless; this is an important component of the social prescribing process.

Referrals are communicated via electronic health records, in-person conversations between clinic staff, or during client-based meetings. When a referral is made to the clinical counsellor, they can meet with a patient for up to eight visits. The allied health worker, on the other hand, can provide comprehensive, ongoing support, which includes accessing the onsite food pantry, accompaniment and transportation to appointments and activities, group social and physical programs to address social isolation and physical health (such as canoeing through [Power to Be](#)), and help accessing government programs and financial assistance. This clinic has recently expanded, allowing for group activities, nutrition classes, and use by outside community groups.

As a CHC, Island Sexual Health funding comes from the British Columbia Ministry of Health as part of their focus on improving community healthcare. Bobbi noted that the current government is increasing the number of CHCs provincially and there is a real willingness to work collaboratively to make the model more



accessible. However, challenges arise from the fact that the funding model does not work for all organizations, as overhead is based on the number of providers, and doesn't take into account increasing costs. For instance, Island Sexual Health must find grants to subsidize patient transportation, and while they would like to add a social worker position, they currently do not have funding for that role.

As they grow, Island Sexual Health hopes to broaden their Indigenous patient population. To facilitate this, they have an Indigenous working group and a Diversity and Inclusion working group, and they have brought on an Indigenous cultural liaison. One of their key priorities is to hire staff members who align with the backgrounds and identities of their patient population to foster safety and comfort.

The CHC model is one that Bobbi fully supports because of its holistic approach to health and the possibility of addressing the needs of patients that extend beyond the medical model of care. At Island Sexual Health Bobbi has witnessed the positive impact social prescribing has had on their attached patients. Recently, one of them told her, "I'm so grateful I have a place like this I can come to."

3.4 Role of Link Workers

General practitioners, nurses, caregivers, occupational therapists, social workers, community outreach workers, health promoters, pharmacists, or community volunteers can help link patients from healthcare to community support and services. Increasingly, designated link worker/community connector positions are being developed in numerous countries as an outcome of formal social prescribing programs. These individuals come from a variety of backgrounds with a wide range of skills and expertise. Regardless of their title, the link worker's responsibilities include conducting comprehensive assessments, creating care plans, working in partnership with the patient, understanding key social determinants of health affecting the patient, connecting patients to resources, and strengthening relationships.



IN FOCUS:

The importance of link workers

As the global health landscape grapples with escalating challenges, from burgeoning patient populations to health worker shortages, the efficacy of our healthcare delivery models is increasingly under scrutiny. Traditional healthcare services are often strained to their limits, and physicians, in particular, face immense pressure to meet the demands of their roles within strict time constraints.

It's against this backdrop that social prescribing has emerged as a promising solution. Social prescribing alleviates some of these pressures by assigning non-medical, health-related social needs to dedicated professionals known as link workers. These pivotal individuals act as connectors between healthcare providers and community-based resources, enabling patients to access a spectrum of support services that contribute to their overall wellbeing.

Link workers, with their unique set of skills and community knowledge, perform a crucial role. They work one-on-one with patients to understand their social, emotional, and environmental health needs, developing personalized care plans that align with the patient's values, interests, and goals. In doing so, they alleviate the pressures faced by physicians, freeing up valuable time and resources that can be reallocated to direct medical care.

This shift, however, is not without its complexities. The success of social prescribing hinges on more than just the redirection of responsibilities; it requires the adequate resourcing of social prescribing programs. Without proper

investment, the potential of social prescribing could be undercut. Adequate resourcing spans several dimensions, from funding for link worker positions to support for community organizations that deliver social prescription services.

Investment in training is key. Link workers must be equipped with a diverse skill set, including patient communication, cultural competency, and knowledge about local community resources. Furthermore, they need to navigate complex and often sensitive issues with patients, requiring a strong foundation in mental health support and trauma-informed care.

In addition, resourcing also includes the development and maintenance of robust referral systems, data collection tools, and evaluation mechanisms. These underpin the effective operation of social prescribing programs, enabling the tracking of outcomes and demonstrating the value and impact of social prescribing.

As we strive to advance social prescribing, we must recognize and champion the vital role of link workers, providing them with the support and resources they need to flourish in their roles. At the same time, the adequate resourcing of social prescribing programs is of paramount importance. By investing in these areas, we can ensure that social prescribing achieves its full potential as a transformative model of care - enhancing the wellbeing of individuals, alleviating pressures on healthcare providers, and fostering healthier, more connected communities.

A link worker is often the key point of contact in a social prescribing program, serving as a bridge between the patient and the variety of community services available to them. Given the nature of their role, link workers require a unique set of attributes, qualifications, and training to successfully facilitate this process.

- **Interpersonal Skills:** A link worker must be able to connect with people from diverse backgrounds, empathizing with their challenges and building trusting relationships. This includes excellent communication skills, patience, sensitivity, and the ability to actively listen and understand the concerns and needs of the patient.
- **Cultural Competency:** Given the varied population they serve, a link worker must be knowledgeable about and respectful of different cultures, traditions, and lifestyles. They must also understand the impact of social determinants of health, acknowledging the role of socio-economic factors, ethnicity, and other aspects that contribute to health disparities.
- **Knowledge of Community Resources:** A significant part of a link worker's role involves guiding patients to appropriate resources. As such, they need an in-depth understanding of the local community, including available services, eligibility criteria, and access procedures.
- **Resilience and Problem-Solving:** Working with individuals who have complex needs can be challenging. A link worker must possess resilience and the ability to problem-solve, thinking on their feet to navigate any obstacles that may arise during the social prescribing process.
- **Confidentiality and Ethics:** Given the sensitive information they handle, link workers must uphold high standards of confidentiality and adhere to ethical practices at all times.
- **Mental Health Training:** Link workers often support individuals with mental health challenges. Understanding mental health conditions, knowing how to respond, and having training in mental health first aid are important components of their role.
- **Trauma-Informed Care:** Many individuals who may benefit from social prescribing have experienced trauma. Understanding the principles of trauma-informed care, such as ensuring safety, fostering trustworthiness, facilitating choice, collaboration, and empowerment, is crucial for link workers.

For instance, consider a patient struggling with loneliness and depression due to social isolation. A link worker must be able to build a rapport with this patient, understand their mental health challenges, and empathetically communicate the potential benefits of various social activities available in the community. Navigating such scenarios requires training, sensitivity, and a deep understanding of the community resources that can help the patient improve their social connections and mental health.



Effective link workers, therefore, are not simply referral coordinators but compassionate professionals equipped with a diverse skill set to support individuals with complex needs. Their role is pivotal in the successful implementation of social prescribing programs and ultimately, in improving the health and wellbeing of patients.

IN FOCUS:

Operationalizing Link Work to Ensure Success

As experts, Link workers are valuable assets in a community. As such it is important to operationalize the link worker role in a way that ensures its success, reduces turnover, and promotes long duration tenure within the link worker position. Key operational aspects to achieve these outcomes include:

- **Workload:** Each link worker should manage 250 to 400 individuals per year, with the higher end for less complex cases (e.g., referrals). Each patient is typically allotted a one-hour appointment slot, which occurs within two weeks after referral, or within 48 hours in crisis situations. Treatment episodes generally span up to six sessions, or up to twelve for complex cases, with meetings approximately every two-four weeks. About 60% of their time (three days a week) is spent meeting with patients, with the remaining of their time focused on patient charting and building relationships across health and social care sector.
- **Supervision and Self-care:** Link workers receive clinical and casework supervision through monthly discussions with experts in mental and social care. This supervision is crucial for maintaining the quality of care and supporting the link workers in managing their workload and avoiding burnout.
- **Location of the Linkworker Role:** Link workers can be positioned within health systems or in major community organizations, such as sustainable non-profit organizations, recreation centers or libraries. This placement enhances their accessibility and integration into the wider health and social care network.
- **Regional Demand and Capacity:** The number of link workers in a region is determined by the demand for their services, ensuring that each link worker can manage their caseload without exceeding the recommended volume of patients.



