Implementing Social Prescribing in Newfoundland and Labrador

Master of Public Health

Siham Sajed

Acknowledgments

Contents

Executive Summary

The WHO defines social prescribing as "the process of empowering people to increase control over, and to improve their health." Social prescribing is a form of health promotion. It is the change from "what's wrong with you" to "what matters to you." Social Prescribing is a holistic, person-centred, community-based health coaching program that empowers individuals to better understand their needs and take action to improve their health and well-being. It enables individuals to identify their own needs and find solutions that give them choice and control over their mental and physical health and improve public health. Healthy public policy, investment in community and social services, and high-quality clinical care are all prerequisites for social prescribing. Social prescriptions have the potential to bridge these separate systems and improve the lives of patients in our practices whose health is influenced by their social situation. There is limited evidence since social prescribing is relatively a new concept and has been only implemented in the UK healthcare system. Social prescribing broadens the scope of standard primary care, benefiting both patients and clinicians. It provides a framework for bridging the gap between primary care and the community and voluntary sectors to give assistance suited to individual needs. Social prescribing is not an intervention but rather is it a system. Education, money, housing, and other social factors have a significant impact on a person's health—a greater impact, according to most estimates than medical care. Therefore, social prescribing impacts the health and well-being of individuals. In turn, these social variables influence people's health behaviours, such as nutrition and exercise, serving as the root of disease-causing factors. Even so, little is understood about how healthcare systems may best address the socioeconomic determinants of health, despite a substantial body of evidence demonstrating their importance. Using non-medical, community or social prescribing interventions is a cost alternative to help people with managing chronic illnesses and enhance their health and well-being. Research shows very positive and promising outcomes for social prescribing, it improves the well-being of individuals, increases social connectedness, and decreases anxiety. [3,35,60, 61,63, 65,67]

Through self-determination and facilitated referral to community, volunteer, and social agencies, social prescribing brings care upstream to address SDH. Prioritizing the groups on which to focus efforts (such as older individuals, those with long-term medical illnesses, etc.) and deciding on which setting would the staff initiate the referrals (eg, primary care, community-based organizations, etc). For social prescribing to be successful, it needs a new or existing workforce of paid staff or volunteers to support both individuals and communities through shared referrals among different sectors. To guarantee that social prescribing practitioners have the knowledge and abilities to be responsive to the complicated requirements of a varied range of people, training curricula and competency frameworks are required. Newfoundland must find a finance source that can support its programs and coordinate with ongoing initiatives (eg, using existing staff and resources, applying for research funds, or advocating for new government investments). Countries considering implementing social prescription practices should consider joining one of the international leadership networks working to advance the discipline. Countries should be familiar with the technology platforms available to optimize service delivery and enhance cross-sector collaboration. Each country must decide which success measures are most important, how to define the return on investment and how to involve researchers in supporting evaluations to inform future efforts. It has been demonstrated that social prescribing has the potential to support global goals for health and well-being, through the reduction in health services, empowerment, stronger intersectoral partnerships, and improved measurability of SDH interventions. Strong assessments require global, cooperative efforts to expand the body of data and comprehend what is effective, in which situations, and for whom. By implementing a social prescribing framework in the GP you are reaching the most vulnerable people who are hard to reach, the majority of people seek GP as their first help resource. As the world is struggling with the effect of Covid-19 it is important that the healthcare sector needs to take an action toward SDH interventions. Through a person-centred, supported referral pathway, social prescribing could offer healthcare action on SDH and potentially influence both individual and community health. However, there needs to be more research to provide a strong evidence base about the benefits of social prescribing. [3, 13, 35, 41, 43, 51,54, 67]

Introduction

"A health care system - even the best health care system in the world - will be only one of the ingredients that determine whether your life will be long or short, healthy or sick, full of fulfillment, or empty with despair." [25]

To begin:

The social and economic factors that influence a person's health and well-being, as well as that of their families and communities, are referred to as social determinants of health. These variables include education, socioeconomic status, employment, housing, early life experiences, access to social support, and food security. When people's experience regarding these determinants is positive, their health and quality of life are improved. The interplay and influence of these social factors on our physical and mental health are acknowledged by incorporating the social determinants of health into new models for primary health care.[25]

Social prescribing – addressing people's needs in a holistic way
GPs and other healthcare professionals can refer people to a range of local, nonclinical services, supported by a link worker or connector

Image source: https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health/social-prescribing-applying-all-our-health

According to WHO:

"The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems." [65]
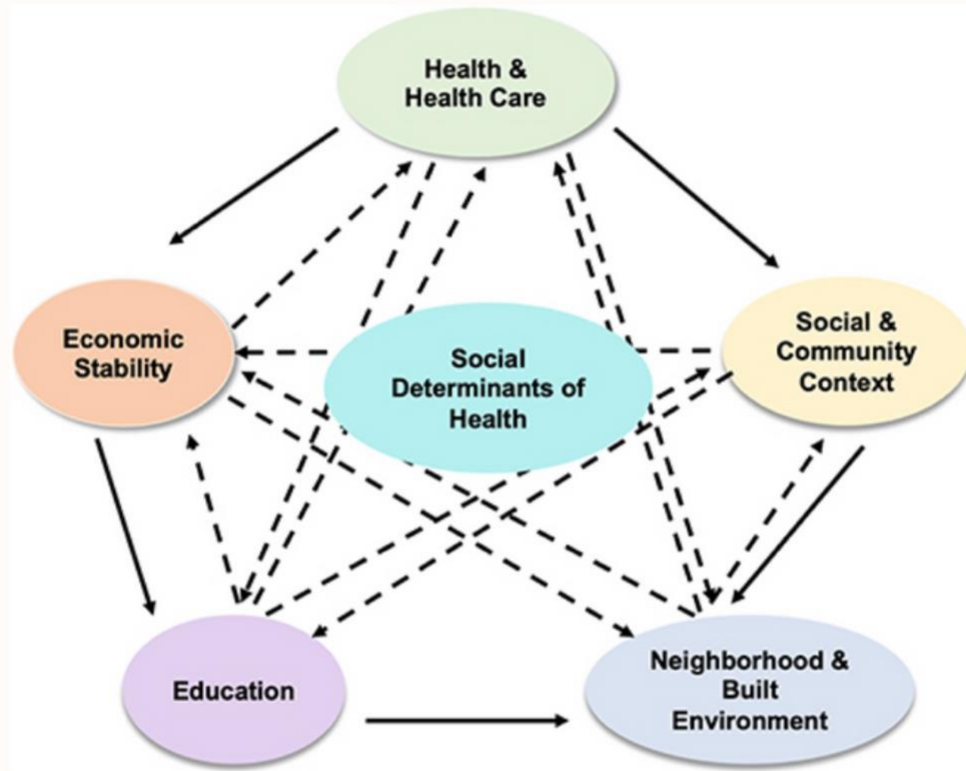
- Research demonstrates the way that social determinants can be a higher priority than medical care or way of life decisions in impacting wellbeing. For example, numerous studies suggest that SDH account for between 30-55% of health outcome. Furthermore, estimates show that the contribution of non-health sectors to population health outcomes exceeds the contribution of the health sector. Addressing SDH effectively is critical for improving health and decreasing long-standing health disparities, which necessitates action from all sectors and civil society. [65]

The health of individuals, families and communities in Newfoundland and Labrador (NL) is shaped less by personal choices than by the social and economic conditions they experience. There is a tremendous body of evidence demonstrating that social factors and experiences are the predominant determinants of health outcomes. [25]

Newfoundland and Labrador is below the Canadian average on health measures.

Social Determinants

Factors that contribute to health, including genes, physical environment, stress, social support, physical exercise and diet.

- Above average performance
- Same as average performance
- Below average performance
- No assessment

	Newfoundland and Labrador	Canada
Heavy Drinking 2017 to 2018	26.7%	19.3%
Children Vulnerable in Areas of Early Development 2018–2019	21.2%	27.6%
Obesity (Age 18 and Older) 2017 to 2018	39.1%	26.9%
Smoking 2017 to 2018	20.8%	16.0%
Physical Activity (Age 18 and Older) 2017 to 2018	49.4%	56.0%

Facts in NL (According to the 10-year Health Accord task force established in 2021)

1. Worst life expectancy, worst cancer, heart disease, and stroke death rates, and highest chronic illness rate in Canada. [19]

Compared to Canada:
• People in NL have shorter lives
• People in NL are more likely to die from cancer, heart disease and stroke
• More seniors in NL live with chronic disease

2. Only a 6% rise in social spending since 1981, yet a 232 percent increase in health spending. [19]

Since 1981:

