



## Social prescribing

*"I think music groups for other people going through medical problems would promote their sense of well being, help them feel that they are not alone, and would give them the opportunity to focus, not on their illness, but on their enjoyment."*  
(choir member, Better Breathing Choir)

*"I don't feel like my Parkinson's defines me as much as it used to. Now that I've been singing with the group for a while ... I feel that I'm also a singer who is part of a vibrant community"* (choir member, Singing with Parkinson's, [www.singwell.ca/](http://www.singwell.ca/))

Photo: Better Breathing Choir, St John's CBC article

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## How have people described social prescribing?

- Asking the question, "what matters to you?" rather than "what's the matter with you" to<sup>1</sup>
- a focus on the person rather than patient
- a powerful social movement<sup>2</sup>
- "our pill is the communities you live in"<sup>3</sup>

<sup>1</sup> <https://www.longtermplan.nhs.uk/>

<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2019/09/social-prescribing-link-worker-welcome-pack-web-2.pdf>

<sup>3</sup> <https://www.youtube.com/watch?v=8nfYJnuPi94>

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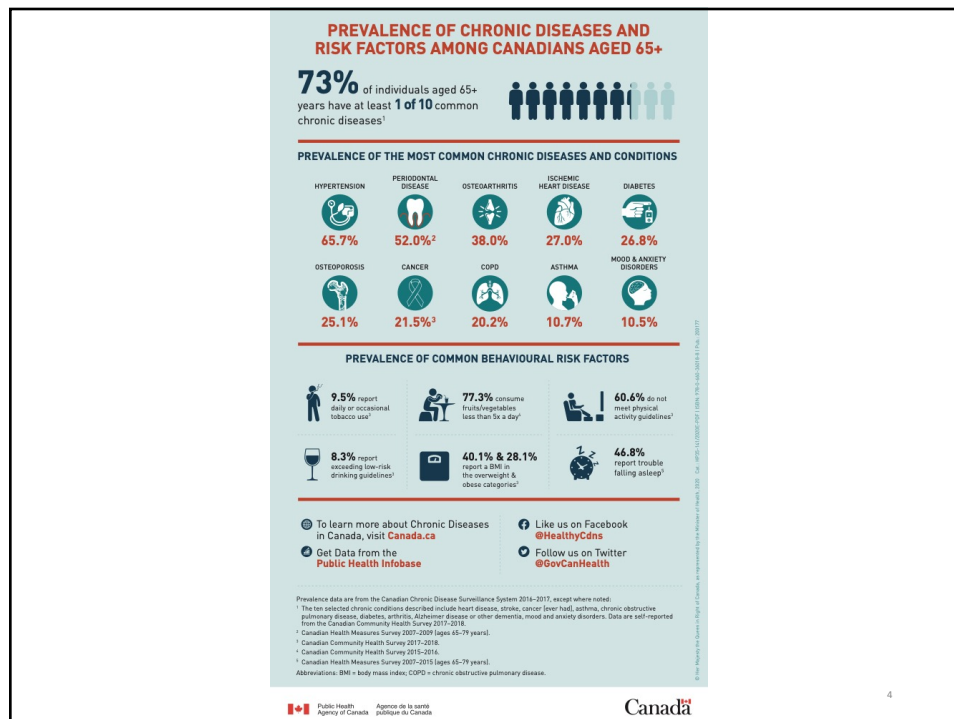
## Social prescribing and Social determinants of health

- Income and social status
- Social support networks
- Education and literacy
- Employment/working conditions
- Social environments
- Physical environments
- Personal health practices and coping skills
- Health child development
- Biology and genetic endowment
- Health services
- Gender
- Culture

Public Health Agency of Canada. 2011. "What determines health?"

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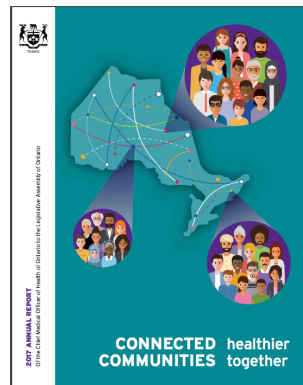
## Risk of social isolation

- “Up to 16% of Canadian seniors experience social isolation, and about 30% are at risk of becoming socially isolated. Having compromised health status or multiple chronic health problems are factors that may place seniors at risk of social isolation and loneliness.”
- “Although the prevalence of most chronic diseases and conditions increases with age, many can be prevented, delayed or mitigated through supporting healthy behaviours and choices, the creation of age-friendly, safe and socially supportive environments and reducing health inequities faced by vulnerable seniors.”

<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/aging-chronic-diseases-profile-canadian-seniors-executive-summary.html>

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People who are isolated have a 50 per cent greater risk of dying early than those with strong social connections, about the same negative impact on health as smoking 15 cigarettes a day. Social isolation can be twice as deadly as obesity and as big a killer as diabetes.<sup>1,2</sup> It also increases the risk of dementia by 64 times.<sup>3</sup>

[http://www.health.gov.on.ca/en/common/ministry/publications/reports/cmoh\\_19/cmoh\\_19.pdf](http://www.health.gov.on.ca/en/common/ministry/publications/reports/cmoh_19/cmoh_19.pdf)

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Ontario's Chief Medical officer wrote in a report,

- "People with a weak sense of community belonging are more likely to be in the top five per cent of users of health care services; this five per cent accounts for more than 50 per cent of total health care spending.... Being socially connected and involved in our communities has benefits beyond individual health and well-being. A strong sense of community gives rise to shared values that benefit society as a whole."

[http://www.health.gov.on.ca/en/common/ministry/publications/reports/cmoh\\_19/cmoh\\_19.pdf](http://www.health.gov.on.ca/en/common/ministry/publications/reports/cmoh_19/cmoh_19.pdf)

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Guidance  
**Social prescribing: applying All Our Health**  
Updated 17 June 2019

Public Health England

Healthmatters

**Why communities matter for health**  
Placing communities at the heart of public health can:

Reduce health inequalities

Engage those most at risk of poor health

Empower people to have a greater say in their lives and health

Create connected, resilient more cohesive communities

Guidance  
**Community-centred practice: applying All Our Health**  
Published 14 November 2018

**Why adopt community-centered approaches in your professional practice?**  
Community-centred ways of working can be more effective than more traditional services in improving the health and wellbeing of marginalised groups and vulnerable individuals. For this reason, they are an essential way of reducing health inequalities within a local area or community.

