

# Social Prescribing Research Briefing

August 2021



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# **Social Prescribing**

## Research Briefing

August 2021

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# 1. Introduction

In the past decade there has been a move towards clinicians prescribing more holistic lifestyle changes to patients as part of their healthcare treatment. This concept, known as social prescribing, includes referrals to community programs such as gardening, dance sessions or exercise groups.

Social prescribing has been widely publicised in the news in **Wales** and **England** as a possible treatment for an increase in loneliness exacerbated by the Covid pandemic. The Welsh Government has also committed to making social prescribing a priority in its **Programme for Government**.

This briefing examines what social prescribing is, how it is being used and the role it may play in improving health outcomes. The briefing also looks at evidence of the effectiveness of social prescribing and plans for a further rollout in Wales and across the UK.

## 2. What is social prescribing?

Whilst the term social prescribing is relatively new, it can generally be explained as **linking people** to sources of community-based, non-medical support.

In Wales, social prescribing has been **described as** “connecting citizens to community support to better manage their health and wellbeing”.

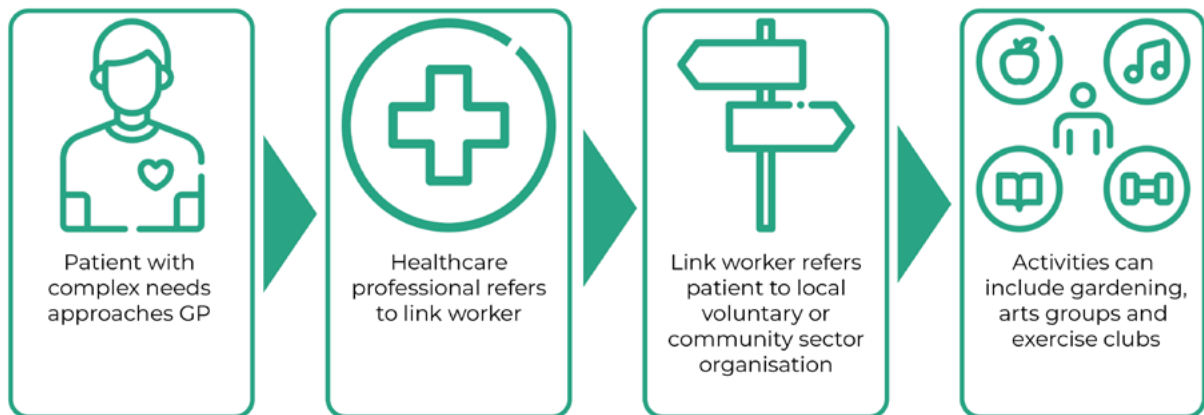
The services and activities referred to are wide ranging and can include (but are not limited to) arts activities, gardening, sports clubs and book groups. The emphasis is on treating a person holistically, not just treating the condition or disease.

Social prescribing models aim to encourage behaviour changes before, during and after treatment. Unlike traditional models that rely on primary care services, social prescribing may help ease the burden on GP services, with an estimated **20% of patients approaching** their GP for what may be a social, as opposed to medical, problem.

In order to access a social prescribing scheme, an individual is usually referred to a project through a ‘link worker’/community connector. This happens following an initial referral from a health, social care, housing or third sector professional, or a self-referral. In Wales, the third sector is the main provider of social prescribing.

From a healthcare perspective, the three key aspects that constitute a social prescribing pathway are:

- A healthcare professional who makes an initial referral
- A ‘link worker’
- A range of voluntary, community and social enterprise groups



### Case Study: Ystradgynlais Mind

A gentleman was suffering from poor mental health in 2016, to the point at which he was seriously considering taking his own life. He spoke to a GP one month later, when he was diagnosed with anxiety and depression then advised to get counselling. The Mental Health Unit referred him to a contact for **Ystradgynlais Mind**. A link worker offered the gentleman a number of different courses and groups which he participated in, including a Men's Group, woodworking lessons and a crafting group. Through the project the gentleman made new friends, took part in new activities and gained new skills allowing him to widen his horizons. He now feels more confident, less isolated and has a great sense of self-esteem.