• The amount of money spent on social programs in Newfoundland has been consistent over the years.
• The amount of money spent on healthcare in Newfoundland has increased by 232 percent.
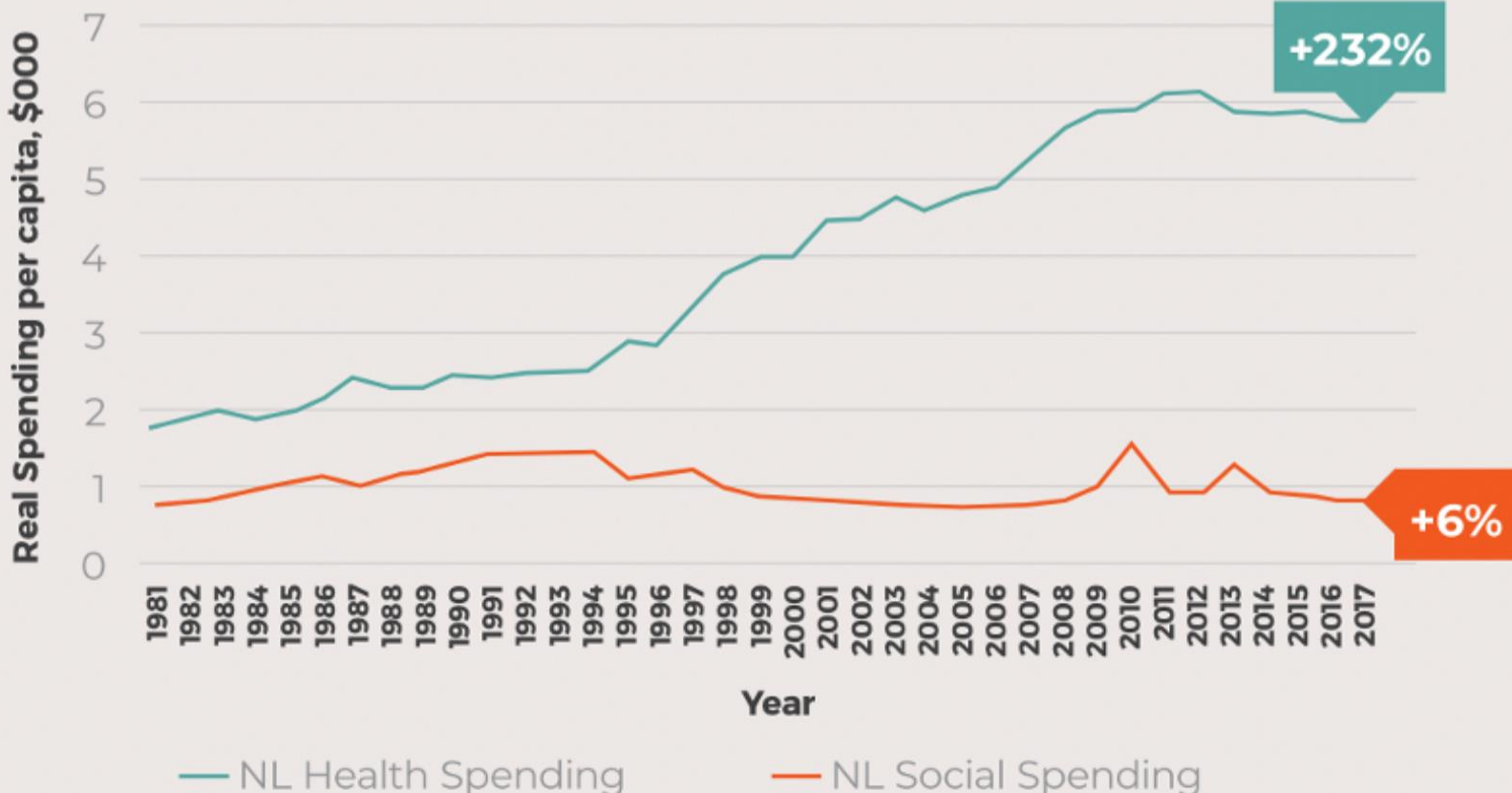
3. Worst performance of all Canadian provinces' healthcare systems [19]

- The health-care system of Newfoundland and Labrador is the worst in Canada.
- Canada has one of the lowest health outcomes among peer countries.
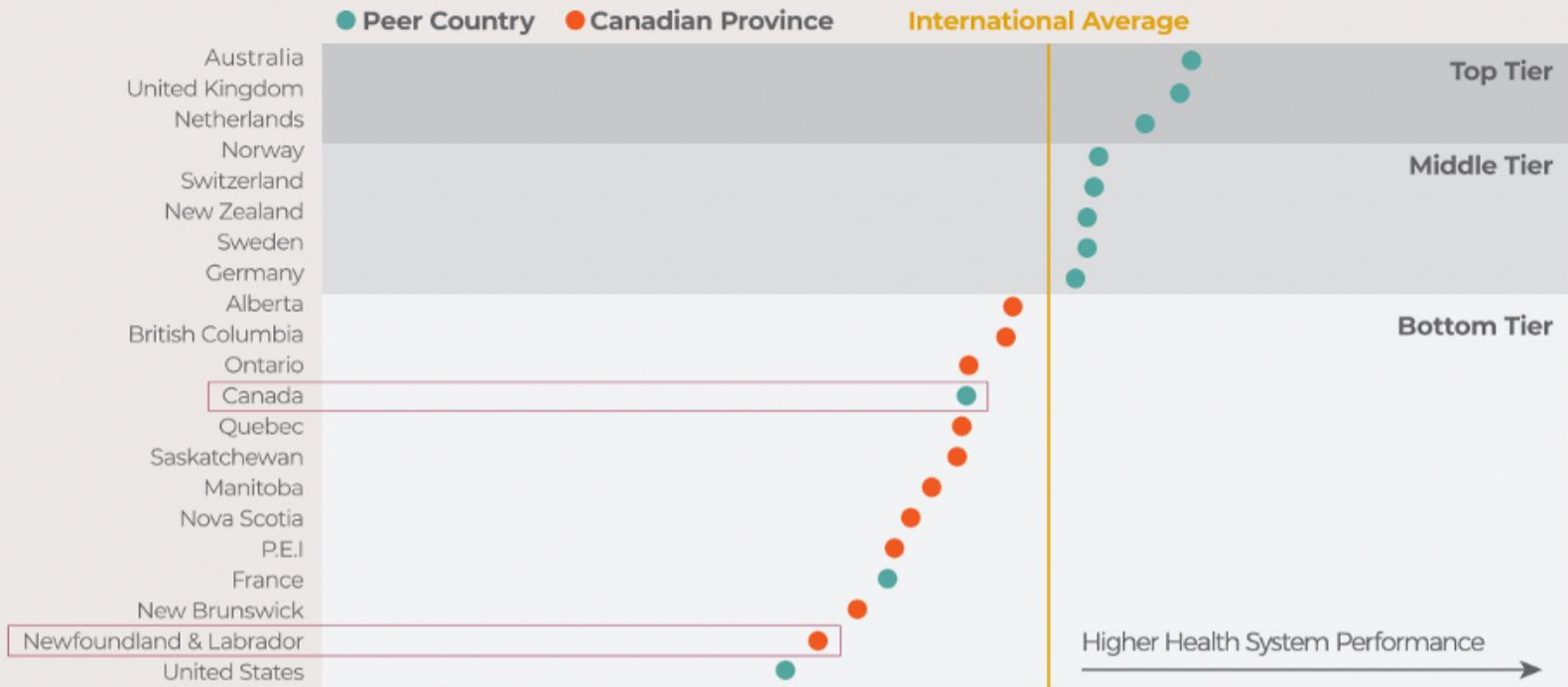
4. Newfoundland spends more on health care per person than any other province in Canada. [19]
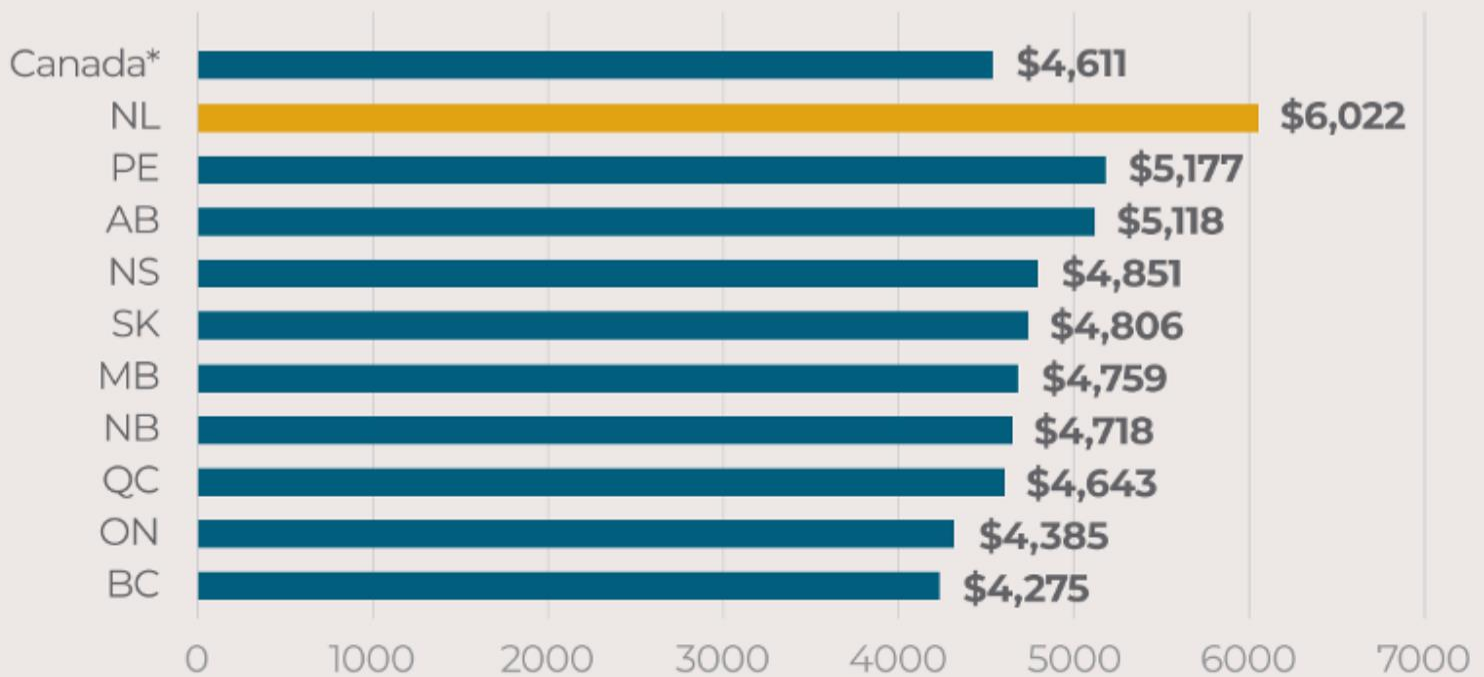
- Newfoundlanders and Labradorians are the unhealthiest populations in Canada, highest obesity rate. The population's
- demography has shifted dramatically, with a low proportion of children, and a large proportion of seniors. This demographic shift toward fewer children and more seniors is expected to continue in the next 20 years. [19]