3.5 Prescribing Social Interventions

Delving into the practice of social prescribing illuminates its inherent complexity and the skill, patience, and empathy required from healthcare professionals engaged in this process. A key facet of social prescribing involves treating the patient as an intricate tapestry of experiences, values, and emotions, rather than as a simplified set of medical symptoms or socio-economic conditions. This holistic perspective demands professionals foster a safe, respectful, and non-judgmental environment in which patients feel seen, heard, and valued in their entirety.

Active listening plays a pivotal role in this process, allowing the healthcare provider to genuinely understand the patient's experiences, challenges, and aspirations. By showing empathy, professionals acknowledge the emotional significance of the patient's narratives, further deepening the therapeutic relationship.

Strong communication skills are equally vital, facilitating the conveyance of information and ideas effectively and compassionately. Healthcare providers should strive to explain the principles of social prescribing and its potential benefits in a manner that respects the patient's health literacy and empowers them to participate actively in their health decisions.

A professional demeanor balanced with genuine compassion fosters trust and openness, which are crucial for successful social prescribing. It's important to remember that each individual's story is unique, their circumstances a mosaic of interwoven threads, each affecting the other. For instance, loneliness or isolation can often be traced back to past experiences that may have eroded their sense of self-efficacy or generated a fear of social interactions. Addressing these underlying issues is as essential as prescribing social interventions.

Moreover, understanding the personal interests, motivations, and specific support needs of each patient is paramount. It allows the healthcare provider to tailor social prescriptions that resonate with the patient's lifestyle, preferences, and goals, thereby increasing the likelihood of positive outcomes.

Social prescribing isn't a one-off process but rather a continuum that extends beyond the initial 'referral-out' to community-based social programs and activities. Consistent follow-up with the patient to evaluate their progress, address any challenges, and provide ongoing support is a vital part of this journey.

The practice of social prescribing, with its emphasis on active listening, motivational interviewing, empathy, and patience, underscores the importance of human connection and holistic care in healthcare settings. By championing these principles, we can foster a healthcare landscape that equally nurtures the physical, emotional, and social wellbeing of individuals.

IN FOCUS:

Leveraging Motivational Interviewing in Social Prescribing

Motivational interviewing (MI) is a client-centered counseling technique designed to enhance a person's motivation to change by exploring and resolving ambivalence (Bischoff et al., [2021](#); Walker et al., [2023](#)). This approach can be instrumental in helping patients identify their needs and motivations and match them with appropriate services and supports. Here's a step-by-step guide:

- **Express Empathy:** The first step in MI is to build rapport and trust with the patient. Use reflective listening to show understanding and validate their feelings and experiences.
- **Develop Discrepancy:** Help the patient identify the discrepancies between their current situation and their desired future. This can increase their motivation for change.
- **Roll with Resistance:** It's natural for patients to resist change. Instead of arguing, use this resistance as an opportunity for further discussion, learning, and exploration.
- **Support Self-Efficacy:** Encourage the patient's belief in their own ability to carry out and succeed at certain tasks. Highlight past successes and strengths to foster their confidence.



Consider this case study

Mr. Thompson, a retired schoolteacher, has been living alone since his wife passed away a few years ago. His children live in a different city and visit him once a year. He's experiencing loneliness and social anxiety. He has been referred to a link worker, Lily.

LILY: Good morning, Mr. Thompson. How are you today?

MR. THOMPSON: I'm doing okay, Lily. It's been a little quiet around here, though.

LILY (EXPRESSING EMPATHY): It sounds like you've been feeling lonely. That must be tough.

MR. THOMPSON: Yes, it is. I miss having someone around.

LILY (DEVELOPING DISCREPANCY): It sounds like you'd like to have more social interaction. Can you tell me more about what that might look like for you?

MR. THOMPSON: I suppose I would like to meet people. But the thought of going out and socializing makes me anxious.

LILY (ROLLING WITH RESISTANCE): That's completely understandable, Mr. Thompson. Changes can be daunting, but we'll find a way together that feels comfortable for you.

LILY (SUPPORTING SELF-EFFICACY): You've had a remarkable career as a schoolteacher, which tells me you have a wealth of knowledge and experiences to share. That could be really valuable in a social setting. How about we start exploring some options?

Remember, the objective of motivational interviewing is to guide and support the patient in their journey of change, not to direct or coerce them. By leveraging these techniques, link workers can significantly enhance their ability to engage patients and match them with the most suitable social prescriptions.

3.6 Conclusion

There are a variety of ways of linking participants to community services and multiple models. Of these, it is likely the most successful are those that tailor the selection of programs to the participants' individual needs, facilitate a warm hand off, and include longitudinal follow-up over time to ensure appropriateness of, and engagement with, the social prescription.

RESOURCES

- [What approaches to social prescribing work, for whom, and when?](#)
- [Agency for Healthcare Research and Quality - Clinical-Community Linkages](#)
- [NHS - Social Prescribing Link Worker](#)
- [Service User's Perspectives of link worker social prescribing](#)
- [Social Prescribing Referral Form Edmonton Seniors 55+](#)

What outcomes should we measure to determine if social prescribing works?

01

Social prescribing is intended to achieve improved patient and staff experience, health equity, and population health, while contributing to reductions in health care costs.

02

Potential outcomes encompass a wide range of categories, such as process, mental health, physical health, wellbeing, health system, and community impacts.

03

Monitoring outcomes is critical to establishing the success of programs, enhancing and refining strategies, and distributing resources.

04

Existing tools provide an effective means to monitor, assess, and understand social prescribing-related outcomes.

4.1 Introduction

Understanding the efficacy of social prescribing hinges on establishing comprehensive and meaningful outcome measurements. This chapter explores the types of outcomes that we can measure, the importance of monitoring these outcomes, and the tools and strategies that can be employed to do so.

4.2 Desired Outcomes of Social Prescribing

The overarching goals of social prescribing include enhancing patient experience, advancing health equity, improving staff experience, lowering the cost of care, and improving population health. The shift from a medical model to a holistic model of health allows social prescribing to address social determinants of health, create social connections, reduce social isolation, and foster agency and empowerment in participants. The process also has the potential to strengthen communities through collaboration between healthcare services and community agencies, thereby reducing healthcare usage and costs.

“We may need to figure out how to measure if communities with stronger assets are better off than those that are not as well-resourced? This is because one of the not-clearly-acknowledged outcomes of social prescribing is that it re-establishes the fabric of communities. Not-for-profits, the leisure sector, and social health endeavours are very important as they create a protective factor in our communities.”

COMMUNITY OF PRACTICE
PARTICIPANT

“The care you need is not in the 5' x 5' examination room; it is actually out there in communities, and we need to invest in them.”

COMMUNITY OF PRACTICE
PARTICIPANT

4.3 Outcome Categories

Outcomes from social prescribing can be broadly categorized into process, mental health, physical health, social and emotional wellbeing, healthcare system, and community outcomes.

- **Process outcomes** include acceptance, uptake, adherence, and feasibility of social prescribing.
- **Mental health outcomes** can range from reduced stress, anxiety, and depression to increased resilience, empowerment, and self-esteem.
- **Physical health outcomes** could include improved chronic condition management, decreased frailty, physiological improvements (like better heart rate, blood pressure, cholesterol levels), and health-related behavior change such as increased physical activity, better nutrition, and smoking cessation.
- **Social and emotional wellbeing outcomes** can be measured in terms of decreased loneliness, improved social connections, a greater sense of belonging, and improved quality of life.