Source: Ystradgynlais Mind



## 3. The importance of link workers

### What is a link worker?

Link workers are also known as social prescribers or community connectors, and sometimes given a more specialist title such as health advisors. The **aim of this role** is to understand what matters most to a person and link them with the appropriate support service.

A **study** (15 April 2021) regarding the role of link workers in Wales found that the specific job description is flexible and very diverse. The study reported a range of expertise and roles. Some link workers directly provide activities in a social prescribing scheme whereas others pre-audit organisations before making referrals.

The skills exhibited by study participants was found to be broad, ranging from highly specialised knowledge such as cognitive behavioural therapy or psychotherapy to more general professional attributes such as displaying empathy or care coordination.

The authors of the study concluded that good interpersonal skills were more important to carry out their role than a knowledge of specialised techniques, but the fundamental characteristic required was a knowledge of local community organisations.

### A vital link, but facing challenges

Link workers have been identified as having a **critical role in making social prescribing approaches work**, however, finding well networked and skilled link workers can be difficult.

The **National Association of Link Workers (NALW)** highlighted the main challenge faced by link workers in a 2019 study. This includes poor funding exacerbated by short term contracts and a lack of clarity regarding where the role sits in relation to other services.

A **research project** carried out by **Plymouth University** (2 February 2021) assessed the barriers and facilitators experienced by link workers in new social prescribing programmes. The study produced four recommendations:

- 1.** Link workers should be offered focused training to reflect the more complex needs that are referred to them
- 2.** All GP practices should facilitate information and training sessions for all employees about the role, remits, and processes of the social prescribing service
- 3.** Workforce support to link workers in all services should be provided. This support should provide link workers with the opportunity for a confidential discussion about any concerns or queries that they may have about individuals that they are working, or about other aspects about their role. This could form part of one-to-one clinical supervision or as a separate offer from the link workers' organisations if clinical supervision is no available to them.
- 4.** Managers of social prescribing programmes should be aware of geographical variations in accessibility to activities and take active steps to improve access for referred individuals (e.g. by subsidising travel costs) or tailor new and local solutions.

## 4. Social prescribing in numbers

### The issue of unknown reach in Wales

Social prescribing may be increasingly visible in media outlets but referral statistics and use of social prescribing in Wales, are still relatively unknown.

At the time of writing this briefing there was no information available on the number of referrals made by GPs to social prescribing projects or services.

The Deputy Minister for Mental Health and Wellbeing Lynne Neagle highlighted the work of the **Connecting Communities** project in Bridgend, part of the Cwm Taf Morgannwg UHB during **Plenary (9 June 2021)**. Approximately 4,444 people had benefited from the project by the end of March 2021. The Deputy Minister also highlighted community development hubs across Rhondda Cynon Taf, with community co-ordinators responding to approximately 4,000 requests for assistance.

The **Wales School of Social Prescribing (WSSPR)** has recently finished gathering data on a mapping study with **Public Health Wales** and **Data Cymru** to better understand social prescribing activity levels across Wales. The study is currently undergoing analysis and may hopefully help to plug the data gaps.

### Social prescribing trends in England

In contrast to Wales, data on social prescribing is published in England.

For the year 2017-2018, the most recent for which data is available, NHS England **reported** 68,977 referrals by 331 link workers across 55 clinical commissioning groups.

A joint **report (December 2020)** published by the **University of Oxford** and **Royal College of General Practitioners Research and Surveillance Centre** looked at social prescribing trends from 2011-2019 in England.

The report found 29,000 referrals recorded in GP practices that were specifically classed as social prescribing. The rationale given for the low number of referrals was the fact that there was no **national guidance on how to record social prescribing until 2019**. However, the report found over 5,000,000 non-medical interventions, relevant to social prescribing were recorded, with the most commonly recorded categories relating to dietary advice, physical activity and substance misuse.