NL Population 2040

The population of seniors in Labrador has increased dramatically, and this trend is expected to continue. [19]

Health and Community Services

The Newfoundland and Labrador Department of Health and Community Services oversees the healthcare in the province. In addition to handling the administration of healthcare services in Newfoundland and Labrador, the department is responsible for provincial leadership in health and community services in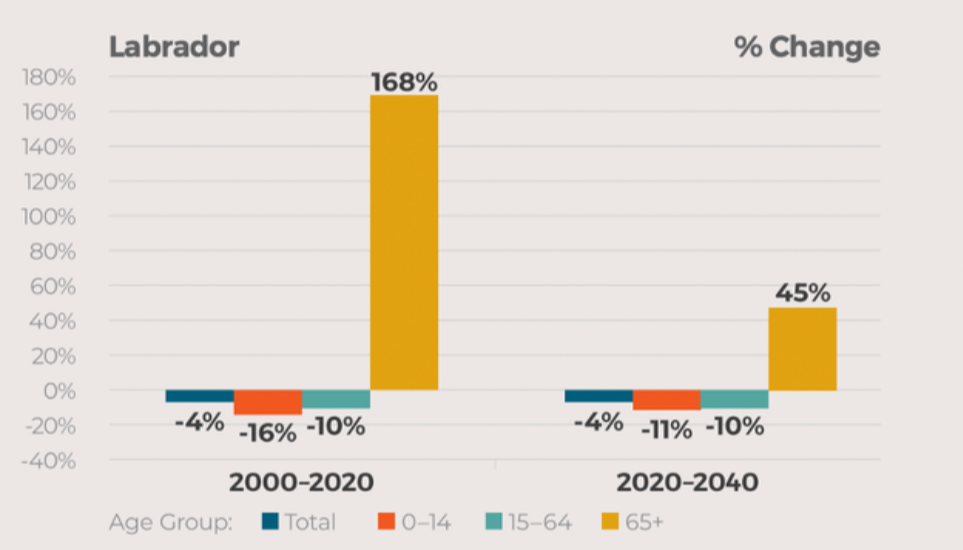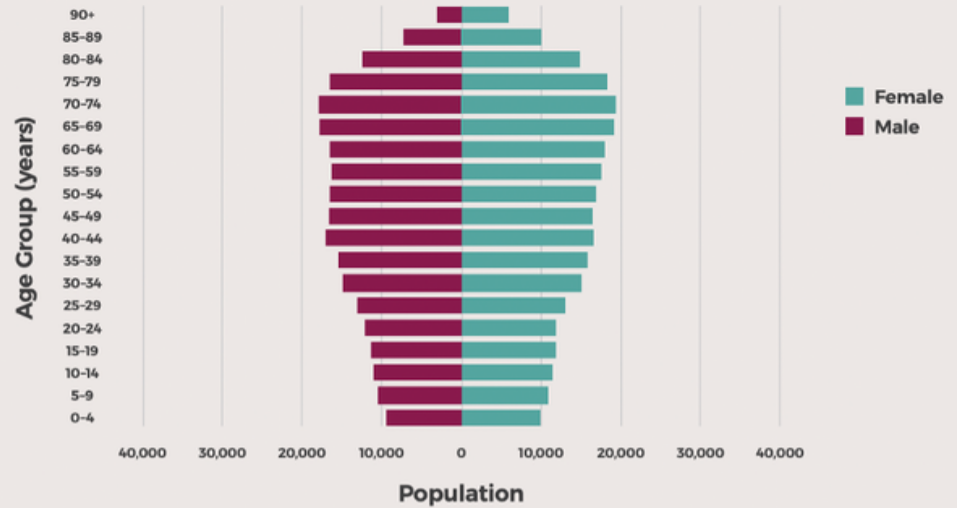itiatives, as well as policy creation. There are three components to the province's public insurance health program: the Medical Care Plan, the Dental Health Plan, and the Hospital Insurance Plan. Medical Care Plan Newfoundland, sometimes known as MCP Newfoundland, provides publicly subsidized healthcare for all legal residents in Newfoundland and Labrador. The Newfoundland and Labrador Health Care System is delivered by four Regional Health Authorities (RHAs). Through these RHAs, the province Department of Health delivers hospital and community services to the Eastern, Central, Western, and Labrador/Grenfell geographic districts. Each Health Authority provides the following programs and services: Health Promotion, Disease Prevention, Child, Youth, and Family Services and Community Corrections, Family and Rehabilitative Services, Addictions, Mental Health, and Continuing Care. There are likewise various organizations straightforwardly responsible to the Department of Health including the Memorial University Medical School, and the Newfoundland and Labrador Center for Health Information. The design likewise permits the advancement of non-profit programs that develop through particular interest groups and concerned residents. Within the NL government structure, the Medical Services Division of the Department of Health and Community Services is responsible for the provision of medical, pharmaceutical, and dental services. [39, 46]

Background

History of Social Prescribing

The Social Prescribing movement and similar approaches emerged in the late 1990s in the United Kingdom (UK) and have since become an important component of the UK National Health Service's long-term plan. At the start of the twenty-first century, several GP practices began to explore alternative approaches to the then-prevailing medical model to enhance the health of their patients. To direct patients to onsite, specialized non-clinical services, general practitioners at the Bromley by Bow Health Partnership established a social prescribing program. The principles of social prescribing date back thousands of years, but in recent years, it has rapidly developed into a social movement in the UK. According to some, it first appeared during the "Peckham Experiment" in South London (1926–1950). This was a medically supervised health facility where patients may participate in activities including swimming, physical activity, games, workshops, and a café serving wholesome food with activities planned by the patients themselves to enhance their health. The NHS and other health organizations embraced social prescribing and devoted resources to implementing it across England during the past few years, which has resulted in a significant change. In Scotland, social prescribing has been used since the 1990s. A new international Social Prescribing Network and related conferences were established in 2016 as a result of the increase in the number of UK pilot programs. A definition of social prescribing was developed during the conference. It is the method that "enables healthcare providers to refer patients to a link worker, to co-design a nonclinical social prescription to promote their health and well-being." The findings showed that there is a considerable potential to improve individual well-being while also reducing the burden on the healthcare system. Since then, Social Prescribing has grown into a global phenomenon, gaining traction in Australia, New Zealand, Europe, Portugal and North America. [3,35, 36,50, 61, 63]

Social Prescribing: Transforming Health for London Video:
https://www.bing.com/videos/search?q=social+prescribing&docid=608010912425202321&mid=FAACF4DC6C04AFD90067FAACF4DC6C04AFD90067&view=detail&FORM=VIRE

Image source: https://www.bprcvs.co.uk/index.php/services/social-prescribing-team

What is social prescribing?

The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Inactivity and/or social isolation both negatively affect health and well-being, as is widely documented. To achieve the best possible health and well-being, modern medicine is not enough. Social determinants of health have a significant impact and are a major contributor to many of the health issues that people experience today. The negative effects of over-medicalization are likewise becoming more and more evident. The burden of treatment can be greater for many people who have several chronic conditions than the hardship of having those conditions themselves. Many medications are scarcely any more beneficial than peer support for those who are dealing with mental health issues or chronic pain, and they can also cause dependence or interaction problems that result in further issues. As a result, many individuals may end up trapped in a never-ending cycle of illness. Reduced life expectancy can also be a result of health inequality, not because of choices people actively make, but rather because of socioeconomic variables that affect people's health, such as where they live, their ethnicity, level of wealth, and education. People who are socially isolated have a higher risk of dying young than people who have strong social ties. Additionally, people who lack strong social connections are more likely to die prematurely. [3,26,65,66, 67]

Creating conditions for people to take control of their own lives is the key to addressing health inequalities and this requires action across the social determinants of health. Social Prescribing is a holistic approach to healthcare that combines social and medical theories of health and wellness. This concept provides a formal pathway to addressing different determinants of health, using a trusted and familiar process of writing a prescription. The focus of social prescribing is on 'what matters to the person rather than 'what is the matter with the person. Social prescription bridges the clinical-social care divide by directing patients to local, non-clinical resources based on the client's interests, goals, and gifts. It enables physicians, nurse practitioners, and other interprofessional health care providers to formally refer patients to community-based services. It gives clients the ability to enhance their health by learning new skills, participating in meaningful activities, and becoming more involved in their communities. What does a social prescription look like? Participating in an exercise group, receiving a Good Food Box to help with food security, taking an art or dance class, joining a bereavement network, gardening, exploring a local hiking trail with a group of peers, volunteering to visit older adults in the community, and much more. Examples of social prescriptions can include food diet, social relationships, transportation, legal needs, chronic disease management, job training, mental health counselling, substance use, arts, cultural activities, finical needs, and exercise. [15, 35,40, 42, 47, 54,59]