- **Healthcare system outcomes** may include changes in GP visits, hospitalizations, specialist appointments, ER visits, and utilization costs. It can also assess elements such as trust, shared decision-making, and reduction of physician burnout and moral distress.
- **Community outcomes** capture the effects of social prescribing on the broader community, including improved collaboration between healthcare and community organizations, increased community engagement and cohesion, increased volunteering and participation in local groups, and contributions to civic sustainability, social safety nets, better health, and improved economy.

4.4 Importance of Monitoring Outcomes

Monitoring outcomes is crucial for evaluating the success of social prescribing programs, refining and improving approaches, and optimizing resource allocation. Monitoring helps determine whether programs are achieving their goals and having a positive impact on individuals and communities in the long term. It aids in establishing evidence-based practices, identifying what works for whom, and allows for strategic prioritization of interventions. Moreover, monitoring outcomes can foster stakeholder engagement and create stronger communities through shared ownership, collaboration, and cooperation. Finally, as social prescribing is increasingly incorporated in healthcare systems, evidence of outcomes becomes critically important. To date, studies exploring the benefits have been hindered by a lack of robust research making assessment and evaluation a priority for continued systems support and investment (Bickerdike et al., [2017](#); Savage et al., [2020](#)).

4.5 Methods for Outcome Monitoring

Tracking patient impacts and outcomes in social prescribing involves a systematic approach to measure the effectiveness and efficacy of the interventions. This process is crucial for understanding the benefits of social prescribing, making improvements, and justifying its integration into broader healthcare systems.

The methods for tracking these impacts and outcomes typically include:

- **Quantitative Measures:** These include standardized health and wellbeing questionnaires completed by patients before and after participating in social prescribing activities. Common measures include assessments of mental health, physical health, social connectedness, and quality of life.
- **Qualitative Feedback:** Patient narratives and testimonials provide valuable insights into their experiences and the subjective impact of social prescribing on their lives. Interviews, focus groups, and case studies are often used to gather this qualitative data.



- **Clinical Outcomes:** For patients with specific medical conditions, clinical outcomes like blood pressure, blood sugar levels, or body mass index can be monitored to assess changes resulting from participation in social prescribing activities.
- **Service Utilization Metrics:** Tracking the use of healthcare services, such as GP visits, hospital admissions, and medication use, can indicate the impact of social prescribing on reducing the demand for traditional healthcare services.
- **Attendance and Engagement Records:** Monitoring attendance and participation rates in prescribed activities helps in understanding the engagement levels and potential barriers to participation.
- **Longitudinal Studies:** Long-term tracking of patients can provide insights into the sustained effects of social prescribing, highlighting long-term benefits or the need for ongoing support.
- **Economic Analysis:** Cost-benefit analyses and evaluations of healthcare savings resulting from reduced use of primary and acute care services are important for demonstrating the economic viability of social prescribing.
- **Standardized Reporting Frameworks:** Some regions or organizations may adopt standardized frameworks for reporting and analyzing outcomes, ensuring consistency and comparability of data across different programs.
- **Regular Reviews and Adjustments:** Continuous monitoring allows for the adjustment of social prescribing programs based on the feedback and outcomes observed, ensuring they remain effective and relevant to patient needs.

By employing a combination of these methods, healthcare providers and policy-makers can obtain a comprehensive understanding of the impacts and outcomes of social prescribing, informing decisions and improvements in the delivery of these services.

IN FOCUS:

Evaluating Social Prescribing Programs Using Pre-Post Study Designs

As we navigate the fascinating landscape of social prescribing, its effectiveness in clinical settings is a matter of paramount interest. Amidst various methods of assessing impacts, a pre-post longitudinal evaluation design stands out as a gold standard for its comprehensive and incisive insights into patient-reported outcomes (Hoffmeister et al., [2021](#)).

A pre-post longitudinal design entails the collection of data at two different time points: before and after the intervention. In the context of social prescribing, the “intervention” refers to the prescribed social activities, ranging from group exercises and art classes to volunteering or support groups, based on the unique needs and interests of each patient.

Before the intervention commences, baseline data is gathered, painting a vivid picture of the patient’s initial state. Key indicators, such as levels of loneliness, social isolation, and readiness to engage in social activities, are measured using validated assessment tools. This pre-intervention data serves as a reference point, a starting line from which the journey of social prescribing begins.

Upon the completion of the prescribed social activities, the same set of indicators is measured again. This post-intervention data allows healthcare providers to evaluate the effectiveness of social prescribing in terms of tangible outcomes. Have the levels of loneliness decreased? Has social isolation been alleviated? Has the patient adhered to the social

prescribing recommendations? Answering these questions reveals the transformative power of social prescribing on the patient’s wellbeing.

The longitudinal nature of this design captures the unfolding journey of each patient, tracing the arc of their progress over time. It allows for a more nuanced understanding of the patient’s experience, revealing how social prescribing may impact different people in varied ways. Consequently, healthcare providers can fine-tune their approaches, aligning them more closely with the evolving needs of their patients.

Importantly, a pre-post longitudinal evaluation design embraces the complexity and richness of human experiences. By focusing on patient-reported outcomes, it ensures that the patient’s voice is heard and valued. After all, the success of social prescribing hinges not merely on clinical metrics but also on the subjective, personal experiences of the patients it aims to serve.

By placing the patient at the heart of its evaluation, the pre-post longitudinal design emerges as an optimal method for assessing the impacts of social prescribing. Its commitment to capturing the patient’s journey, from beginning to end, mirrors the holistic ethos of social prescribing itself. As we continue to explore and innovate in this realm, this evaluation design serves as a robust, reliable compass, guiding us towards a deeper understanding of social prescribing’s potential and power.

4.5 Role of Linkworker and Data Sharing in Outcome Monitoring

Follow-up by the link worker is a critical component in the social prescribing process, as it ensures continuity of care and enables the monitoring of patient progress and outcomes. Regular follow-ups allow link workers to assess the effec-

Regular follow-ups allow link workers to assess the effectiveness of the prescribed activities, address any barriers to participation, and make necessary adjustments to the care plan.

tiveness of the prescribed activities, address any barriers to participation, and make necessary adjustments to the care plan. This ongoing engagement is essential not only for tracking individual patient outcomes but also for providing emotional and practical support, reinforcing the therapeutic relationship, and maintaining patient motivation.

Additionally, the integration of community-health data sharing agreements is pivotal in facilitating the reporting of adherence and outcomes across health and social care sectors. Strategies such as shared Electronic Medical Records (EMRs) enable a seamless flow of information between healthcare providers and community services. This

interoperability ensures that all parties involved in a patient's care have access to relevant information, enhancing the coordination of care and the accuracy of outcome tracking. Shared EMRs, along with other digital platforms, can be used to systematically collect and analyze data on patient engagement, health improvements, and the utilization of healthcare services. Such data integration not only supports the evaluation of social prescribing initiatives at an individual level but also contributes to broader public health research and the development of more effective health policies. The establishment of these data sharing agreements, while mindful of data privacy and security regulations, represents a significant step towards a more integrated, collaborative approach in addressing the multifaceted needs of patients within the healthcare system.

4.6 Conclusion

Effectively measuring outcomes in social prescribing is critical to its ongoing success and development. A comprehensive approach to outcome measurement, which includes a broad range of health, social, and community parameters, is necessary to truly understand the impact and effectiveness of social prescribing. As we continue to refine our understanding of social prescribing, so too must we refine our strategies for measuring and interpreting its outcomes.