<https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health/social-prescribing-applying-all-our-health>  
<https://www.gov.uk/government/publications/community-centred-practice-applying-all-our-health/community-centred-practice-applying-all-our-health>

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## UK Loneliness Strategy

- According to Theresa May (then UK Prime Minister),  
“Loneliness is one of the greatest public health challenges of our time”
- “Three quarters of GPs surveyed have said they are seeing between one and five people a day suffering with loneliness, which is linked to a range of damaging health impacts, like heart disease, strokes and Alzheimer’s disease. Around 200,000 older people have not had a conversation with a friend or relative in more than a month.”

<https://www.gov.uk/government/news/pm-launches-governments-first-loneliness-strategy>

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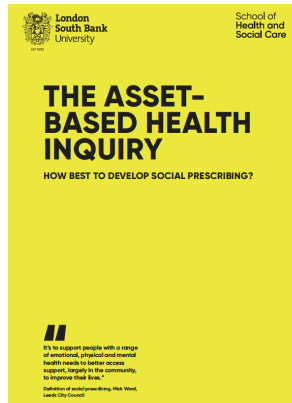
## Categorizing physician visits – medical or social?

- “it is thought that around 20% of patients consult their GP for primarily social issues, given this and the driving forces of an ageing population, increased complex health and social needs, and increasing demand on services, social prescribing is rapidly gaining popularity.”<sup>1</sup>
- “[Social prescribing] has the potential to play a key role in tackling the social determinants of health, estimated to account for approximately 80% of the modifiable factors contributing to health outcomes for a population.”<sup>2</sup>

1. Husk, K., Elston, J., Gradinger, F., Callaghan, L., & Asthana, S. 2019. Social prescribing: where is the evidence?. *The British journal of general practice : the journal of the Royal College of General Practitioners*, 69(678), 6–7. <https://doi.org/10.3399/bjgp19X700325>. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6301369/>
2. Giurca BC, Santoni CM. Celebrating the world's first social prescribing day. *British Journal of General Practice*. 2019 Oct 31;69(688):558. doi: 10.3399/bjgp19X706325. <https://bjgp.org/content/bjgp/69/688/558.full.pdf><sup>10</sup>

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## The asset-based health inquiry (2019)



"We urgently need to start recognising the real and important social determinants of health, and then address them. Social prescribing aims to do precisely that. Approaches to healthcare other than the prescribing of medicines can be incredibly effective. At its best, social prescribing can give people a purpose in life, a reason for living. It can make people genuinely happy."

[https://www.lsbu.ac.uk/\\_data/assets/pdf\\_file/0018/251190/lbsu\\_asset-based\\_health\\_inquiry.pdf](https://www.lsbu.ac.uk/_data/assets/pdf_file/0018/251190/lbsu_asset-based_health_inquiry.pdf)

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Canadian Institute for Health Information  
Better data. Better decisions. Healthier Canadians.

Access Data and Reports

Submit Data and View Standards

News, Events and Education

## Commonwealth Fund survey, 2019

- **“Coordinating care:** Although 60% of family doctors in Canada screen their patients for social needs, fewer frequently coordinate care with social services (43%).”

<https://www.cihi.ca/en/commonwealth-fund-survey-2019>

4 out of 10

family doctors in Canada coordinate care with social services

36%

Family doctors who say they don't know about all the social services in their community

Canadian Institute for Health Information. *How Canada Compares: Results From the Commonwealth Fund's 2019 International Health Policy Survey of Primary Care Physicians*. Ottawa, ON: CIHI; 2020.

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*Low Commission: The role of advice services in health outcomes: evidence review and mapping study (2015)*

- 15% of UK GP visits were for social welfare advice
- “... what good does it do to treat people and send them back to the conditions that made them sick?”
- ... patients who are seen in clinical settings may well have problems in their everyday lives that may be causing or exacerbating their mental and physical ill health or may be getting in the way of their recovery. If we do not tackle these everyday “practical health” issues then we are fighting the clinical fight with one hand tied behind our back”

<https://www.lowcommission.org.uk>

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## Social prescribing and health systems

- “Social prescribing is increasingly recognized as the next step in improving and better integrating health system in Canada and around the world”



[https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/rxcommunity\\_final\\_report\\_mar.pdf](https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/rxcommunity_final_report_mar.pdf)

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## Alliance for Healthier Communities



[Home](#) » [Who we are](#)

### Model of Health and Wellbeing



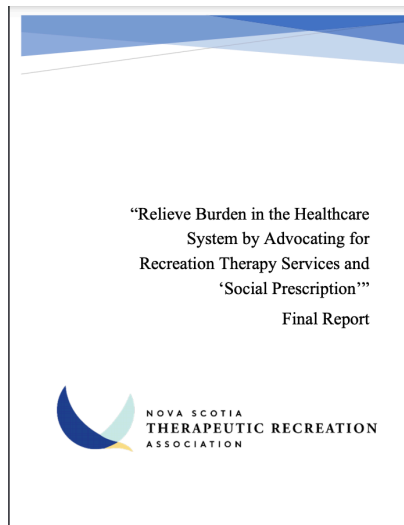
The Alliance for Healthier Communities has developed an evidence-informed Model of Health and Wellbeing (MHWB) to guide the delivery of primary health care.

<https://www.allianceon.org/model-health-and-wellbeing>

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## Nova Scotia report on social prescribing



<https://www.nstra.info/social-prescription-report-2020>

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## Defining social prescribing

- “a non-medical asset-based process that ‘supports people, via social prescribing link workers, to make community connections and discover new opportunities, building on individual strengths and preferences, to improve health and wellbeing”

National Academy for Social Prescribing, 2020

- “an opportunity for health professionals to view individuals through a ‘social lens’ recognizing the wider social context of people’s lives and how these factors influence their health and wellbeing.”