The number of social prescribing referrals in England during the COVID-19 pandemic has risen sharply compared to the previous nine years. From January to September 2020, there were an estimated **250,000 recorded referrals for social prescribing**,

Referrals during the pandemic were highest for people over 65 years old, but no differences were found in rates of referral when comparing gender, ethnicity and neighbourhood deprivation. The impact of the pandemic **may include link workers being asked to carry out wellbeing checks** for people shielding, which may explain the age demographics of people being referred for social prescribing.

## 5. Social prescribing in Wales

### Alignment with Welsh Government policy

Social prescribing aligns with the **Wellbeing of Future Generations (Wales) Act 2015** and the **Social Services and Well-being (Wales) Act 2014**. Both of which are founded upon models that recognise the impact of social aspects on health and wellbeing.

Research into different social prescribing models, evidence and impacts is also increasing in Wales. The **Wales School of Social Prescribing Research (WSSPR)** was established in December 2017 with a £10,000 grant from Wales School for Social Care Research.

The initial aim was to set up a Wales Social Prescribing Research Network and build an evidence base for social prescribing in Wales. Overseen by a steering group that includes academics, the third sector, NHS and social care; WSSPR has now grown to include 296 members across Wales in its research network and secured over £1 million in research funding.

### Public Health Wales

A **Primary Care Hub** was established in 2016 by **Public Health Wales** and tasked with supporting the increasing interest in social prescribing in Wales. The aim of the hub was to explore the evidence base of social prescribing, identify current primary care projects in Wales and share learning. A multiagency committee, which included Primary Care Clusters, Local Public Health Teams and individuals with links to the third sector, amongst others, was formed to oversee and advise on the work.

To achieve this the Primary Care Hub agreed to coordinate three social prescribing commitments:

1. Evidence mapping – a mapping report was published by the **Public Health Wales Observatory** in June 2017.
2. Develop a systematic process for gathering and sharing social prescribing activity – social prescribing projects by health board area can be viewed on the **Primary Care One** website
3. Organise regional and national events to develop and share learning.

## The Mind Cymru pilot

In October 2018, the **Welsh Government** announced funding of £1.3 million to support two projects to research and deliver social prescribing pilots. Vaughan Gething, the then Cabinet Secretary for Health and Social Services said:

The pilots will build on existing work across Wales to promote social prescribing, to ensure people have access to care and support which truly recognises them as an individual, and take account of the full range of factors which could be affecting their mental health and wellbeing.

The **Mind Cymru project** was one of these pilots and evaluated a new social prescribing service for people with mental health problems. The model involved frontline healthcare professionals referring patients to a link for support with community services. The pilot also included peer navigators with lived experience of mental health problems to offer additional support.

An evaluation was carried out by the University of South Wales and published in December 2020. The **Mind Cymru model** was found to offer a timely intervention for people with mental health conditions considering the waiting times for primary care mental health services. The project also highlighted the important role of link workers and produced **11 recommendations** on how to optimise future social prescribing project.

## Programme for Government

The Welsh Government also confirmed its commitment to social prescribing in the recent **Programme for Government** (15 June 2021). The programme includes plans to:

- Reform primary care, bringing together GP services with pharmacy, therapy, housing, social care, mental health, community and third sector.
- Introduce an all-Wales framework to roll out social prescribing to tackle isolation.

Lynne Neagle, Deputy Minister for Mental Health and Wellbeing recently **described** (9 June 2021) described social prescribing as consistent with broader Welsh Government policy, such as the primary care model for Wales and '**A Healthier Wales**'.

The Deputy Minister also **highlighted** the fact that the Welsh Government established a social prescribing **task and finish group** in March 2021. With the aim of understanding how social prescribing might aid Wales in its recovery from the

Covid-19 pandemic. The group is a partnership between the Welsh Government, the primary care sector, local health boards, the third sector and other relevant bodies. Its aims are to explore and develop:

- The benefits of introducing an all Wales offer to support the development of social prescribing.
- An understanding of the barrier to progressing social prescribing in Wales.
- A costed options appraisal for a consistent, high quality, all Wales approach to social prescribing.