RESOURCES

- [NASocial Prescribing - Measuring Outcomes for Social Prescribing](#)
- [Options for completing a social prescribing impact evaluation](#)
- [Social prescribing: less rhetoric and more reality. A systematic review of the evidence](#)
- [Development of social contact and loneliness measures with validation in social prescribing](#)
- [Does a social prescribing 'holistic' link-worker for older people with complex, multimorbidity improve wellbeing and frailty and reduce health and social care use and costs?](#)

What are the facilitators and barriers to successful social prescribing?

01

The **barriers** to successful social prescribing are complex, and must be considered from the perspective of both program implementation and patient participation.

02

Facilitators to social prescribing are dependent on patient education, awareness, and accessibility, together with a personalized approach and a supportive environment (including Link Workers), which incorporates cultural sensitivity and inclusion.

03

Convenient scheduling and integration with healthcare services can further contribute to success.

5.1 Introduction

Understanding the barriers and facilitators to social prescribing is fundamental to enhancing its effectiveness, uptake, and adherence. This chapter outlines these factors and suggests strategies to overcome challenges and harness facilitators, as derived from our community discussions.

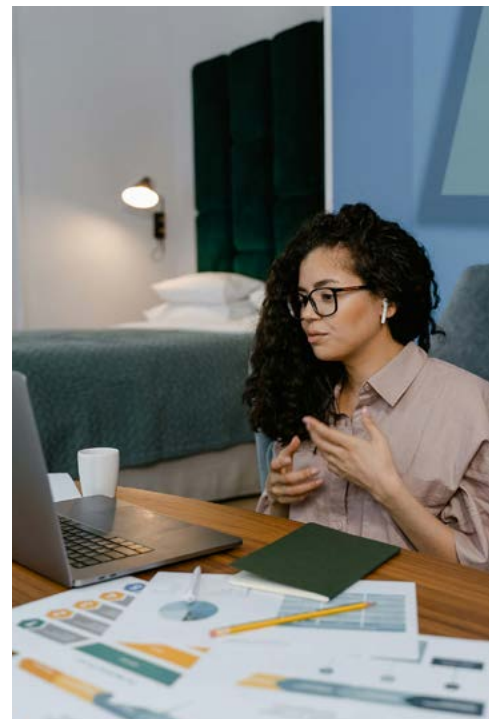
5.2 Barriers to Successful Implementation of Social Prescribing Programs

Successful implementation of social prescribing presents a unique set of challenges that require a comprehensive understanding of various factors involved in the process. These factors include the following:

- **Knowledge.** Despite the burgeoning interest in social prescribing, there remains a significant knowledge gap among healthcare professionals, community organizations, and patients about its potential benefits and practical application. To address this, awareness campaigns, continuous professional education, and patient-oriented communication strategies need to be developed.
- **Skills.** Implementing social prescribing requires a unique set of skills, including coordination, active listening, empathy, and the ability to navigate community resources. Fostering these skills among healthcare and community workers is crucial, requiring comprehensive training programs and ongoing support.
- **Social/Professional Role and Identity.** Social prescribing challenges the traditional biomedical model of healthcare and requires a shift in professional identity for many healthcare providers. Encouraging acceptance of this expanded role can be facilitated through positive role modeling, leadership support, and culture change initiatives.
- **Beliefs about Capabilities.** Healthcare providers may doubt their ability to implement social prescribing effectively, given its non-traditional nature and the perceived complexity of the process. Providing supportive supervision, success stories, and constructive feedback can boost their confidence and encourage active participation in social prescribing.
- **Optimism.** Pessimism or skepticism about the potential benefits of social prescribing can hinder its adoption. Promoting a positive outlook is crucial

and can be achieved through showcasing successful case studies, highlighting potential patient benefits, and maintaining an encouraging and supportive environment.

- **Beliefs about Consequences.** Concerns about potential negative outcomes, such as misuse of resources or breaches of patient confidentiality, can be barriers to social prescribing. Clear policies, robust data security measures, and transparent communication about the safeguards in place can alleviate these concerns.
- **Intentions.** The willingness to implement social prescribing can be influenced by personal beliefs, peer pressure, or perceived organizational expectations. Reinforcing positive intentions with clear directives, leadership endorsement, and peer support can promote a culture of acceptance and willingness to implement social prescribing.
- **Environmental Context and Resources.** Resource constraints, such as inadequate funding, staffing shortages, and lack of accessible community resources, can pose significant barriers to social prescribing. Advocacy for dedicated funding, investment in human resources, and community partnerships are essential for overcoming these barriers.
- **Social Influences.** Social norms, peer behavior, and cultural factors can influence the uptake of social prescribing. Culturally sensitive implementation strategies, peer engagement initiatives, and community consultations can help address these social influences.
- **Emotion.** Fear, anxiety, or discomfort associated with change can hinder the acceptance of social prescribing. Emotional support, change management strategies, and maintaining open lines of communication can help address these emotional barriers.
- **Behavioral Regulation.** Finally, regular monitoring and feedback can ensure the correct implementation of social prescribing and help identify and address any issues promptly. Establishing clear performance indicators, regular audits, and feedback mechanisms are essential for maintaining high-quality social prescribing implementation.



5.3 Barriers to Patient's Participation in Social Prescribing

Patient participation is at the heart of social prescribing programs. However, the journey from receiving a social prescription to actively engaging in prescribed activities isn't always straightforward. A multitude of barriers may present themselves along the way, which could impact the patient's ability or willingness to participate in these programs. In webinar discussions with the Vancouver Island Social Prescribing Community of Practice, equity-based challenges and barriers to engagement with social prescribing were repeatedly put forward as important issues to consider.

This list of barriers aims to shed light on these potential challenges. Identifying and understanding these obstacles is the first step towards addressing them, thereby paving the way for successful implementation of social prescribing. The barriers discussed range from lack of awareness to financial constraints, transportation issues, and cultural hurdles, among others. Understanding these barriers is crucial to design effective strategies that can enhance patient engagement and optimize the benefits of social prescribing. (This area of research is fairly well-developed in the literature; find international and local studies at the end of this chapter).

- **Lack of Awareness:** Patients may not be aware of social prescribing programs and their benefits, limiting their ability to participate.
- **Stigma:** Some patients may fear being stigmatized or judged due to their participation in certain programs, such as mental health support groups.
- **Physical Limitations:** Health conditions or disabilities may limit the types of activities patients can participate in.
- **Financial Constraints:** The cost of certain programs or activities could pose a significant barrier, particularly for low-income individuals.
- **Transportation Issues:** Patients may face difficulties in reaching the locations of their prescribed activities, especially in rural or poorly serviced areas.
- **Time Constraints:** Work schedules, caregiving responsibilities, or other commitments can limit the time patients have available for participation. At the same time, GPs are faced with considerable time constraints that do not leave room for addressing social prescribing and other avenues of care.

- **Lack of Personal Interest:** If the activities do not align with the patient’s interests or lifestyle, they may be less likely to participate.
- **Cultural and Language Barriers:** New immigrants or individuals from minority ethnic groups might face language difficulties or feel culturally disconnected from the offered activities.



WHAT BARRIERS DO OLDER ADULTS FACE TO SOCIAL PRESCRIBING?

Older Canadian adult participants in focus group research exploring the social prescribing needs and priorities of this demographic indicated that the barriers to participating in social prescribing included social anxiety and the desire to not go alone, health conditions or disability, cost of programs, transportation, and mental health impacts.