<https://www.onegloucestershire.net/gloucestershires-approach-to-social-prescribing>

- “a deliberate and structured way of referring clients from clinical practice to non-clinical supports when appropriate, with the goals of improving their overall health and wellbeing and decreasing the use of the healthcare system for non-clinical needs.”

[https://www.allianceon.org/sites/default/files/documents/CHF-RACGP\\_SPRoundtableNov2019\\_Stimulus\\_Paper\\_web.pdf](https://www.allianceon.org/sites/default/files/documents/CHF-RACGP_SPRoundtableNov2019_Stimulus_Paper_web.pdf)

- “a co-creative effort between a health care provider and a patient that recognizes and responds to a patient’s strengths, interests and health needs”

<https://www.allianceon.org/sites/default/files/documents/Rx-Community-Progress-Report-EN-June2019-web.pdf>

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## 8 WAYS SOCIAL PRESCRIBING CAN IMPROVE MENTAL HEALTH

With up to 20% of GPs time estimated to be spent on dealing with social issues such as debt, housing and unemployment, social prescribing represents a way to manage mental health by taking a holistic, person-centred approach to wellbeing and addressing the wider determinants.

### 1. TACKLE THE ROOT CAUSE

For people who are suffering from anxiety, are depressed or have other long term health problems, social prescribing helps to tackle the root cause of the problem, not just the symptoms. By taking a preventative approach, social prescribing helps people stay healthy through lifestyle changes instead of turning to medication.



### 2. CONNECTING TO NON CLINICAL SERVICES

Social prescribing supports people with mental health issues to access non-clinical services as part of a package of care. As a result, individuals are connected to multiple sources of support for social issues related to their mental health which contributes to improved psychological and social wellbeing.

### 3. APPROPRIATE SIGNPOSTING

In comparison to clinical prescription, social prescribing is a low cost, low complexity intervention which helps people to identify issues impacting on their mental health as well as signposting them to appropriate programmes and services which suit their needs and how they stay well.



### 4. CO-CREATE SOCIAL PRESCRIPTIONS

Social prescribing creates a shared ownership between the Local/Social Worker and the individual, in which they can co-create a suitable social prescription, giving the individual responsibility and accountability of their mental health.

### 5. REDUCING SOCIAL ISOLATION

Social prescribing programmes and services such as Men's Sheds and community gardening groups reduce social isolation as they provide opportunities for people to engage with their community leading to increased inclusion, belonging and maximised social contact.



### 6. INCREASED PREVENTION METHODS

For vulnerable individuals or at-risk groups, taking part in community-based programmes and services enables them to manage their own health and wellbeing through increased prevention methods and supported self-care.

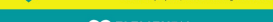
### 7. SPACE TO DEVELOP NEW SKILLS

Social prescribing also presents the opportunity for individuals to learn new skills such as cooking, painting and mindfulness, with evidence showing that continuing to learn throughout life can improve and maintain our mental wellbeing.



### 8. A SENSE OF PURPOSE

Referring people into community programmes and non-clinical support can boost self-confidence and self-esteem, helping build a sense of purpose, and connecting with others.



**ELEMENTAL**  
The social prescribing people  
[www.elementalsoftware.co](http://www.elementalsoftware.co)

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## Social prescribing with allied health professionals



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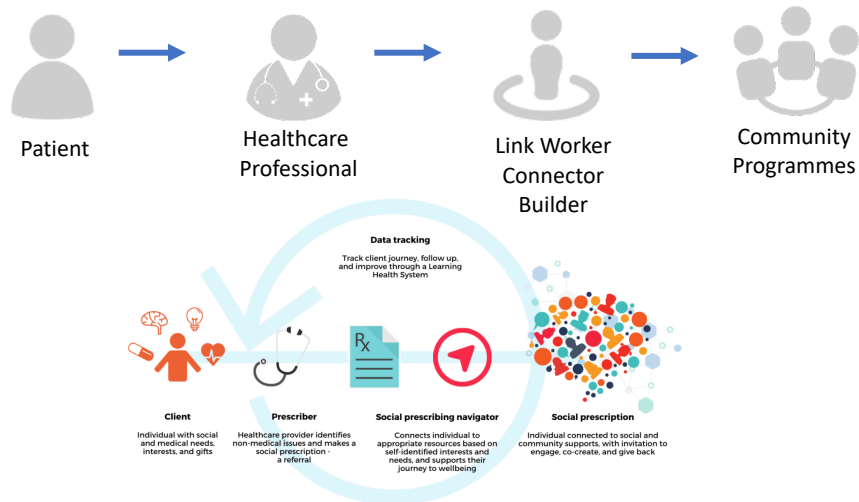
## Social prescribing

- Connecting and integrating social and community care and support with medical and clinical care
- Connecting individuals with activities of interest – to ensure adherence
- Helping people with complex health and social needs
- Addressing mental, psychosocial, socioeconomic, physical and cognitive issues, as well as enhancing social inclusion and community wellbeing – in support of social determinants of health
- Holistic, strength-based approach to health -- co-created and community-led
- Empowerment and resilience
- Person rather than patient
- Focus on wellness rather than illness
- Build community and sense of belonging
- Increase sense of purpose
- Develop more control and choice over their wellbeing and care
- Increase peer support
- Reduction in physician and ER visits
- Reduces health inequities