Description of social prescribing in a video:
> https://www.healthylondon.org/our-work/personalised_care/social-prescribing/?fbclid=IwAR2s5kc28TneMnfbFacRjQhSDjbisSbxxiEAh4UuuVDUI9t8cABPuBKH-C8

More about Social Prescribing:

Health equity is a cornerstone of effective social prescribing. Social prescribing is a uniquely structured way to refer people to a range of local non-clinical services. It complements clinical treatments and seeks to meet people's social needs through community partnerships aligned with the client's interests and goals. It also provides new learning and volunteer opportunities, enabling individuals to engage in sports and leisure activities, increasing access to green spaces, and opening the arts, culture, music, and creative sectors to new audiences. Therefore, social prescribing offers a unifying link between several sectors, rewiring how those sectors interact. As an asset-based approach, social prescribing recognizes people are not just patients with needs but community members who have talents and gifts to share. [12,47,66]

Social prescribing mainly involves referring people to local, non-medical services. It enhances medical remedies and seeks to cope with participant needs holistically. This asset-based method moves beyond treating illnesses. It acknowledges participants as being more than sufferers of illness, but as network participants with gifts to share, even going so far as helping them to interact with, and make contributions to, their communities. The purpose of integrated healthcare and social prescribing is to focus on increasing well-being rather than treating illness. Depending on the community, its unique requirements, and its capacity, social prescribing may take numerous forms. Social prescriptions include elements related to self-determination, including autonomy (which requires you to manage your life and decisions). Connection (need to have an intimate and affectionate relationship and a sense of belonging); competency (ability to influence results, be competent and effective); and beneficence (having a positive impact on others). Social prescriptions can be natural outgrowths of mutual trust, understanding and respect that GPs have already built through recurring clinical encounters. GPs often have strong ties to their communities and local health care systems. When it comes to delivery, some social prescribing programs are available to all patients as was the case with Portugal and Spain's programs. Others use referral criteria based on a particular medical disorder (such as diabetes, depression, anxiety, or dementia), sociodemographic features (such as older people, children, or those who have previously used healthcare services), or to target populations (eg, frequent primary care or emergency department visits). In some countries, social interventions have been focused on basic food needs whereas in other regions they have focused on isolation and overall well-being. [6,12,15,35,50]

Findings

The majority of referrals from the healthcare system to social prescribing come from primary care (Germany, Netherlands, England, and Canada), but they can also come from outpatient services like oncology and gynecology (USA), community-based nursing (Japan), mental health teams (USA, UK), rehabilitation and intermediate care (Singapore), acute care or emergency departments (USA, Australia). Social prescribing mobilizes the power of communities to generate good health [35]

Social Prescribing Animation Video:
https://www.healthylondon.org/our-work/personalised_care/social-prescribing/

Description: This is a brief presentation designed to give health and care professionals an overview of social prescribing. It discusses relevant research, statistics, and techniques to assist prevent illness, safeguard health, and enhance wellbeing. **Link**: https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_41737_42670&programmeId=41737
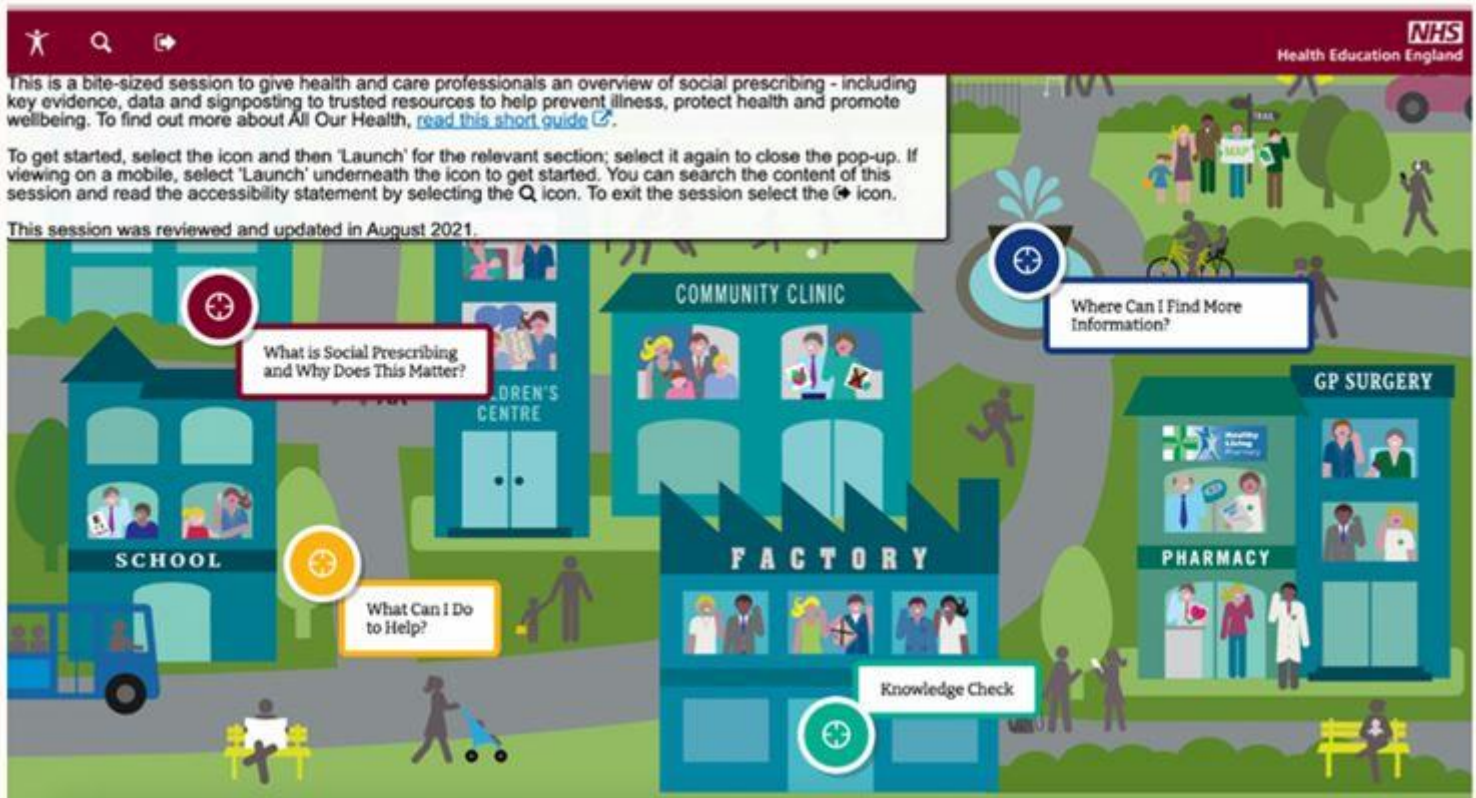
A social prescribing service typically consists of the following key elements: [17]

a) A referral from a healthcare professional/another professional

b) An interaction between a social prescribing link worker and the service user

c) Providing the service user with the necessary support to access local community services and organizations

d) Measuring the impact of social prescribing at the individual level, the community, and the health service

The 5 Key Components of Social Prescribing:

1. The client, a person with social and medical needs as well as interests, ambitions, and talents, is at the centre of the social prescribing method. [50]

2. To detect underlying non-medical conditions and advocate prescription to society, prescribers—healthcare professionals who have a trusted relationship with their patients—are essential. [50]

3. By the client's self-identified interests and requirements, the social prescribing navigator receives the referral, connects the client with the appropriate resources, and supports the client's path toward achieving their utmost health and well-being. [50]

4. The social prescribing navigator accepts the recommendation, connects the client with the appropriate resources based on self-described interests and needs, and supports the client's path toward achieving maximum health and well-being. Non-clinical interventions such as education classes, food subsidies, home navigation, arts and culture involvement, peer-led social groups, and nature-based activities can all be incorporated into social prescriptions. These activities have the greatest impact when clients include invitations to participate, help create, and give back to the community. [50]

5. Finally, the data tracking pathway tracks client progress through the social prescribing process. This allows you to integrate user data and insights in real-time to improve the quality-of-care delivery and monitor results. [50]

Social prescribing works for all age groups and people from all backgrounds, these include: [16]

o Living with one or more long-term conditions o
Isolated people
o People who need mental health support
o People who have complicated social needs that have a huge impact on their well-being

The Fundamental Principles of Social Prescribing: [3]

o It is a holistic approach which focuses on the needs of the individual.
o Uses non-clinical approaches to promote health and wellbeing and to reduce health inequalities in communities.
o Removes any barriers to engagement and allows individuals to take part in their care.
o Uses and utilizes the assets of the local community to develop and provide the service or activity
o Seeks to give people more control over their health and lives

Characteristics of social prescribing schemes: [16]

• Referring an individual by a health or social care professional directly to an activity such as a fitness class.
• Referring the individual to a link worker

Benefits of social prescribing:

o The issues of social isolation, fear, and loneliness, are associated with inactivity, have detrimental effects on health, and can particularly affect older age groups, people with chronic health issues, people with mental health issues and psychosocial needs, carers, single parents, immigrants, and people from minority ethnic groups. As a community-led movement, social prescribing aims to meet those needs in a holistic approach through an assets-based strategy by enabling individuals to enhance their health and well-being. [54]

o Social prescriptions can meet a wide range of needs with many systems aimed at improving mental health and physical well-being. It can be used to support adults, adolescents, and children as well as those with learning disabilities and mental health problems. It can be carried out in primary and secondary care settings. Social prescriptions also help address social issues such as debt, unemployment, gambling, and loneliness. [36, 37]

o Moving people's care upstream through addressing their social needs is a key component of social prescribing. Through social prescribing, people could discover a new passion, learn a new skill, or engage in an activity they enjoy, whether it's something active like walking, running, gardening or something more artistic like the arts or singing. [34]

o When people feel heard, and connected, and they are helped in learning new skills, they can establish a sense of belonging to a community, which in turn fosters peer support, lessens loneliness, and enhances both mental and physical health, according to an evaluation of local social prescribing programs. [21]