“There will be events here that I would love to go to, but I can’t afford it. And I stopped asking for waivers because it’s just too hard and embarrassing. You’re kind of giving somebody else control over what you want to do. It’s like asking permission and it’s not a good feeling.”

MAN, AGE 58

COMMUNITY OF PRACTICE PARTICIPANT

For rural participants, a lack of community assets was also a barrier:

“Well, there’s not much here. Where I live and other [non-urban] areas are kind of neglected when it comes to any kind of programs, because well, this is no way to deliver them, because there isn’t the population.”

WOMAN, AGE 69

COMMUNITY OF PRACTICE PARTICIPANT

Yu, C., Lail S., Allison, S., Biswas, S., Hebert, P., Hsiung, S., Mulligan, K., Nelson, M.L.A., Saragosa, M., Welch, V., & Card, K.G. (2023). Social Prescribing Needs and Priorities of Older Adults in Canada: A Qualitative Analysis. [Manuscript submitted for publication].

IN FOCUS:

Internal Barriers to Patient's Participation in Social Prescribing Programs

Social prescribing, with its holistic focus on the person, has revolutionized our approach to health and wellness. However, along with structural determinants like transportation and cost, it is crucial to shed light on internal barriers such as social anxiety, loneliness, the impact of grief and loss, negative affect, self-efficacy, and self-esteem. These psychological and emotional factors often remain hidden under the surface but significantly impact individuals' engagement with social prescribing initiatives.

Social anxiety and loneliness can be closely interlinked and create a powerful barrier to social engagement. For those grappling with these issues, joining a new group or trying a new activity can feel incredibly daunting. The fear of judgment, rejection, or negative evaluation can hold individuals back from engaging in social prescribing activities, no matter how beneficial they may be.

For older adults, personal losses (eg. the death of a spouse or friend, retirement, relocating or moving) can impact mental health and further influence their ability to self-motivate. These individuals require additional assistance and support to engage with social prescriptions that could have beneficial outcomes.

Negative affects, including feelings of sadness, fear, and anger, can further deter individuals from participating in prescribed activities. These emotions can result in a lack of motivation or energy to try new things, and even create a sense of hopelessness about the potential benefits of the program.

Similarly, self-efficacy and self-esteem play pivotal roles. If individuals doubt their abilities to perform tasks or engage in new activities, they might be hesitant to follow through with social prescriptions. Low self-esteem can further



If individuals doubt their abilities to perform tasks or engage in new activities, they might be hesitant to follow through with social prescriptions.

reinforce these doubts, fostering a belief that they are undeserving of positive experiences and benefits.

Addressing these internal barriers is crucial for the successful implementation of social prescribing. It involves recognizing that these issues are not easily changeable and may require additional psychological support. Creating a safe, accepting, and non-judgmental environment can help individuals feel more comfortable in exploring new experiences.

Healthcare providers and link workers should be equipped with adequate training to understand these internal challenges and provide empathetic support. Cognitive-behavioral techniques or motivational interviewing can be used to address negative self-beliefs and foster a sense of self-efficacy and positivity.

Incorporating options for gradual exposure, where individuals can slowly acclimate to new social settings, can also be beneficial. Moreover, having peer support within social prescribing programs, where individuals can share experiences and learn from each other, can further alleviate feelings of isolation and fear.

In conclusion, addressing internal barriers is crucial to the successful implementation of social prescribing. While these barriers can be challenging to overcome, with patient-centric approaches, empathy, and understanding, we can help individuals navigate these obstacles, opening doors to healthier and happier lives.

5.4 Facilitators to Patient's Participation in Social Prescribing

Facilitating patient participation in social prescribing requires a multifaceted approach that considers individual circumstances, preferences, and potential barriers. The importance of promoting the benefits of social prescriptions, ensuring they are accessible, and tailoring them to individual needs cannot be overstated. The following list encompasses various facilitators that can significantly enhance patient participation in social prescribing, making these programs more effective and meaningful for those involved. These facilitators aim to create an inclusive, supportive environment, making social prescriptions more appealing and feasible for diverse groups of patients.

- **Patient Education and Awareness:** Adequate information about the benefits of social prescribing and the range of activities available can encourage patient participation.
- **Personal Strengths:** The ability of an individual to develop self-confidence, sustain motivation, and improve health behaviors.
- **Accessible and Diverse Offerings:** Providing a wide range of options that are physically and financially accessible can accommodate diverse patient needs and preferences.
- **Personalized Approach:** Tailoring prescriptions to individual interests, lifestyles, and capacities can make the programs more appealing.
- **Supportive Environment:** Creating a supportive and non-judgmental environment can alleviate patients' concerns about stigma or judgment.
- **Link Workers:** These professionals play a crucial role in facilitating patient participation, offering guidance, motivation, and ongoing support.
- **Convenient Scheduling:** Programs that offer flexible scheduling can accommodate patients with work or family responsibilities.



- **Cultural Sensitivity and Inclusion:** Offering activities that respect and incorporate various cultural practices can facilitate participation among diverse populations.
- **Integration with Healthcare Services:** If healthcare providers, such as GPs, actively endorse and integrate social prescribing into their care plans, patients may be more likely to participate.

5.5 Conclusion

The effectiveness of social prescribing relies on a comprehensive understanding of the barriers and facilitators that influence its implementation. By addressing these factors proactively, we can enhance the uptake and adherence of social prescribing, contributing to improved health outcomes and greater patient empowerment. As we progress, it's crucial to continuously learn from and adapt to the experiences of both the patients and the professionals involved in social prescribing, ensuring that the approach remains patient-centred, holistic, and equitable.

RESOURCES

- [Barriers and facilitators to social prescribing in child and youth mental health: perspectives from the frontline](#)
- [Facilitators and barriers of implementing and delivering social prescribing services: a systematic review](#)
- [Patient uptake and adherence to social prescribing: a qualitative study](#)
- [Identifying Barriers to Accessing Community-Based Services for Clients of Fraser Health's Social Prescribing Program](#)
- ['Oh no, not a group!' The factors that lonely or isolated people report as barriers to joining groups for health and wellbeing](#)
- [An ethnographic exploration of social capital inequities and engagement with social prescribing \(UK\)](#)

What local needs and circumstances must be adapted for?

01

British Columbia's Ministry of Health supports two care models that can incorporate social prescribing referrals and link workers, with necessary adaptations based on the specific model in use.

02

Successful social prescribing programs rely on robust community services and support; rural and urban communities may face greater or lesser challenges to social prescribing related to the availability of referral options.

03

Specific population groups, such as Indigenous or immigrant communities, or low income groups, may require targeted referrals that reflect their unique needs; these may include culturally relevant programming, language interpreters, or financial assistance.

6.1 Introduction

While social prescribing has the potential to impact health and wellbeing significantly, its success relies heavily on adaptation to local contexts. This chapter explores the elements of adaptability to different healthcare providers, geographic regions, amenities, and population needs.

PARTICIPANT PERSPECTIVE

One member suggested that a strong foundation of community resources must be in place so that referrals don't become a social prescribing failure.

(thus derailing the program through lack of confidence)

6.2 Adaptations by Type of Healthcare Provider

Community health centers and private practices offer different resources, levels of accessibility, and community connections. Community Health Centres often have a wealth of established relationships with community organizations, facilitating the implementation of social prescriptions. In contrast, private practices might need to build these connections, requiring an investment of time and effort. Practices may need to consider creating a community liaison role or using link workers to establish and maintain these relationships.

IN FOCUS:

Primary Care Networks and Community Health Centers

The province of British Columbia in Canada has embraced a unique blend of Community Health Centers (CHCs) and Primary Care Networks (PCNs) in its healthcare delivery. Both these structures provide an ideal springboard for implementing social prescribing, each with its distinct approach.