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## Social Prescribing Model



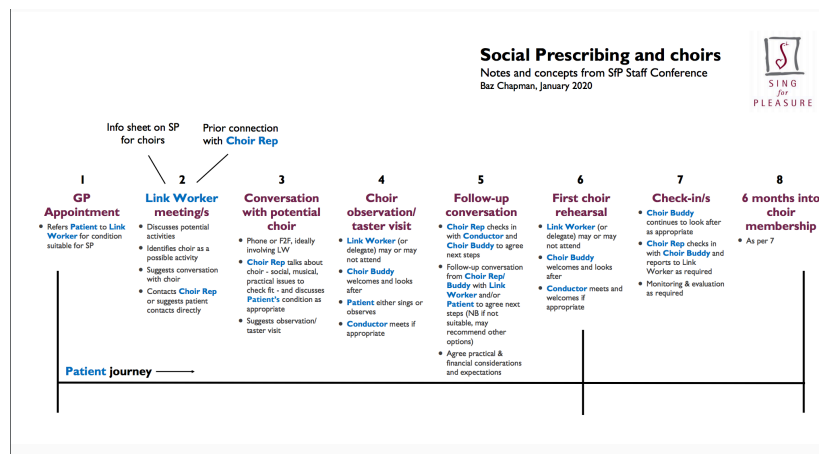
<https://www.allianceon.org/Social-Prescribing>

<https://eastridinghealthandwellbeing.co.uk/information/social-prescribing/>

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## Social prescribing choir model



<https://singforpleasure.org.uk/wp-content/uploads/2020/12/SfP-timeline-chart-for-social-prescribing.pdf> (sic)

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## Social Prescribing Guidebook for team-based primary care givers in Ontario

Keeping in mind what social prescribing is and isn't

Social prescribing is:	Social prescribing is not:
A tool that complements, supports, and advances good medical care, investment in community, and public policy to address social determinants.	A replacement for medical care, for investment in community, or for public policy to address social determinants of health.
Viewing individuals holistically, as people with challenges and gifts.	Viewing individuals as solely patients with needs.
Integration of healthcare and social supports.	Only navigating the formal healthcare system; or social connecting between friends and community groups.
Supporting people to overcome challenges and barriers to access social supports and community interventions.	Medicalizing the social determinants of health.
Asking "What matters to you?"	Asking "What's the matter with you?"
Co-creating solutions with clients, staff, and community.	A prescription pad.
A structured, supported pathway with intentional data collection.	Ad-hoc conversations.
A culture change that provides a new way to think about and delivery healthcare.	An add-on to traditional models of care.

[https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/social\\_prescribing\\_guidebook.pdf](https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/social_prescribing_guidebook.pdf)

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## What is a Men's Shed?

Men's Sheds (or Sheds) are similar to garden sheds – a place to pursue practical interests at leisure, to practice skills and enjoy making and mending. The difference is that garden sheds and their activities are often solitary in nature while Men's Sheds are the opposite. They're about social connections and friendship building, sharing skills and knowledge, and of course a lot of laughter.

<https://menssheds.org.uk/>

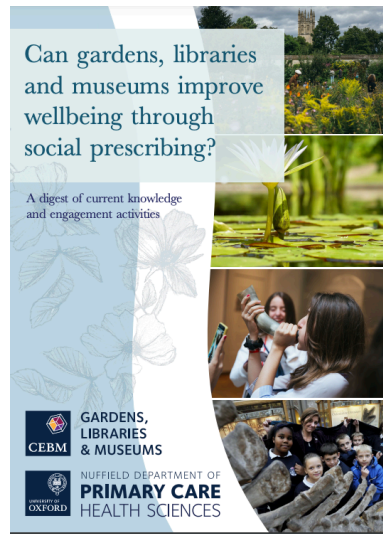


<http://menssheds.ca>

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## Gardens, libraries and museums in Oxford



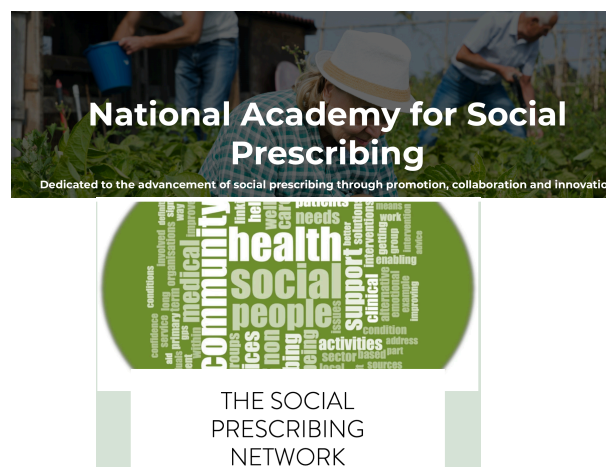
*This report seeks to close some of that gap and reflects on a joint venture between the University of Oxford Centre for Evidence-Based Medicine (CEBM) and the Gardens, Libraries and Museums (GLAM) division of the University of Oxford, exploring the ways that these venues could contribute to health and wellbeing and be a part of social prescribing.*

<https://www.phc.ox.ac.uk/research/social-prescribing/gardens-libraries-and-museums-for-well-being>

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## National Academy for Social Prescribing and Social Prescribing Network



<https://socialprescribingacademy.org.uk/>  
<https://www.socialprescribingnetwork.com/>

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## Social prescribing at AGO in Toronto and Museum of Fine Arts, Montreal

COLLECTION

### The art of wellness

Good news for people who love art: doctors recommend you spend time at the AGO!  
June 17, 2019

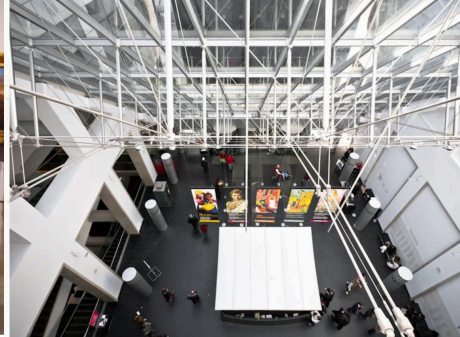


Photo by Andrew Louis, "Atrium of the Jean-Noël Desmarais Pavilion, Montreal Museum of Fine Arts", 2010