## Connected Communities

Social prescribing was identified as a central theme in the Welsh Government's **Connected Communities** (17 February 2020) strategy for tackling loneliness and social isolation. The strategy commits to supporting the development of social prescribing schemes across Wales.

Through the Strategic Programme for Primary Care, the Welsh Government plan to:

- Work with Regional Partnership Boards to identify the number and functions of social prescribing roles across Wales.
- Develop a national skills and competency framework for the social prescribing workforce in Wales.
- Develop and launch an online resource portal to support social prescribing activities in Wales.
- Continue to work in partnership to develop the evidence base and an outcomes framework for social prescribing.

The Welsh Government also committed over £220,000 for three years from 1 April 2020 to develop the evidence base for the social prescribing element of the **Connected Communities** strategy.

The Connected Communities strategy outlined the Welsh Government's expectation that local health boards and NHS trusts need to develop social referral models, enabling people to be referred to a range of non-clinical services and groups to tackle loneliness. Success will be measured against an increase in social referrals to community support services.

## 6. Looking forward across the UK

### England

As part of the **NHS Long Term Plan (2019)**, NHS England has committed to building a social prescribing infrastructure for primary care with the aim of recruiting 1,000 new social prescribing link workers by 2020/21. The plan also aims to refer at least 900,000 people to social prescribing by 2023/24.

Social prescribing is one of the six components announced by NHS England (January 2019) that makes up the **Comprehensive Model for Personalised Care**.

The UK Government announced (**16 August 2020**) £5 million for social prescribing to help tackle loneliness, improve wellbeing and recovery from COVID-19. The **National Academy for Social Prescribing (NASP)** was awarded the funding to support local community partnerships, encourage innovation and improve the evidence base for social prescribing.

Projects that will benefit from the funding include:

- Football to support mental health
- Art for dementia
- Improving green space and singing to improve the effects of COVID-19.

UK Government Minister for Health, **Jo Churchill said:**

This new funding is hugely important, as it will allow us to build on the merits of social prescribing and encourage innovation in local projects, as well as supporting people to remain connected with their local community, reduce loneliness and improve their wellbeing [..] As we begin to support the move out of lockdown, social prescribing will be key to tackling health inequalities and helping people recover and rebuild their lives.

A UK Government funded **green social prescribing scheme** was launched in October 2020 to help the mental wellbeing of communities hardest hit by Covid-19. The project aims to examine how to scale-up green social prescribing services in England to help improve mental health outcomes, reduce health inequalities and alleviate demand on the health and social care system.

An initial fund of £4.7 million rose to £5.77 million with the announcement of **seven pilot sites** (19 December 2020) that will benefit from the scheme and run for a period of two years.



James Sanderson, NHS England's Director of Personalised Care and Chief Executive of NASP, said:

Social prescribing link workers are already helping NHS patients across the country and this latest initiative will support even more people in some parts of the country hit hard by Covid-19.

### **Case Study : The Bromley-by-Bow Centre**

The **Bromley by Bow Centre** in London is regarded as one of the first examples of a community led social prescribing centre in the UK. It was originally established in 1984 to provide support with employment, education and issues such as social isolation. The work of the centre evolved, resulting in the opening of its own health centre to facilitate the referral process; it now operates three health centres across London. During 2020, the centre directly referred 1,321 clients to social prescribing link workers, with 11,236 people accessing the centres services and support from 150 staff and volunteers. The Centre now offers a Certificate in Social Prescribing and is one of the best known providers of social prescribing in the UK.

## Northern Ireland

A £3 million National Lottery funded **social prescribing project** in Northern Ireland was launched in 2019. The **SPRING Social Prescribing project** is running for three years with the aim of supporting 8,000 patients,

Richard Pengell, Department of Health Permanent Secretary said:

Whilst the health and social care system has a key role to play in tackling the root causes of poor health and health inequalities, it cannot do it on its own. Social prescribing recognises the role that our voluntary and community sector partners [...] clients and services users have to play in improving health and well-being outcomes.