Clients Reported

12%
Increase in
mental health

49%
Decrease in
loneliness

19%
Increase in
social activities

Why is it important to implement Social Prescribing?

o As health care costs increase, due to population aging and chronic conditions, the focus of health systems has shifted to promoting well-being and treating disease through population health approaches aimed at improving physical and mental health outcomes, promoting well-being and reducing health inequalities across the population. People who live in areas where health systems fail to address social determinants, such as inadequate housing and unemployment, frequently face cycles of illness. Thus, policymakers consider social prescribing to be a valuable intervention to address this issue. [47]

o Many people are visiting their GP for social reasons. Leading to increasing demand in the healthcare system. [52]

o Focusing on social determinants of health: We have seen how income, employment, self-confidence, housing, nutrition, education, and the environment all play important roles in people's overall well-being. [51]

o Genetics and lifestyle choices are not the only things that make people healthy. Access to education, healthy food, income, employment, and opportunities for feeling belonged and connected to one's community impacts the health and well-being of the individual. [51]

o Evidence suggests that social determinants of health influence 80-90 percent of our health outcomes. People need access to meaningful social support and a group where they feel they belong to thrive in health and wellness. [51]

o The social determinants of health are not a new concept; in fact, we know that they account for 80% of health and well-being. On a population level, moderate increases in social service investment in Canada have been linked to lower mortality. Individually, social situations are the root causes of medical ailments that present in primary care, and social needs are the outgrowths of these social conditions. [40]

o Health care contributes about 10-20% to improving population health, with the remainder attributed to addressing the social determinants of health. [54]

o Social and economic disparities in health cost the Canadian healthcare system at least $6.2 billion a year. [56]

Importance of social prescribing on health and well-being

What is Social Prescribing?

Social prescribing uses the familiar, trusted process of writing a prescription to refer patients to local, non-clinical services that empower them to improve their health and build invaluable connections within their community.

In doing so, social prescribing:

Gives a structured pathway for healthcare providers to address the **social determinants of health**.

Bridges the gap between **clinical** and **social care**

Empowers people to be **co-creators** in improving their own health and wellbeing

How does social prescribing work?

A healthcare worker sees a need and refers the patient to a link worker

The link worker connects with the individual to understand their needs and interests

The link worker connects the patient to a wide range of community supports and follows up

What kinds of social prescriptions are there?

Together with a link worker, clients are encouraged to co-create social prescriptions that help them to develop their interests, goals and gifts while connecting with their community. Among other things, a social prescription could look like:

Art class, dance lesson

Community garden, hiking group

Good Food box to support food security

Bereavement network or support group

Caregiver or newcomer support

Why is Social Prescribing Needed?

The effect of social isolation on mortality is comparable to that of other risk factors such as smoking, obesity, and physical inactivity, according to research from the WHO.

Addressing the social determinants of health (political, socioeconomic, cultural factors) is crucial to an individual's well-being.

80% of an individual's health are related to the social determinants of health

47% of socially disconnected older adults rate themselves as being less healthy overall

The echo pandemic of COVID-19 restrictions means that experiences of social isolation are common. Throughout the pandemic, in Canada:

43% showed symptoms of moderate to high depression

54% say their mental health has worsened

The Impact of Social Prescribing

Participants in the Alliance for Healthier Communities' research pilot Rx: Community – Social Prescribing reported

49% decrease in loneliness

12% increase in mental health

19% increase in social activities

The impacts of social prescribing go beyond each client's individual health and well-being. Healthcare systems also benefit from social prescriptions. Results from programs in Shropshire and Frome, UK (2017-2019) meant that from social prescribing, the healthcare system saw a:

14% decrease in emergency room visits

40% decrease general physician visits

20.8% reduction in costs to the health care system

Research Framework

The Alliance for Healthier Communities has conducted a social prescribing project known as RX: Community, and it is implemented across eleven community health centres.
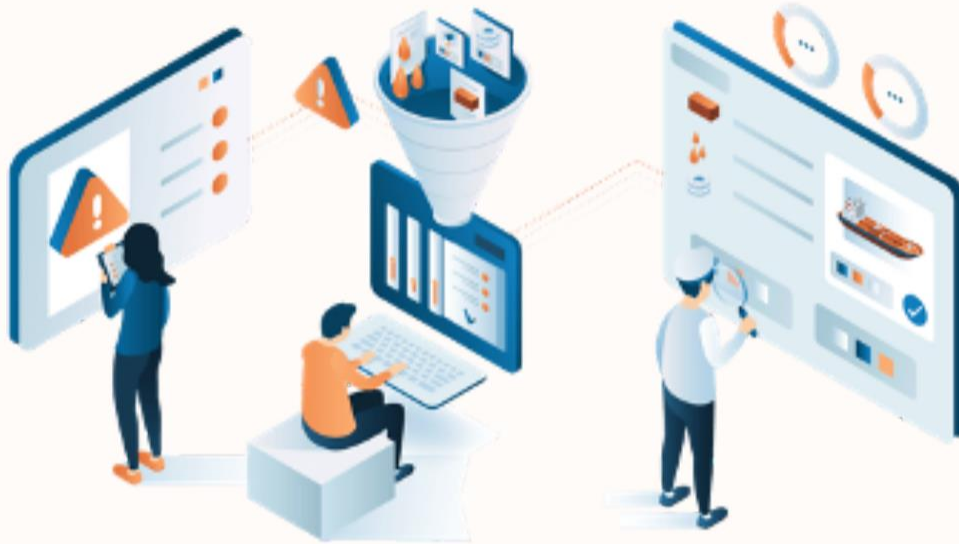
Key findings from Rx: Community highlights that social prescribing has a substantial effect on health. Participants' experiences of loneliness decreased by 49%, while their self-reported mental health improved by 12% and their sense of community belonging rose by 16%. They said that receiving help to connect with complementary and alternative medicine interventions decreased stress and anxiety, boosted their sense of self-worth and purpose, and provided them with the information and resources they needed to effectively manage their health. [50]

Social Prescribing Strategy

step 2

LINK WORKER: speaks with the patient, understands what the person needs and links them to appropriate support

Healthcare professional: makes an initial referral (GPs, practice nurse, nurse specialist, consultant)

step 1

step 3

Activities patients can be referred to: organised by local voluntary, community and social enterprise groups
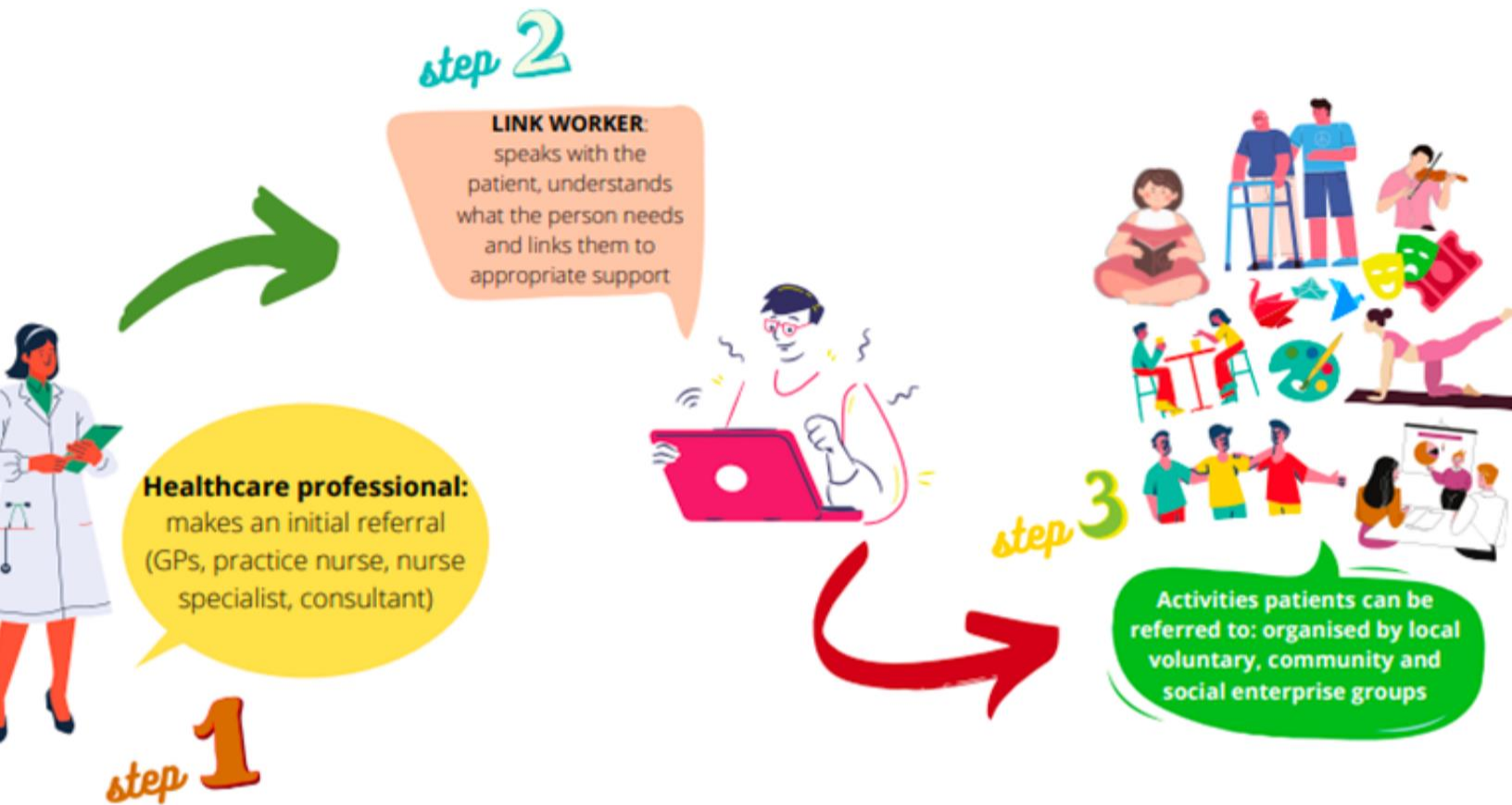
Social prescribing "How does it work" https://digitalhealth.london/social-prescribing-the-trending-holistic-approach-to-healthcare accessed August 22