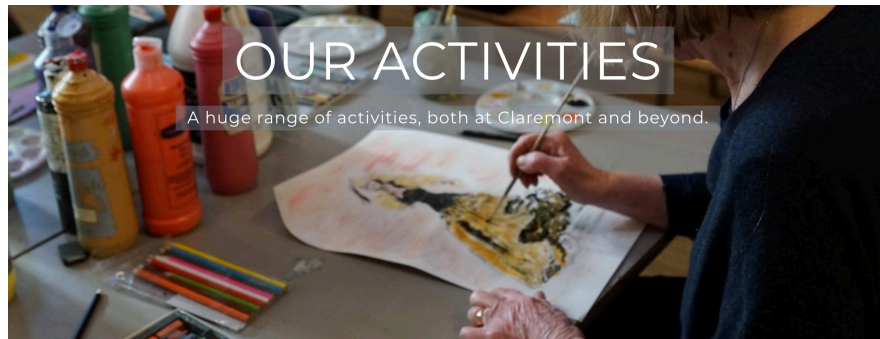
Quebec's Montreal Museum of Fine Arts Sets Example in Arts-Based Wellness.

The social prescribing movement involves the treatment of a wide range of ailments with therapeutic art-based activities

<https://ago.ca/agoinsider/art-wellness>

<https://arthives.org/blog/mmfa-art-hive-proudly-featured-article-smithsonian-highlighting-importance-arts-based-wellness>

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## OUR ACTIVITIES

A huge range of activities, both at Claremont and beyond.

### Social Prescription Project: Islington

Our Social Prescription programme provides personalised support to Islington Residents over 55 who may be feeling isolated, experiencing mild mental health issues or wish to improve their health and wellbeing. This project is continuing during the Covid-19 shutdown, with telephone calls, letters, and video calls where this is possible and wanted. A range of Claremont services, and services we can refer people on to, are still available, ranging from telephone befriending/chats to live, interactive classes.

<https://www.claremont-project.org/sp/>

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## Orchestras and social prescribing



"It was incredibly moving to see the stroke patients and RPO members work together; it brought me to tears. This project pioneers the use of music to benefit health and wellbeing and today I've been fortunate to see first-hand how patients can benefit from this type of innovative rehabilitation."

*Sam Barlow, Hull Clinical Commissioning Group*

<https://www.rpo.co.uk/rpo-resound/strokestra>

<https://socialprescribingacademy.org.uk/the-power-of-the-arts-and-social-activities-to-improve-the-nations-health/>

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## Poetry for Dementia at the Southbank Centre



Do you have family or friends living with early-stage dementia?  
Invite them along to our inspirational free workshops

**Poetry for Dementia**

at

**National Poetry Library, Southbank Centre**

National Poetry Library, Level 5,  
Royal Festival Hall, Southbank Centre,  
London SE1 8XX

Led by celebrated poets Nick Makoha and Rachel Long

Monday mornings: 10.30am – 12.30pm

Please arrive 15 minutes beforehand

June 4, 11, 18, 25 | July 2, 16, 23, 30

Please note there is no session on 9 July

To register, contact Imelda: 020 7239 4954 | [imelda@arts4dementia.org.uk](mailto:imelda@arts4dementia.org.uk)

No prior experience necessary. Participants are invited to register for all sessions with a companion. The workshops are completely free of charge.

**SOUTHBANK  
CENTRE**

<https://arts4dementia.org.uk/our-presidents-blog/>

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# Alchemy Project

## THE ALCHEMY PROJECT SYNOPSIS

*Dance as part of an integrated recovery model in Early Intervention in Psychosis*



Photos by Pari Naderi

### BACKGROUND

In October 2013 a radical, intensive, dance-led project was piloted within Early Intervention in Psychosis; it delivered very promising results for the participants and indicated that there were significant potential benefits for service users and also the service itself.

<https://www.thersa.org/globalassets/pdfs/perf-arts-network-film-synopsis---the-alchemy-project.pdf>



*"I shall continue to act as an advocate/ambassador for this project. To move to a more embodied treatment model of mental illness in my view is important and I hope that services will consider incorporating such projects into mental health services routinely."*

Dr Lauren Gavaghan (ST5 Psychiatrist South London & Maudsley NHS Foundation Trust)

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# Singing on prescription

**mindson**  
Music for dementia

Home About Us Music & Dementia Our Services Support Us

## Breathe in SING out

Have COPD or a Persistent Lung Condition? Read on!

**Covid 19**

We continue to run our groups during the lockdown via Zoom.

If you have a COPD diagnosis or have a Persistent Respiratory Condition and would like to manage your breath better - Breathe in Sing out could be just what you're looking for!

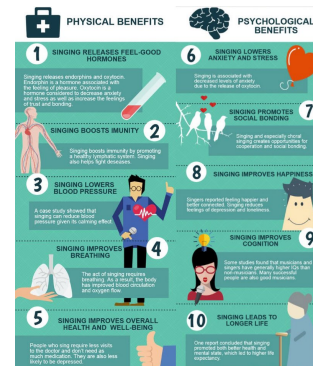
Breathe in Sing out is about taking an active part in managing your breathing. Singing is a great way to do this in a friendly setting with other people who share your condition.

A session includes gentle warm up exercises, learning new techniques to improve the way you breathe and, of course, singing. The aim is to improve the physical, emotional and social effects of COPD on your everyday life, and to introduce an enjoyable way of self-managing your lung condition.

Each Breathe in Sing out group is run by an experienced leader with a good understanding of COPD and respiratory conditions.

Groups are held in an easily accessible venue once a week, for 12 weeks. Sessions last for about an hour with time for a chat afterwards.

<https://www.onegloucestershire.net/gloucestershires-approach-to-social-prescribing/>



<https://tips.how2improvesinging.com/>

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## English National Opera (ENO) and COVID survivors



### ENO Breathe with Imperial College Healthcare NHS Trust

5th August 2020 in News

The programme will use lullabies to help to put COVID-19 to bed.

We are partnering with Imperial College Healthcare NHS Trust to develop a social prescribing intervention that will provide crucial support to people recovering from COVID-19, in the first partnership of its kind between a leading arts organisation and an NHS Trust.