Community Health Centers, typically non-profit and community-governed, have a long-standing history in providing holistic, patient-centered care that goes beyond traditional medical treatment. By their very nature, CHCs are deeply entrenched in their communities, giving them unique insight into local resources, needs, and social determinants of health. This positions CHCs exceptionally well for the adoption of social prescribing.

In CHCs, social prescribing can become an integrated part of their multidisciplinary approach, linking patients to local services and activities that align with their holistic healthcare plan. CHCs often have existing relationships with a variety of community organizations, allowing for smooth referral pathways. Their focus on addressing the social determinants of health also means social prescribing is not a novel concept but an extension of existing practices.

Primary Care Networks, on the other hand, represent a coordinated network of health care services in a given geographical area, encompassing a multitude of health providers, including family physicians, nurse practitioners,

and other healthcare professionals. The model aims to provide comprehensive primary care services to patients, bridging gaps, and addressing health inequities.

In the PCN model, social prescribing might look slightly different but is equally vital. Given the network's expansive reach, social prescribing here could connect patients to a broader range of resources, including those beyond their immediate communities. The focus is on creating robust referral pathways among network members, ensuring patients receive the social support they need.

Moreover, PCNs' emphasis on collaborative, team-based care creates an opportunity for designated roles such as link workers who can oversee the social prescribing process. These link workers can liaise with various healthcare providers within the network to understand patient needs and identify appropriate non-clinical resources to support their health journey.

In both models, social prescribing plays a vital role in improving patient outcomes by addressing health's social aspects. While the approach might vary, the goal remains the same – to facilitate a more holistic, patient-centric approach to healthcare that extends beyond the clinic's walls. Both CHCs and PCNs offer promising platforms for social prescribing, further strengthening British Columbia's primary care delivery in its pursuit of health and wellness.

6.3 Adaptations by Geographic Region and Amenities

The success of social prescribing is also influenced by the available community resources and municipal supports (Bertotti et al., [2018](#); Hassan et al., [2023](#)). Urban centers often have an abundance of resources, including recreational facilities, community organizations, and public transportation systems. However, these resources might be spread out, requiring patients to navigate complex transportation networks.



In rural areas, resources might be scarce or geographically dispersed, challenging accessibility. In these instances, the use of telehealth services or mobile community units might be helpful. Furthermore, fostering strong relationships with the existing community resources, such as libraries, schools, and churches, can extend the reach of social prescribing.

IN FOCUS:

Social Prescribing in Rural and Urban Contexts

As social prescribing gains traction, it's increasingly evident that its application is not a one-size-fits-all approach. The disparity between rural and urban settings presents unique challenges and opportunities, calling for tailored strategies to suit different contexts.

In the bustling urban milieu, the availability of varied services and programs is an undeniable advantage. Cities often provide a plethora of community engagement options—from art workshops, dance classes, and yoga studios to digital literacy classes, mental health support groups, and conservation initiatives. Therein lies an opportunity for extensive personalization of social prescriptions, catering to a wide array of interests and needs.

However, the urban setting is not without its pitfalls. The paradox of urban loneliness is an often-cited concern. Amidst the crowd and chaos, individuals may grapple with isolation, a phenomenon exacerbated by the inherent individualism of city life. Despite a dense population and seemingly endless opportunities for interaction, creating meaningful social connections can be surprisingly challenging. Consequently, urban social prescribing must tackle this isolation, offering not just opportunities for engagement, but also creating avenues for forging meaningful relationships.

In contrast, rural settings offer a different panorama. Services and community engagement activities might be scarcer due to resource constraints. However, the close-knit

nature of rural communities provides an opportunity for stronger interpersonal relationships and mutual support, which can be harnessed in social prescribing. For instance, walking groups or community gardening projects can tap into the existing camaraderie among community members, fostering a sense of belonging and purpose.

Additionally, rural social prescribing must address unique barriers such as transportation issues, with many services often located far from people's homes. Creative solutions such as mobile services, remote digital options, and leveraging local resources can circumvent these challenges.

Moreover, healthcare relationships in rural settings often have a personal touch due to the smaller population. This familiarity can be a double-edged sword—while it may facilitate open discussions about non-medical needs, it may also deter individuals from sharing for fear of breaching privacy in close-knit communities. Consequently, tact and confidentiality are paramount in rural social prescribing.

In sum, rural and urban settings each have their unique attributes and challenges that impact the implementation of social prescribing. Recognizing and navigating these nuances are critical to ensuring the effectiveness of social prescriptions and ultimately improving the health and wellbeing of individuals in diverse environments.

6.4 Adaptations by Population Needs

The needs of specific population groups must be considered in the implementation of social prescribing. For instance, Indigenous communities might benefit from social prescriptions that incorporate traditional healing practices and emphasize community connection. Other equity-seeking groups might require services that specifically address the barriers they face, such as discrimination, stigma, or marginalization. For example, non-English speaking populations may face language barriers that hinder their access to social prescribing. Here, it is essential to provide interpretation services, and culturally and linguistically appropriate care, to ensure effective communication and understanding. For low-income populations, the financial aspects of prescribed activities must be considered. Social prescriptions should be affordable or free to this group, and assistance with transportation costs may be necessary. Migrants may benefit from prescriptions that help them integrate into the community and address issues like language barriers, cultural adaptation, and the stress of migration.

6.5 Conclusion

Adapting social prescribing to local contexts is key to its success. By considering the type of healthcare provider, geographic region, amenities, and specific population needs, we can maximize the effectiveness of social prescriptions and help ensure their acceptability, accessibility, and appropriateness. As we continue to adapt and innovate in this field, it is crucial to maintain the focus on individual and community needs, leveraging resources and partnerships to create healthier, more connected communities.

RESOURCES

- [Models of social prescribing to address non-medical needs in adults: a scoping review](#)
- [Community-Enhanced Social Prescribing: Integrating Community in Policy and Practice](#)
- [Adapting Social Prescribing to meet the needs of migrant populations: Challenges and solutions to service access and efficacy](#)
- [Applying critical systems thinking to social prescribing: a relational model of stakeholder “buy-in”](#)

How do you identify appropriate community assets?

01

Asset mapping is a methodology that identifies beneficial community resources, which can then be included as referrals in social prescribing programs.

02

Selecting appropriate social prescriptions requires attention to specific criteria to ensure that community services support patient health and wellbeing.

7.1 Introduction

The practice of social prescribing heavily relies on the richness and accessibility of community assets (Mulligan et al., [2023](#); Tierney et al., [2020](#)). Therefore, understanding how to identify these resources becomes a crucial aspect of social prescribing. This chapter outlines the methods and considerations when identifying appropriate community assets, and it provides local suggestions based on feedback from webinar participants.

“People themselves are assets and they know what is available; they can help support others to attend.”

“Finding out what resources are available in your own community is vital.”

The United Way B.C.'s Seniors Community Connectors are located at seniors-serving organizations in communities across B.C., including on Gabriola Island.

If community connectors find there are limited assets at the community level, they are encouraged to create their own programs ie. a walking group.