The goal of the social prescribing method is to strengthen relationships between like-minded people and to strengthen communities. In a similar way, those who carry out social prescribing activities, support the social prescribing movement, or simply wish to have a deeper understanding of social prescribing need a place to gather and share knowledge. The Alliance is creating two communities of practice (CoPs) to facilitate interaction between individuals at the national and provincial levels in response to this demand. [50]

Why is Social Prescribing a good idea for NL?

o Data produced by Proof Canada (a research team that examines and publishes annual reports on food insecurity using data from Statistics Canada) indicates that Newfoundland and Labrador now have the highest percentage of food insecurity among Canadian provinces - 15.9%. For example, the reliance on ferries and planes to transport food to Newfoundland and Labrador contributes to a continuous increase in food pricing. Thus, food insecurity is linked to this ongoing issue of transportation and limited access to food resources. The supply of products may be affected due to weather conditions, ferry maintenance issues, labour strikes, and other issues that can arise and delay ferry shipments. The geographical landscape and remoteness of the province place a financial burden upon the communities of Newfoundland and Labrador. The literature shows that 1 in every 20 individuals who reside in Newfoundland and Labrador are unable to afford food at grocery stores. [18]

o In Newfoundland & Labrador, the geographical location of the province combined with inconsistent food access limits people's ability to obtain or afford fresh and healthy food which exacerbates health conditions for those living in poverty and contributes to increased impoverishment. [18]

o Newfoundland and Labrador have the fewest number of farms in any Canadian province, with poor rocky soil making agriculture difficult. As a result, the majority of food is imported, and 13.4% of households in the province are food insecure. [18]

o The number of poor people living in Newfoundland and Labrador is increasing. [18]

o In Newfoundland and Labrador, the unemployment rate has increased to 12.9 %, according to the most recent statistics from Statistics Canada. [9]

o According to recent data from the Canadian Institute for Health Information, mental illness is becoming a bigger issue in Newfoundland and Labrador, where young people are admitted to hospitals for mental health-related causes at a higher rate than the national average. [10]

o In comparison to the rest of the country, Newfoundland and Labrador has the highest provincial rate of overweight children aged 12 to 17. [61]

o Newfoundland and Labrador has higher smoking rates than the rest of Canada, as well as the highest rate of adults with diabetes, according to the Canadian Community Health Survey. [10]

The purpose of this toolkit is to assist in the community's introduction of social prescribing. It contains sample materials that can be customized to the local setting and details the steps necessary to launch a social prescribing system. It can be utilized by implementation companies, community healthcare providers, long-term care homes, and healthcare professionals, among others. This tool could be helpful for scaling up community interventions for policymakers, health, and social welfare authorities. [58]

Excerpt from World Health Organization website "A toolkit on how to implement social prescribing" https://www.who.int/publications/i/item/9789290619765 accessed August 2022

A summary of how to implement social prescribing is provided by WHO for more information please visit the link below:

https://www.who.int/publications/i/item/9789290619765

Good health and Wellbeing – Social Prescribing: Global Social Prescribing Alliance Playbook

The Global Social Prescribing Playbook is intended for individuals and groups in charge of implementing social prescribing at the local, state, and federal levels as well as internationally. [22]

The Global Social Prescribing Alliance (GSPA) is a global partnership of partners who understand that health maintenance goes beyond traditional medical care. The The mission of the Alliance is to "enable thriving communities to deliver a social revolution for their health and wellbeing while creating value." The Alliance's efforts assist in achieving UN Sustainable Development Goal 3: "excellent health and wellbeing." [22]

Link:
https://www.gspalliance.com/gspa-playbook

The Playbook's goals are:

Help leaders plan how they can work with community groups, voluntary organizations, and civic society to increase the number of available community activities, including across physical activity, financial well-being, arts and culture, and nature. Describe the impact of social prescribing and the opportunity it brings to people, society, the economy, and the healthcare system. Describe the building block method. Tools and checklists for self-evaluation should be made available to assist leaders to collaborate effectively with communities. To outline practical strategies for setting up social prescribing effect monitoring; assist leaders in obtaining clinical participation and developing clinical champions for social prescribing. [22]

Social prescribing in Canada

   Social prescribing frameworks have been established and are being implemented in several jurisdictions across Canada, including British Columbia, Alberta, and Ontario. These three provinces have formed the Canadian Social Prescribing Community of Practice to collaborate in their efforts. [11, 56]

"The Canadian Institute for Social Prescribing (CISP) is a new national hub to link people and share practices that connect people to community-based supports and services that can help improve their health and wellbeing. We are committed to building and celebrating social prescribing that prioritizes health equity, community leadership, and collaboration. CISP is part of the International Social Prescribing Network, a global movement of people bringing community capacity and healthcare services closer together by directly addressing the social determinants of health, from loneliness and social isolation to racism and ageism to income and housing and much more". [11]

For more information: https://www.socialprescribing.ca/

FINANCING, COMMUNITY ORGANISATIONS AND SOCIETAL PARTNERSHIPS

Existing studies and data from interviews have shown that implementing social prescriptions may not require new funding if health systems can reuse existing staff and infrastructure (Portugal, Canada, Netherlands, Spain, Japan). However, many programs require additional funding for salaries, management, and infrastructure. These can be developed from existing routes such as research funding (Korea) or healthcare funding mechanisms for more flexible healthcare providers (value-based payments in the US). In England and Australia, funding was provided through explicit additional mechanisms (reimbursed by NHS England in primary care networks and Australian Primary Health Care). [35]

HEALTH TECHNOLOGY

Technology is used at all stages of society's prescription referral journey. First electronic medical records can help identify potential referrals through healthcare utilization patterns, other screening tools can be used to predict social needs. Second, the technology can support resource mapping. Digital maps and databases of referable community resources (Spain, Australia, USA, Canada, Wales) can help to understand which resources are currently present in local communities. Mobile apps for sharing referrals and care plans (Singapore) help bridge technology gaps between sectors and providers. Resource curation and referrals are made easier by integrated systems for cross-sector communication and referral (UK, USA, Canada). Third, process tracking technologies can aid in quality enhancement and evaluation, tracking enrolment and adherence to the program. Outcome measures can be achieved through health technologies, Standardized data, like that from England's Social Prescribing Observatory, allow for comparisons between programs, highlight the variety of community needs, and point up potential areas for more SDH interventions. The creation of standardized measures for social prescribing that are universally accepted would promote knowledge mobilization and exchange globally. [35]

For a model to be effective it must contain the following elements:

Model for social prescribing

The elements of social prescribing
https://www.england.nhs.uk/personalisedcare/social-prescribing/ accessed August 2922

All local agencies can refer patients to a link worker through social prescribing. Link workers offer people time and attention to what is important to them, as defined through shared decision-making or individualized care and support planning. They connect clients with neighbourhood groups and services that provide practical and emotional assistance. Link workers work with local partners to make community groups more accessible and sustainable, as well as to assist people in forming new groups. [16]

Referrals to link workers can come from a variety of local agencies, including general practice, local governments, pharmacies, multidisciplinary teams, hospital discharge teams, allied health professionals, the fire department, the police, job centres, social care services, housing associations, and voluntary, community, and social enterprise (VCSE) organizations. Self-referral is also welcome. Some health and care workers whose jobs require long-term intensive assistance may engage in direct social prescribing. [16]

Low levels of health literacy have a substantial impact on a person's capacity to:

• Manage long-term diseases; • participate in preventative programs and make informed healthy lifestyle choices, and • adhere to drug regimens. Thus, this results in poorer health outcomes, increasing health disparities for impacted individuals, and increased preventable mortality. A health literacy toolkit has been produced to improve health literacy awareness to make the services more available. [41]

Common Outcomes Framework

Since social prescribing is pushed locally, multiple approaches to evaluation and outcome measurement have arisen across England. It is important to have a common approach to documenting the impact of social prescribing schemes. Therefore, NHS England collaborated with a wide range of partners to develop a Common Outcomes Framework for monitoring the impact of social prescribing to foster standard data collection and reporting of outcomes. [39]

o Measuring the impact on the person. How a person's well-being has improved over time, whether they are less lonely, whether they feel more in control and have a better quality of life. [41]

o The impact on the healthcare system. [45]

o The impact on local community groups: NHS England and partners have created a recurring "confidence" survey for community groups to share their capacity to accept new members through social prescribing, count the number of volunteers in the area, identify gaps in community services, and make it easier to commission new community support. [45]

o The link worker helps people find local organizations and groups that can offer them both practical and emotional support. Link workers work together with neighbourhood partners to support people forming new organizations as well as make community groups more accessible. [45]

o The common outcomes framework was created using an action research methodology. This strategy offers a process that enables data collection, analysis, reflection, and action. Between October 2017 and May 2018, three rounds of data collection, analysis, and reflection were completed. [41]

o A steering committee comprised of important social prescribing stakeholders was established in June 2017 to direct the framework's creation. The steering group's and the larger consultation's suggestions have all been evaluated and integrated into the framework. This framework will make it possible for social prescribing connector programs all over the nation to gather essential impact data to develop a consistent body of evidence, support the business case, and develop a comprehensive national picture of the effects of social prescribing. [45]

Both scientific evidence and non-scientific evidence suggest that the outcomes for social prescribing cover the following areas: [51]

1. Impact on the person
2. Impact on community groups
3. Impact on the health and care system

Focusing on the well-being of the individual in terms of the following areas: [34]

o Is the individual more connected to others and less isolated?
o Is the individual able to manage issues such as housing, mobility and debt?
o Is the individual more physically active?
Is the person feeling more capable of managing their health and well-being?