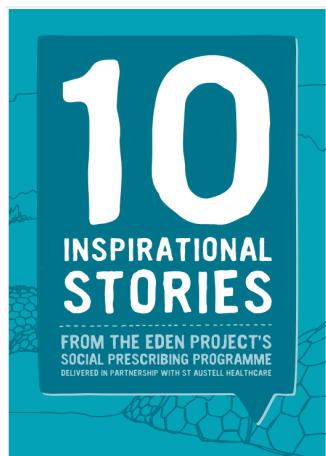
Working closely with Imperial College Healthcare, we have devised and developed an integrated six week pilot programme of singing, breathing and wellbeing aimed at supporting and enhancing the recovery of COVID-19 survivors.

<https://eno.org/news/eno-breathe-with-imperial-college-healthcare-nhs-trust>

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## Case studies from the Eden Projects




**Key info**

- Every Tuesday at 10.30am
- Free
- Meet and wellbeing benefits
- A social prescribing programme
- Free to all

A health walk for individuals diagnosed with chronic obstructive pulmonary disease (COPD) and other long-term conditions. It's part of our social prescribing programme.



**Walk for wellbeing**



**Key info**

- Every Tuesday at 10.30am
- Free
- Meet and wellbeing benefits
- A social prescribing programme
- Free to all

Walk for wellbeing at the Eden Project is for individuals who are experiencing anxiety, stress or depression. It's one of our social prescribing programmes.



[https://www.staustellhealthcare.co.uk/uploads/1/1/5/9/115999581/social\\_prescribing\\_case\\_studies.pdf](https://www.staustellhealthcare.co.uk/uploads/1/1/5/9/115999581/social_prescribing_case_studies.pdf)

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## Gardening and social prescribing – RHS



Kate Ferrari  
Digital Content  
Manager  
18 Oct. 2019  
8 minute read

### A prescription for fresh air and green space

← Back

The NHS has committed to having a team of 1,000 social prescribing professionals to support mental health – the largest investment anywhere by a national health system

Save to My scrapbook

Gardening is good for you! We knew that already, but now this simple but powerful fact is being acknowledged by health professionals who are adopting social prescribing as part of the latest [NHS Long Term Plan](#), which was published in January 2019.

<https://www.rhs.org.uk/advice/health-and-wellbeing/articles/social-prescribing>

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## Manchester Museum, Manchester University Peri-natal care; post-natal depression



Earlier this year, we worked with a psychotherapist to deliver a series of 5 therapeutic music and sensory play sessions in our Under 5's gallery, Nature Discovery. These sessions were specifically developed for mothers experiencing mild symptoms of anxiety or post-natal depression, and their babies, and draws on our experience of delivering early years programmes, including our popular [Baby Explorer / Musical Baby Explorer](#) sessions.

<https://mmhellofuture.wordpress.com/2019/06/11/muso-baby-social-prescribing-pilot/>

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## Evaluating social prescribing in museums



### UCL Museum Wellbeing Measures Toolkit Introduction

#### What is the UCL Museum Wellbeing Measures Toolkit?

The UCL Museum Wellbeing Measures Toolkit is a set of scales of measurement used to assess levels of wellbeing arising from participation in museum and gallery activities that has been trialled across the UK. The Toolkit has been designed to help people involved in running in-house or outreach museum projects, evaluate the impact of this work on the psychological wellbeing of their audiences. The Toolkit is flexible in its application and supports a 'pick and mix' approach. It can be used to evaluate the impact of a one-off activity or programme of events. The Toolkit was produced by researchers from University College London (UCL) Museums & Public Engagement and funded by the Arts & Humanities Research Council (AHRC).

[https://www.ucl.ac.uk/culture/sites/culture/files/ucl\\_museum\\_wellbeing\\_measures\\_toolkit\\_sept2013.pdf](https://www.ucl.ac.uk/culture/sites/culture/files/ucl_museum_wellbeing_measures_toolkit_sept2013.pdf)<sup>37</sup>

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## Social prescribing in Ontario



### SOCIAL PRESCRIBING IN ONTARIO

#### FINAL REPORT

MARCH 2020

[https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/rxcommunity\\_final\\_report\\_mar.pdf](https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/rxcommunity_final_report_mar.pdf)

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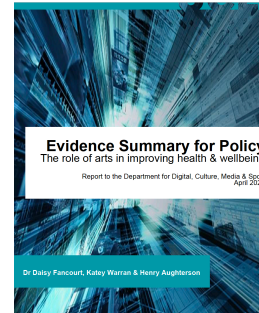
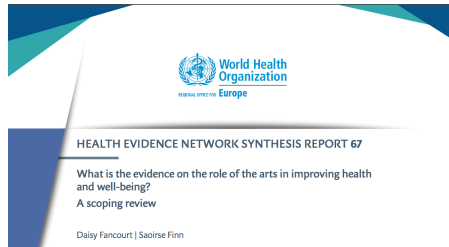
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## Making the arts an integral part of healthcare

Daisy Fancourt, author of a WHO report on the arts and health, said

"It's critical that we stop seeing the arts as an "add-on", and start to see them as absolutely fundamental to healthy lives...In the same way we're aware of eating our five a day and getting our 30 minutes of exercise, we [should] also be making sure that we prioritize doing these creative activities – and don't consider that they're the first thing that can go as soon as our lives get a bit busier."

<https://www.bbc.co.uk/programmes/articles/SYGsLjztqTnwZx3bCLgRfYL/why-are-some-doctors-prescribing-music-on-the-nhs>



<https://apps.who.int/iris/bitstream/handle/10665/329834/9789289054553-eng.pdf>

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## Newfoundland and Labrador Arts and Health Compendium

Prepared on behalf of the Arts and Health Research Exchange Group  
Newfoundland and Labrador Centre for Applied Health Research  
Memorial University of Newfoundland



Robert Delaunay, "Relief-disques," 1936.

Lynsey Alcock, BHSc, MSc, MPH  
Supervisors: Natalie Beausoleil, Haley Toll and Rochelle Baker

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## Let's celebrate Social Prescribing Day!