The aims of the project align with Northern Ireland Executives **Health and Wellbeing 2026 – Delivering Together**; a 10 year plan launched in 2016 to transform health and social care in Northern Ireland.

## Scotland

The Scottish Parliament's Health and Sport Committee published the **findings of its inquiry into social prescribing in December 2019**. The inquiry report concluded that social prescribing approaches can help to prevent long term conditions and dependence on medications. The committee also concluded that whilst social prescribing schemes can also directly improve waiting times and ease pressures on A&E departments, schemes are not cost-free alternatives and require investment.

The Committee questioned why social prescribing schemes were not being delivered at scale across all NHS boards and Integration Authorities. The Scottish Government **welcomed the inquiry recommendations**, agreeing that there is potential to increase the pace and scale of social prescribing schemes across Scotland and that more can be done to build on the momentum of social prescribing as a concept.

A **joint report** (April 2021) by the Post Covid-19 Future Commission and Support in Mind Scotland (SiMS) explored the role and potential development of social prescribing in Scotland. The report concluded with four recommendations:

- Improve awareness of social prescribing
- Recognise the diversity of social prescribing
- Resource statutory and voluntary services to deliver sustainable social prescribing
- Improve accessibility and inclusion

The **SPRING Social Prescribing** project is also running in Scotland in addition to Northern Ireland. The project is active in 30 communities in Scotland and Northern Ireland, covering an area of 1.5 million patients. The project is a hybrid approach between GP-based and community-led social prescribing schemes, in both rural and urban areas.

## 7. Does social prescribing work?

### Historic successes

The key challenge to social prescribing schemes is to evidence the long term benefit, not only to those who use the services, but also to policymakers concerned about cost-effectiveness.

An evaluation of a **social prescribing pilot scheme in Rotherham, which ran from April 2012 to March 2014**, found inpatient admissions and outpatient appointments had reduced as much as 21 per cent compared to the start of the study. Further analysis found that 83 per cent of patients referred to the social prescribing pilot had experienced a positive change after 3-4 months.

A **2019 study in Shropshire** reported a statistically significant increase in patient wellbeing and health outcomes, such as improvements in weight, BMI and cholesterol.

### Quality of evidence

Whilst participation in social prescribing schemes has been shown to **improve quality of life**, the quality of evidence regarding the effectiveness of social prescribing still **lags behind practice**.

The evidence for social prescribing reducing the burden on primary and secondary care is **broadly positive**, with reports in reductions in emergency hospital admissions and reductions in secondary care referrals.

However, the quality of that evidence is not robust and as yet, the evidence that social prescribing delivers cost savings over operating costs is **not fully proven**.

### The barriers in place

Studies have highlighted that there are **barriers** to further implementation of social prescribing schemes in local communities, such as poor communication between social prescribing schemes and GP services. A lack of funding for schemes has also been highlighted, which can lead to high staff turnover (particularly for link workers). Another key barrier is low engagement from General Practice staff with social prescribing schemes. Reasons for this can include a lack of time and capacity to explore social prescribing options (as found by the **Mind Cymru project**), and a lack confidence in their effectiveness.

The Fifth Senedd's **Climate Change, Environment and Rural Affairs Committee** carried out an inquiry into **allotments (24 January 2019)**. The Committee discussed social prescribing and the benefits seen from community farms and growing projects in helping people with disabilities or mental health problems. However, it was also noted that GPs may not be aware of social prescribing or its benefits.

This issue was also raised by Lynne Neagle, Deputy Minister for Mental Health and Wellbeing during **Plenary**. The Deputy Minister highlighted DEWIS Cymru, a national wellbeing directory of services and activities, that will be embedded amongst service providers and communities as part of the Connected Communities strategy.

Social prescribing is increasing in use and scope across Wales. Projects and schemes that fall under the umbrella of social prescribing may help to address some of the most enduring health and social challenges faced by people in Wales, including mental health problems, isolation and obesity. However, the evidence base to support this is still a work in progress and there are still barriers to a full roll out across Wales.

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