Surveying to collect data and track patients on the following outcomes: [17]

• Has the referral to social prescribing changed the frequency of GP consultations?
• Has the referral to social prescribing changed the number of people who visit the ER?
• Has the referral to social prescribing changed the number of days spent in hospitals?
• Has the referral to social prescribing changed the amount of medication prescribed?

To assist a comprehensive data collection on social prescribing referrals from primary care, consistent national SNOMED CT coding for social prescribing has been created in GP IT systems. [38]

NHS Comprehensive Personalised Care Model - Short Animation

https://www.youtube.com/watch?v=XEoWu4TA92E

The framework is divided into the following sections:

o Active signposting is a light-touch strategy in which staff members use their local knowledge and resource directories to route individuals to services while offering them information about services available. This works well for clients who are self-assured and knowledgeable enough to locate services on their own after a brief conversation. [30]

o Referring clients to a link worker. For people who need more support, it may be more appropriate to direct them to non-medical link workers who can spend more time getting to know the person's needs and connecting them to appropriate community organizations and other agencies for both practical and emotional support. [30]

o Allied Health Professions (AHPs) as a part of their job role, will support the individual to work out which services can be beneficial and help the individual to access these services. [31]

Image source:
https://www.istockphoto.com/illustrations/measure-results

Two important outcome measures are personal well-being and social connectedness. Examples of tools which can be used to measure personal well-being are the WHO-5 Well-Being Index and the short Warwick-Edinburgh Mental Wellbeing Scale Evaluation tools used to measure social connectedness can be the Social Wellbeing Scale the Duke Social Support Index. [42]

Social Prescribing Framework

'Beyond the Building Blocks' framework. This extends the WHO's six building blocks for health systems, to frame and describe the key characteristics of social prescribing in these varying contexts and is believed to help policymakers improve responsiveness and efficiency and increase focus on social determinants of health. [48]

The six building blocks have become a useful resource for national and global policymakers.
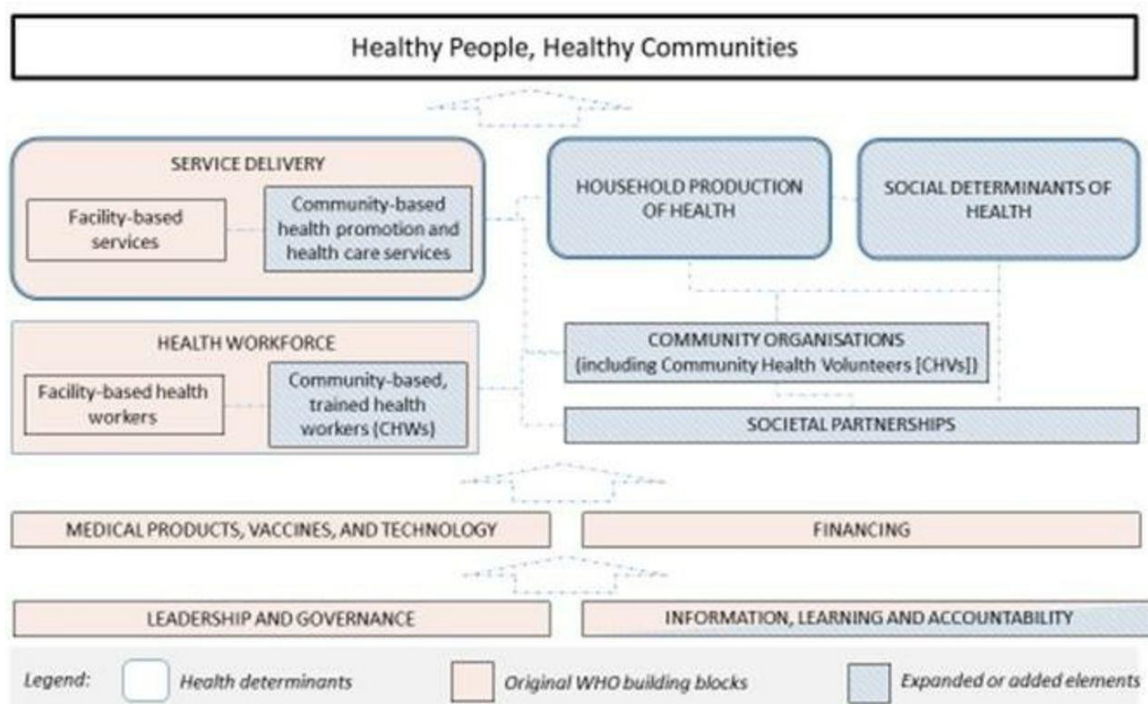
'Beyond the Building Blocks' expanded framework from Sacks et al. CHV, community health volunteer; CHW community health worker.

For further information visit the link below:

https://gh.bmj.com/content/3/Suppl_3/e001384

Household/social determinants of health and service delivery: Social prescribing takes care upstream to address SDH through self-determination and facilitated referral to community, voluntary, and social agencies. Countries need to prioritize which groups to target their efforts at (such as elderly people, those with long-term medical concerns, etc), as well as from which settings to recruit professionals to make referrals (eg, primary care, community-based organizations, etc). [58]

Health workforce: Social prescribing necessitates the addition of paid staff or volunteers to an existing workforce to support individuals and communities through referrals that were jointly designed. To guarantee that social prescribing practitioners have the knowledge and abilities to be responsive to the complicated requirements of a varied range of people, training curriculum and competency frameworks are required. [58]

GPs and other medical and social care professionals refer patients to Social Prescribing Link workers. They invest time in getting to know people, learning what matters to them, and assisting them in forming connections that will enhance their health and wellness. They also provide emotional and practical support during their appointments; they will connect the clients to community groups that help meet their needs and it can be anything from singing to swimming, cooking to conversation, libraries and much more. They also guide housing, legal issues or debt. [35]

Image source: "Social determinants of health"
https://www.bing.com/images/search?q=social+health+determinants&form=HDRSC2&first=1&tsc=ImageHoverTitle

Anyone intending to put into practice a social prescribing intervention and is seeking to:

- Collaborate with the voluntary and/or primary care staff to find potential champions for social prescribing.
- Develop a digital platform to assist social prescribing activity.

Healthy London Partnership

NHS

How to introduce a social prescribing champion model and/or a digital platform to support your social prescribing offer

healthinnovationnetwork.com

Link: https://www.healthylondon.org/wp-content/uploads/2018/12/How-to-introduce-a-social-prescribing-champion-model.pdf

Health Innovation Network "how to introduce a social prescribing champion model" https://www.healthylondon.org/wp-content/uploads/2018/12/How-to-introduce-a-social-prescribing-champion-model.pdf access August 2022

How Can Leaders Begin To Create Local Social Prescribing Approaches?

1. Bring everyone together to create a local Social Prescribing system
2. Support for regional community organizations and community development
3. The role of a social prescribing link worker
4. Creating shared plans with the individual
5. Training Workforce
6. Ensuring clinical engagement
7. Impact Measure

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1. Bring everyone together to create a local Social Prescribing system [52]

When local partners collaborate to enhance already-existing community resources and services, good social prescribing occurs. This "strengths-based" strategy begins with a shared awareness of the major problems our communities face collectively, as well as a map of the people and resources we have available to identify common solutions.

Who should be involved?

To co-create a social prescribing program that benefits everyone, general practices, health and local authority commissioners, housing providers, social care services, hospital discharge teams, emergency services, and other partners should be encouraged to collaborate with them.

2. Support for regional community organizations and community development [52]

Commissioning local organizations

Services for the social prescribing need to be contracted out to regional organizations with strong local networks.

Mapping community resources and identifying gaps

- The local community groups must be referred to and supported for effective social prescribing to take place. Small funding is often essential to the survival of such community organizations. Local community groups and organizations require constant support if social prescribing is to be effective.

- Local infrastructure organizations and link workers must collaborate closely in areas where there are gaps to come up with inventive approaches to promoting and assisting local development. More capacity-building assistance may be required in places with weak infrastructure or underdeveloped community capacities.

Investing in neighbourhood organizations and identifying gaps

Funding is very important to have an effective strategy. Local commissioners may offer funding in several ways: [52]

- Providing funds to volunteer-run community organizations that are offering activities and social support, like walking clubs, choirs, and art classes.

- Create a "shared investment fund," bringing together all regional partners—including the commercial sector—that can contribute money to non-profits and community organizations.