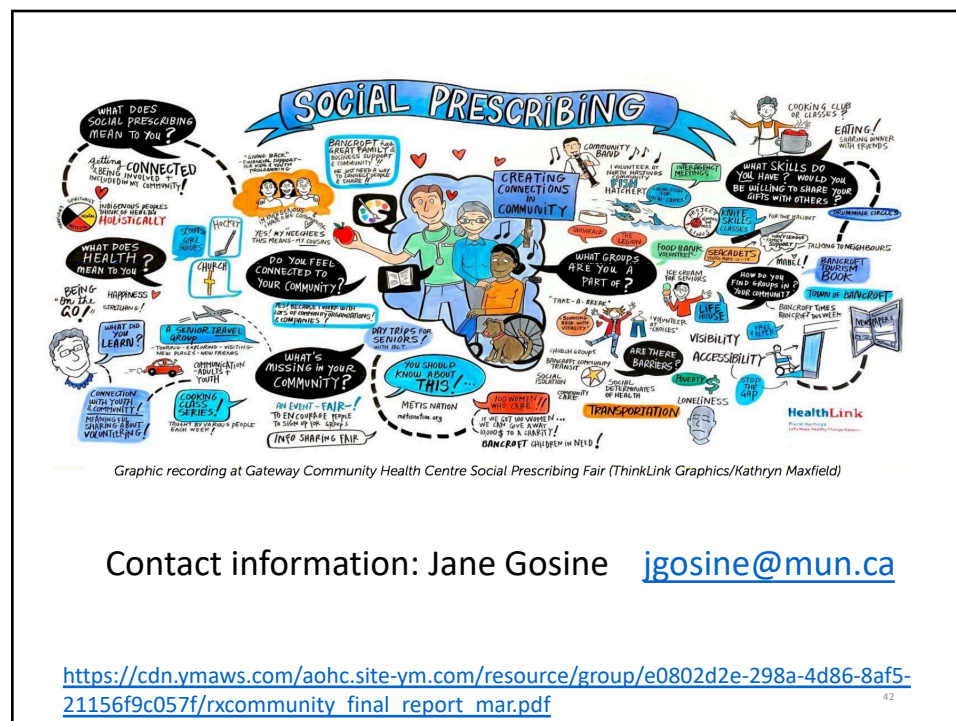
Social Prescribing Day is an event aiming to foster an attitudinal change, to shift the power to the people and local communities, to forge cross-sectoral collaboration, to promote co-design and co-creation, and to ensure social prescribing continues to grow as a grassroots movement.

Social Prescribing Network,

<https://www.socialprescribingnetwork.com/socialprescribingday>

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Contact information: Jane Gosine [jgosine@mun.ca](mailto:jgosine@mun.ca)

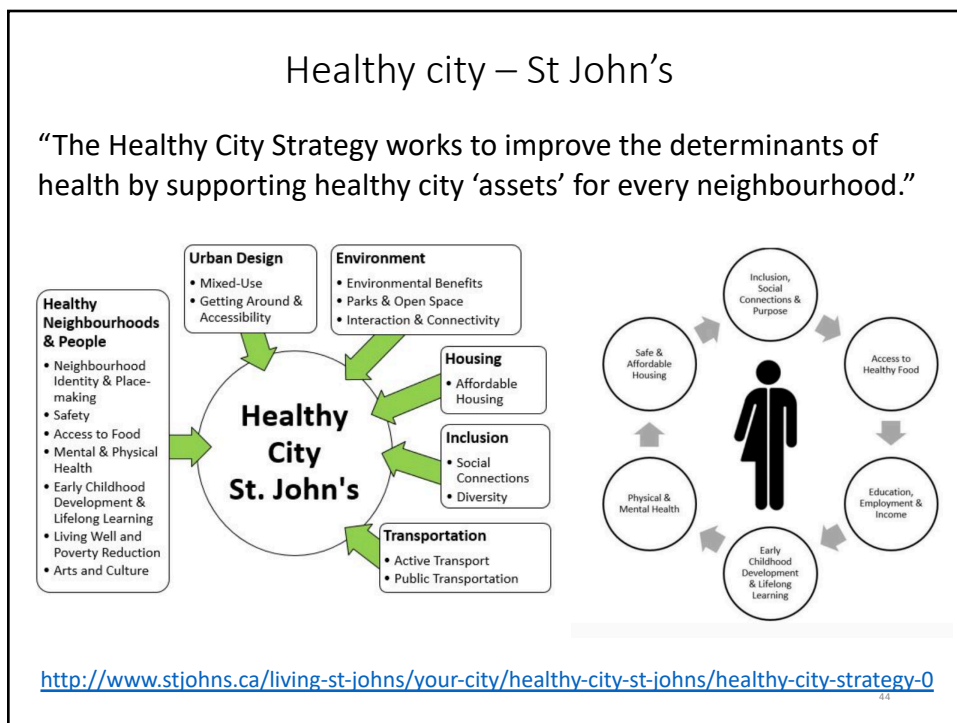
[https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/rxcommunity\\_final\\_report\\_mar.pdf](https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/rxcommunity_final_report_mar.pdf)

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## Samples of evidence-based reports and articles Recommendations for future work

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### The evidence base

- While there is evidence (including academic research papers, NHS and other medical body reports, local and national government reports) demonstrating the benefits of social prescribing schemes, there is a need for longitudinal studies and more comparative studies



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## Evidence base

UNIVERSITY OF WESTMINSTER <sup>III</sup> [HOME](#) [AUTHORS & CREATORS](#) [RESEARCH AREAS](#) [LATEST ADDITIONS](#)

Technical report

### A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications

Polley, M.J. and Pilkington, K. 2017. *A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications*. University of Westminster.

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## Evidence base

UNIVERSITY OF WESTMINSTER <sup>III</sup>

Making sense of  
Social Prescribing



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The document has been designed to be viewed electronically and may not print out correctly. If you require a print-out version please visit the [UNIVERSITY OF WESTMINSTER](#) website.