7.2 Identifying social prescriptions through asset mapping

One effective way to identify community assets is through [community asset mapping](#). Community asset mapping is a methodology that allows healthcare providers, community organizers, and other stakeholders to identify and leverage resources or “assets” within a community that can be beneficial to its residents. These assets can be used as part of social prescribing programs to address health and wellbeing needs of individuals in a holistic way. Below is a detailed description of the methodology for community asset mapping:

- **Identify and Define the Community:** The first step is to define the community. This could be based on geography, cultural identity, age group, or any other defining characteristics. The definition of the community will influence what types of assets are relevant and should be included.
- **Conduct Research:** Once the community is defined, the next step is to conduct research to identify potential assets. This can involve a mix of online research, in-person visits, interviews, and surveys. Look for resources such as community centers, parks, clubs, organizations, schools, libraries, healthcare providers, and local businesses.
- **Engage Community Members:** It’s important to involve community members in the asset mapping process. They can provide valuable insights about the resources they value and use regularly. They might also highlight less visible assets that are not easily identifiable through traditional research methods.
- **Categorize Assets:** Assets should be categorized based on their nature. Categories might include physical assets (e.g., parks, community centers), individual assets (e.g., volunteers, local artists), organizational assets (e.g., NGOs, clubs), and network assets (e.g., social networks, partnerships).



- **Evaluate Asset Readiness:** Once a list of assets has been compiled, each asset needs to be evaluated for its readiness to be included in a social prescribing program. This evaluation might include considerations such as the asset’s capacity to take on additional users, the accessibility of the asset for different community members, and the potential health and wellbeing benefits the asset can provide.
- **Establish Relationships:** For assets that are organizations or groups, it’s important to establish relationships. This could involve meeting with the leaders of these organizations to discuss the potential for partnership, explaining the benefits of social prescribing, and determining how they might be able to support patients referred to them.
- **Document and Map Assets:** Once all the assets have been identified, evaluated, and categorized, they should be documented. This documentation could take the form of a physical or digital map showing the location of assets, a database with information about each asset, or a directory that can be easily accessed by healthcare providers, link workers, and community members.
- **Regularly Update the Asset Map:** Communities change over time, and new assets may arise while others may no longer be available. It’s important to regularly update the community asset map to ensure it remains a relevant and useful tool for social prescribing.

Remember, community asset mapping is a collaborative, ongoing process that involves regular reviews and updates to reflect changes in the community. This approach allows healthcare and community organizations to tailor social prescribing programs to the specific resources available in their communities, ensuring that individuals can be connected with appropriate and beneficial supports. The importance of keeping asset maps up-to-date was stressed in our Community of Practice webinars.

“one size doesn’t necessarily fit all—especially for specific identity-based communities.”

Participants in our community of practice suggested numerous approaches to asset identification, including drawing on existing community connections, such as gathering places, seniors organizations, municipal government programs, volunteer hubs, faith communities, newsletters, school districts, libraries, and recreation centre guides. The importance of comprehensive community

knowledge was stressed as well, since “one size doesn’t necessarily fit all—especially for specific identity-based communities.” Additionally, participants pointed to the value of conducting ongoing needs assessments because digital surveys can capture insights from a wider audience; this method may also provide opportunities for collaboration with local schools by involving students in data collection. One participant commented that simply reaching out for informal chats to others in the community can glean useful information since “people are usually very willing to share what they know.”

Finally, discovering local social prescribing “champions” can foster connections critical for success. For instance, physician champion, Dr. Grace Park, Regional Medical Director for Home and Community Care in the Fraser Health Authority, has made social prescribing programs stronger in this region through collaboration with the United Way. Today, seniors community connectors embedded in community organizations have become a functional part of healthcare and are included in discharge planning and home health care.



IN FOCUS:

Inclusive and Appropriate Asset Maps

Communities are a mosaic of people with diverse backgrounds, abilities, and needs. Hence, a one-size-fits-all approach to social prescribing doesn't work. Instead, community asset mapping must strive to uncover a wide range of assets that reflect this diversity. Such assets could include local arts organizations for individuals seeking creative outlets, nature trails for those who thrive in the outdoors, or specific clubs that cater to distinct cultural or social interests.

Accessibility is a pivotal factor when identifying suitable assets for social prescribing. Spaces should be physically accessible for all individuals, including those with mobility challenges. However, accessibility extends beyond physical barriers. Assets should also be culturally sensitive, language-accessible, and considerate of varied cognitive and sensory abilities.

Understanding the complexity of patients' needs is essential in this process. For instance, individuals with social anxieties may need environments that foster gentle social interaction and slow-paced integration. Those dealing with disabilities might require specially designed programs or activities. Similarly, those managing chronic conditions could benefit from groups or clubs focused on their specific health issues.

Identifying assets that are both diverse and accessible means going beyond surface-level engagement. It requires thoughtful conversations and genuine partnerships with asset owners to ensure they are equipped to handle complexities. It also means addressing potential stigmas or barriers that could prevent individuals from accessing the resources they need.

In essence, diverse and accessible assets ensure that every individual—regardless of their challenges or personal circumstances—has the opportunity to benefit from social prescribing. This tailored approach not only enriches the quality of the social prescribing initiative but also fosters inclusivity and holistic wellness in the community. By embracing diversity and prioritizing accessibility in community asset mapping, we can create more robust, effective social prescribing programs that truly cater to the needs of all community members.

7.3 Choosing which social prescriptions should be prescribed

When evaluating potential community services or supports to include in a social prescribing program, it's crucial to use a set of comprehensive criteria to ensure the appropriateness, safety, efficacy, and overall benefit of these services for the patients. The following factors can be considered:

- **Alignment with Health Goals:** Does the service align with the health goals of the program and its participants? The service should contribute positively towards improving the participants' physical, emotional, and social wellbeing.
- **Accessibility:** The service should be easily accessible to participants in terms of location, transportation, cost, and physical access (especially for those with disabilities).
- **Cultural Competency:** Does the service demonstrate cultural sensitivity and inclusivity? It's essential to consider language capability, respect for cultural diversity, and the potential for engaging with individuals from various backgrounds.



- **Safety:** Is the environment safe and the staff properly trained to deal with a variety of situations, including health emergencies? Safety should always be a priority.
- **Quality and Efficacy:** The service should have a demonstrated track record of quality service provision. Consider factors like staff qualification, participant satisfaction, and success rates in achieving intended outcomes.
- **Capacity:** Does the service have the capacity to handle the potential increase in participants? Overburdening a service could reduce its effectiveness and negatively impact existing participants.

- **Participant Interest:** The service should cater to the participants' interests and preferences, contributing to sustained engagement and satisfaction.
- **Staff Training and Expertise:** It's critical to assess whether the staff have the relevant qualifications, experience, and training to deliver the service appropriately.
- **Sustainability:** Consider the longevity and reliability of the service. It should have the potential to provide long-term support to its participants.
- **Partnership Potential:** Look for services that are open to collaborating and maintaining open lines of communication with your healthcare team. This collaboration can help monitor participants' progress and address issues promptly.

Remember that this is not a one-size-fits-all list. The relevance of these criteria might vary depending on the unique context and needs of your social prescribing program and its participants. Regular evaluation and revision of these criteria will ensure that your program stays responsive to the changing needs of the community it serves.

BC211 is a United Way program that can be accessed 24/7 by website, text or phone call.

It is available in over 150 different languages.

The service lists all registered provincial resources, programs and services by location. (eg. if shelter is needed, 211 can provide a list of any available beds)

IN FOCUS:

Making the Right Social Prescriptions

While well-intentioned, some social and community interventions have indeed resulted in unintended negative consequences. These programs highlight the importance of carefully considering what social prescriptions are actually appropriate.

Perhaps one of the most notable examples of a well-intentioned, albeit harmful intervention, is the “Scared Straight” program. Originally implemented in the 1970s, this program involved taking at-risk youth on guided tours of prisons, where they would interact with inmates who would describe the harsh realities of prison life in an attempt to scare them into following the law. However, multiple studies, including a 2004 meta-analysis by Anthony Petrosino and colleagues, published in *The Campbell Collaboration*, have found that not only do Scared Straight programs fail to deter criminal behavior, they may actually increase the likelihood of offending. This is thought to be due to several reasons, including the potential glorification of prison life, reinforcement of criminal identities, or giving adolescents who are naturally prone to risky behavior a risky environment to rebel against.