- <https://westminsterresearch.westminster.ac.uk/item/q1v77/making-sense-of-social-prescribing>
- <https://www.westminster.ac.uk/research/groups-and-centres/patient-outcomes-in-health-research-group/projects/social-prescribing-network>

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## Evidence base

ARTS & HEALTH  
2018, VOL. 10, NO. 2, 97–123  
<https://doi.org/10.1080/17533015.2017.1334002>



OPEN ACCESS Check for updates

### Non-clinical community interventions: a systematised review of social prescribing schemes

Helen J. Chatterjee<sup>a</sup>, Paul M. Camich<sup>b</sup>, Bridget Lockyer<sup>b</sup> and Linda J. M. Thomson<sup>a,c</sup>

<sup>a</sup>Genetics, Environment and Evolution, UCL Biosciences, University College London, London, UK; <sup>b</sup>Applied Psychology, Canterbury Christ Church University, Canterbury, UK; <sup>c</sup>UCL Culture, University College London, London, UK

#### ABSTRACT

**Background:** This review focused on evaluation of United Kingdom social prescribing schemes published in peer-reviewed journals and reports. Schemes, including arts, books, education and exercise “on prescription” refer patients to community sources of non-clinical intervention.

**Method:** A systematised review protocol appraised primary research material evaluating social prescribing schemes published 2000–2015. Searches were performed in electronic databases using keywords, and articles were screened for evaluation of patient data, referral process, assessment method and outcomes; non-evaluated articles were excluded.

**Results:** Of 86 schemes located including pilots, 40 evaluated primary research materials: 17 used quantitative methods including 6 randomised controlled trials; 16 qualitative methods, and 7 mixed methods; 9 exclusively involved arts on prescription.

**Conclusions:** Outcomes included increase in self-esteem and confidence; improvement in mental well-being and positive mood; and reduction in anxiety, depression and negative mood. Despite positive findings, the review identifies a number of gaps in the evidence base and makes recommendations for future evaluation and implementation of referral pathways.

#### ARTICLE HISTORY

Received 21 February 2017  
Accepted 13 May 2017

#### KEYWORDS

Community referral; mental well-being; non-clinical intervention; arts on prescription; physical health

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## Evidence base

Aughterson et al. *BMC Family Practice* (2020) 21:194  
<https://doi.org/10.1186/s12875-020-01264-0>

BMC Family Practice

RESEARCH ARTICLE

Open Access

### Social prescribing for individuals with mental health problems: a qualitative study of barriers and enablers experienced by general practitioners

Henry Aughterson<sup>\*</sup>, Louise Baxter and Daisy Fancourt<sup>\*</sup>



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## Evidence base

Research article | [Open Access](#) | Published: 13 March 2020

### Supporting social prescribing in primary care by linking people to local assets: a realist review

[Stephanie Tierney](#) , [Geoff Wong](#), [Nia Roberts](#), [Anne-Marie Boylan](#), [Sophie Park](#), [Ruth Abrams](#), [Joanne Reeve](#), [Veronika Williams](#) & [Kamal R. Mahtani](#)

*BMC Medicine* **18**, Article number: 49 (2020) | [Cite this article](#)

**2612** Accesses | **5** Citations | **17** Altmetric | [Metrics](#)

Tierney, S., Wong, G., Roberts, N. *et al.* 2020. Supporting social prescribing in primary care by linking people to local assets: a realist review. *BMC Med* **18**, 49.

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## Evidence base



<https://www.hee.nhs.uk/sites/default/files/documents/Social%20Prescribing%20at%20a%20glance.pdf>

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## Evidence base

**Sheffield  
Hallam  
University**

Centre for  
Regional Economic  
and Social Research



### **Evaluation of Doncaster Social Prescribing Service: *Understanding outcomes and impact***

**December 2016**

<https://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/eval-doncaster-social-prescribing-service.pdf>

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Prescriptions are for more than just drugs. Ontario Health Teams should use 'social prescribing' to improve our health and wellbeing.

Date: February 6, 2020 Author: Kate Mulligan and Kavita Mehta

" Most of the conversation about ending hallway health care in Ontario has focused on the back door of the hospital – moving people out of hospital and back into communities. But what if we could focus on the front door and prevent hospitalization in the first place?"

Source: <https://healthydebate.ca/opinions/social-prescribing-2020>

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### Recommendations for researchers and academic institutions

- Partner with organizations to help them conduct asset-mapping, community engagement, social prescribing design, and evaluation.
- Conduct data analysis to help assess the efficacy of social prescribing and find opportunities for quality improvement.
- Assess the existing evidence base for social activities in improving health.
- Develop evidence-based tools for clinical screening, assessment and tracking of health and healthcare outcomes.

[https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/rxcommunity\\_final\\_report\\_mar.pdf](https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/rxcommunity_final_report_mar.pdf)

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### Questions from the *Asset-Based Health Inquiry*

- “1. Is social prescribing about shifting the burden, or is it about meeting complex needs? (purpose)
- 2. Should it be about people living well, or about reducing the burden on A&E, or on GP practices? (measurement)
- 3. Should it be carried out by professionals or volunteers? (status)
- 4. Should it be based on a national formula or on an emerging face-to-face relationship? (method)
- 5. Should it describe the new role as social prescribers or community connectors? (language)
- 6. What scale should it be based upon? (size)
- 7. How should we pay for it? (costs)
- 8. Does this amount to a new model of care? (significance)”

[https://www.lsbu.ac.uk/\\_\\_data/assets/pdf\\_file/0018/251190/lsbu\\_asset-based\\_health\\_inquiry.pdf](https://www.lsbu.ac.uk/__data/assets/pdf_file/0018/251190/lsbu_asset-based_health_inquiry.pdf)

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## Five Ways to Wellbeing



[https://neweconomics.org/uploads/files/d80eba95560c09605d\\_uzm6b1n6a.pdf](https://neweconomics.org/uploads/files/d80eba95560c09605d_uzm6b1n6a.pdf) 57