Similarly, the Drug Abuse Resistance Education (DARE) program is a widely implemented drug prevention program in the United States, introduced in the 1980s. It was designed to teach students about the dangers of drug abuse, as well as to equip them with skills to resist peer pressure and make decisions that promote a drug-free lifestyle. Typically, local

law enforcement officers deliver the program in school classrooms. Despite its good intentions and widespread use, DARE has faced significant criticism and controversy. The primary concern revolves around its actual effectiveness. Several studies, including a notable report from the U.S. Surgeon General in 2001, and a meta-analysis by West and O’Neal in 2004, have found little to no evidence that DARE significantly reduces drug use among participants. Critics argue that by focusing on the harms of drug use, DARE may inadvertently peak students’ curiosity about drugs and normalize the idea of drug use. This is sometimes referred to as a “boomerang effect” – the program aims to discourage drug use, but ends up having the opposite effect. In addition, some critics argue that DARE does not effectively teach children how to handle real-world situations where they might encounter drugs. The program traditionally uses a “just say no” approach, which oversimplifies the complexities of substance abuse and the difficult situations kids may find themselves in.

These examples highlight the importance of selecting interventions that are demonstrated to be effective. Not only can poorly designed programs cause harm, but the lack of effectiveness may be demoralizing to patients. For example, a lonely individual may feel especially hopeless after participating in an ineffective or alienating program recommended by their provider as a cure to their social ills.

7.4 Conclusion

Identifying appropriate community assets is a complex yet rewarding process that strengthens the efficacy of social prescribing. A thorough understanding of available resources enables healthcare professionals to make informed, relevant, and beneficial social prescriptions. Ultimately, the process of identifying and mapping these assets not only supports individual health but also contributes to community engagement, collaboration, and resilience.

RESOURCES

- [Participatory Asset Mapping: A Community Research Lab Toolkit](#)
- [Rural Health Information Hub Identify Assets/Resources Available](#)
- [Community Asset Mapping Guide: A guide on Identifying and Mapping Resources for Community and Migrant Health Centres](#)
- [Mapping Community Supports for Patients with Complex Health and Social Needs](#)
- [Asset-Based Community Maps: A Tool for Expanding Resources in Community Health Programs](#)
- [Community Assets for Health Model and Assessment Scale: A Delphi-Based Analysis and Expert Validation](#)
- [Community Asset Mapping in Public Health: A Review of Applications and Approaches](#)
- [PEI Helping Tree \(asset map example\)](#)
- [Community-Enhanced Social Prescribing: Integrating Community in Policy and Practice](#)

CHAPTER

8

Conclusion

Social prescribing, as we've come to understand, is an innovative approach to health that bridges the gap between healthcare and community services. It recognizes the profound impact of multiple factors including socio-economic, social inclusion, education, and housing, on health and wellbeing and leverages community resources to address these determinants.

The journey of social prescribing begins with effective screening of participants, a critical step highlighted in **Chapter 2**. Healthcare providers are often well-positioned to identify individuals who could greatly benefit from non-medical, community-based services. The utilization of comprehensive screening tools for social and mental health factors plays a crucial role in pinpointing those who may be most responsive to social prescribing. Once potential beneficiaries are identified, the process moves forward to linking them to appropriate community and social care services.

As described in **Chapter 3**, link workers or navigators guide individuals through the complex web of services, matching them with resources that align with their needs, interests, and values; this involves working together to co-create appropriate, relevant, and meaningful social prescriptions.

Chapter 4 shed light on the outcomes that should be measured to determine the effectiveness of social prescribing. These may range from improvements in mental health, to reductions in loneliness and social isolation, to enhanced adherence to social prescribing recommendations. Rigorous and longitudinal evaluations can ensure the meaningful impact of social prescribing is captured and appreciated.



However, as outlined in **Chapter 5**, the road to successful social prescribing isn't without obstacles. A myriad of facilitators and barriers at individual, community, and systemic levels can influence implementation and participation. While some challenges can be mitigated through thoughtful planning and sustained efforts, others, particularly those linked to personal beliefs and emotions, demand more nuanced strategies.

The necessity of adapting to local needs and circumstances was discussed in **Chapter 6**. Social prescribing is not a one-size-fits-all solution; its success hinges on tailoring interventions to the unique demographic, socio-economic, and cultural contexts of each community. Therefore, understanding the local landscape is paramount.

Finally, **Chapter 7** delved into identifying appropriate community assets for social prescribing. Assets may take various forms - from gardening clubs to mental health support groups, literacy classes to outdoor adventure programs. Ensuring these assets are diverse, accessible, and equipped to handle complex patient needs is vital for the successful execution of social prescribing.

In conclusion, social prescribing presents a promising approach to addressing the complex interplay of factors that influence health. However, the journey of implementing and perfecting social prescribing is ongoing. It demands sustained commitment, collaboration across sectors, ongoing adaptation, and, importantly, a patient-centered approach. As we continue to build upon this foundation, the potential for social prescribing to redefine health and wellness is immense. The road ahead may be challenging, but it promises a healthier, more inclusive, and compassionate society for all.

IN FOCUS:

Prioritizing Connection and Community

Social prescribing has emerged as a promising initiative aimed at addressing health issues that are rooted in social determinants. By creating a bridge between healthcare and community services, social prescribing targets conditions that are not amenable to medical interventions, like loneliness and social isolation. But is this approach truly fostering genuine human connections or are we simply institutionalizing care and support?

To comprehend the depth of the question, we need to look at the nature of the issues at hand. Loneliness and social isolation aren't merely problems; they are profound human experiences that pervade a person's existence. The solutions, therefore, can't be solely systemic or institutional. They need to be intrinsically human, born out of love, care, and shared experiences.

The reliance of social prescribing on the social services sector poses a critique. While social services are undeniably important, they are an institutional framework, functioning within the parameters of certain rules, policies, and regulations. These structures, while necessary, aren't always adept at providing the warmth of a genuinely caring community. The interactions are professional and sometimes transient, and thus may not always satisfy the human craving for meaningful, long-lasting relationships.

Another critique of social prescribing is its potential to shift the responsibility of care from family and community to social services.

While it's true that not everyone has access to supportive family or community circles, the primary aim should be to foster and strengthen these natural networks of care, not to replace them with institutional alternatives.

Moreover, social prescribing programs can sometimes become formulaic, where a set of prescribed activities replace the spontaneity and organic nature of human interactions. These 'prescriptions' could risk treating individuals as passive recipients rather than empowered beings capable of forming and nurturing their own social connections.

The real power of social prescribing should lie in its ability to facilitate genuine human connections and encourage individuals to forge their own paths towards social inclusion. This could be achieved by focusing not just on linking individuals to social services, but also by creating platforms that enable them to build their own circles of care. Encouraging participation in local community activities, volunteer programs, or neighborhood groups could help foster a sense of belonging and create lasting bonds.

In conclusion, while social prescribing offers a constructive approach to tackle loneliness and social isolation, it must be cautious not to fall into the trap of an overly institutionalized, formulaic solution. The essence of resolving these issues lies in the warmth of human connections and the strength of communal bonds, and any successful strategy must prioritize fostering these organic relationships.

The background features a blue-to-orange gradient with three large, overlapping white circles. The circles are arranged in a triangular pattern, with one at the top right, one in the center, and one at the bottom left. The circles have a subtle drop shadow.

CASCH

Canadian Alliance for
Social Connection and Health