- Investigate social investment possibilities and outcome-based commissioning. This is especially appropriate for co-commissioning with health and social care, where a list of outcomes is agreed upon, money is loaned, and money is repaid when results are achieved.

- Allowing individuals to use their health budget to pay for assistance from the non-profit, community, religious, and social entrepreneurship sectors

3. The role of a social prescribing link worker [52]

The Link Worker is at the heart of effective social prescribing. They have the time to talk to individuals, go to their homes, and start with what matters most to them. Link workers increase people's active participation in their local communities by working with the individual and introducing them to community support and that can include bringing them to their first community group meeting. They also strengthen community resilience by addressing broader determinants of health and reducing health inequalities. The link worker position was formed as a new paid position in the UK over the past few years, primarily by non-profit organizations in collaboration with referral clinics and other practices. Link workers are chosen based on their ability for supporting others, empathy, and listening skills. The function of a link worker is referred to by a variety of terms. Depending on local preferences, they include wellness advisors, community connectors, navigators, community health workers, community health agents, and health advisors. Although the roles have different titles, the essential components are the same, which is why the phrase "link worker" is so general. Link workers are attached to general practices and primary care networks by which they take referrals from different local agencies.

4. Creating shared plans with the individual [52]

A crucial component of effective social prescribing is collaborating with the person to co-create a straightforward support plan. This is a useful method for collecting and documenting discussions, judgments, and agreed-upon outcomes in a way that makes sense to the individual. Support plans should be flexible and adaptive to a person's circumstances, care requirements, and health problems.

The strategy should detail the following:

 • The individual's priorities, interests, values, and motivations.
 • What types of community organizations and services they might join?
 • What kind of assistance and services they can anticipate from the community?
 • What resources already exist that can be used, such as family, friends, hobbies, talents, and
  passions?
 • What the person can do for themselves to maintain their health and activity.

5. Training Workforce [52]

In formal training, in the UK, several programs and materials have been created, including learning modules offered by the Personalised Care Institute. The UK NHS has also created an official link worker welcome pack to assist in orienting link workers to their new job and to better understand social prescribing: https://www.england.nhs.uk/publication/social-prescribing-link-worker-welcome-pack/. To assist them in their linking position, link workers must also have access to ongoing clinical supervision. This is especially true given that link workers frequently interact with people who are in crisis and in extremely vulnerable circumstances (such as complex family dynamics, suicidal thoughts, self-harm, sexual abuse, and are experiencing other many other things). All referring organizations, such as physicians, pharmacies, local governments, hospital discharge teams, allied healthcare professionals, the fire department, the police, job centres, housing associations, and non-profit organizations, must receive adequate training and be made aware of the role of the link worker. This makes sure referring organizations are aware of what constitutes a quality social prescribing referral.

6. Ensuring clinical engagement [52]

Good social prescribing requires proper training for clinicians to recognize and be able to recommend people who potentially benefit from social prescribing. However, it has been shown that those who have been taught and informed about personalized care can identify and refer those in need to link workers without any problem. Studies have revealed that time can frequently operate as a barrier to personalized care. Additionally, individuals with prior social prescribing experience claim that link worker referral simplifies their work and allows them to concentrate on biological issues.

7. Measuring Impact [52]

Social prescribing can deliver various benefits to people who are using it. Evaluation of local social prescribing programs reveals that receiving feedback, connecting with others, and receiving assistance in developing new skills can help people feel more a part of their community, which in turn fosters peer support and lessens loneliness. New research from the UK shows that social prescribing can benefit people's health and wellness in several ways, including better quality of life and emotional well-being. The English National Health Service has created a Social Prescribing Common Outcomes Framework with a variety of stakeholders to promote consistent data collection and reporting of outcomes. This approach provides useful assistance for gathering information on the effects of social prescribing.

Image source: https://openwho.org/courses/social-prescribing-WPRO

Peer-reviewed scientific articles identify both enablers and barriers:

Enablers	Barriers
For GPs and other health professionals [42]	
Being informed of social prescribing initiatives in the region makes people more likely to participate	Working in a medical setting – 7-minute consultation and treating presenting medical condition
Knowing exactly what social prescribing programs are and what role do GPs play in these interventions	GPs lack knowledge about social prescribing and the benefits of social prescribing
GPs who receive social prescribing training are more likely to engage in the program	Inadequate training in social prescribing and criteria for referral
Programs that are solid, sustained, and well-funded and have official recognition or "statutory" standing are more likely to receive referrals	Inability to refer due to timing restrictions
Relationships based on trust with the navigator	Community providers are seen as "less expert" than medical professionals
GP software includes a routine SP referral process.	Social prescribing is not seen as a part of GPs' role and referring people to services that might not be suitable
Link-workers and community organizations [59]	
Role of the navigator is observed as critical boundary-spanner by GPs, patients and community workers	Lack of awareness about the social prescribing and the importance of link workers
Having the flexibility to refer individuals to range of activities and services	Threats of budget reductions for organizations that provide community services
Understanding of what people need to "live well"	Inability to interact effectively with those who have complicated or specific requirements
The ability to spend more time with the patient for ongoing support	Inability to provide services to all patients who are being referred
Extensive knowledge of local community services and networks	Finding the proper services in the area to meet patients' needs might be difficult.
Empowerment is facilitated through appropriate training and the use of a strength-based strategy	Lack of knowledge about the role and inadequate training
Role and responsibilities are outlined clearly	Roles and responsibilities are not outlined clearly, unable to direct people to the right services
For patients [31]	
Understanding of social prescribing programs and the advantages they offer	Lack of understanding of social prescribing programs' objectives
Trusting GP in the social prescription referral	Expectation that GPs will always offer medical treatment and not refer patients to social or community resources
Access to local services with minimum travel	Difficulties accessing to local services due to long travel distance
Low cost or free cost	Additional cost fees
Suitable service	Lack of continuing in the program
Flexible and easy access to services that meets their needs	People with busy lives find it more difficult to participate in social prescribing programs
Link workers fill the gaps that GPs could not	

Related systems [61]	
Robust and distinct governance frameworks with defined roles	Poor leadership and lack clarity about the roles
Alignment with existing policy	Lack of supporting policy to provide an action
Networks: building on existing networks and forming new networks for social prescribing	Staff turnover resulting in loss of connections
Accessibility and visibility of social prescribing programs	Lack of visibility of social prescribing programs operating at once

Possible Suggestions

o **Social prescriptions could potentially be provided through community mental health services, social services, in the voluntary sector, or through public health programs. [53,61,64]**

o **Many people are unaware that they have all these services available to them in their local area. Therefore, there must be an educational element to increase the awareness and understanding of the health professionals about the voluntary organizations in the community. [31,37]**
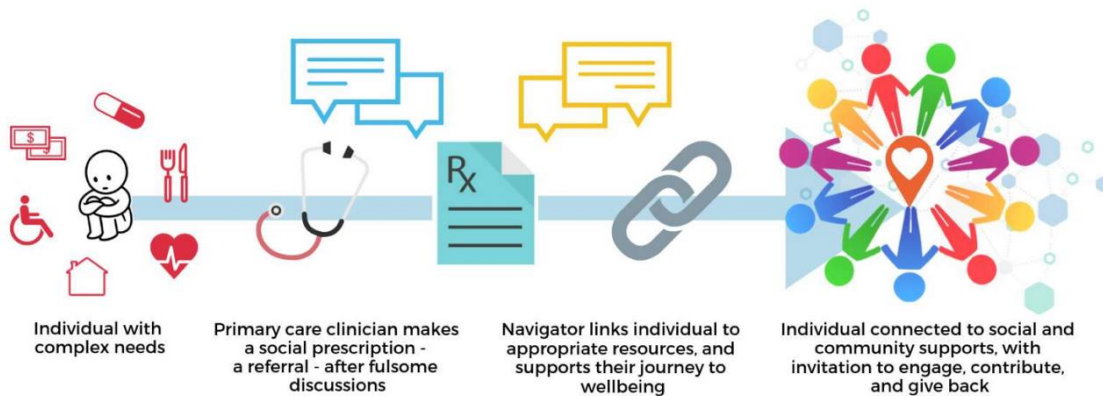
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ORM=IRPRST&ck=8F7574E4786F1F03EFBE3AABA7E2C533&selectedIndex=5&ajaxhist=0
&ajaxserp=0

Marmot Review Report Summary

This report emphasizes the importance of implementing a social prescription framework in the UK: [20]

o The average lifespan of England's poorest neighbourhoods is seven years less than that of residents in its richest neighbourhoods.

o Poorer neighbourhoods are associated with earlier deaths as well as higher rates of disability, with an overall average difference of 17 years.

o The Review emphasizes the social gradient of health inequalities, or, to put it another way, the likelihood that one's health will be worse the lower one's social and economic standing.

o Housing, income, education, social isolation, and disability are just a few of the many components that combine to cause health inequalities, all of which are significantly influenced by one's social and economic standing.

o Health disparities can be prevented. Addressing health inequality has both a compelling social justice argument as well as a pressing economic one. Health disparities are thought to cost the nation between £36 billion and £40 billion annually in lost taxes, welfare payments, and expenditures to the NHS.

o All socioeconomic determinants of health, such as education, occupation, income, home environment, and community, must be addressed to address health inequities.

o The study lays a framework for action under two policy objectives: to build a society that fosters individual and collective potential and to guarantee that social justice, health, and sustainability are at the core of all policies.

o Recognizing that disadvantage exists before birth and builds up over time.

o Over the past few years, the NHS has significantly accelerated the growth of social prescribing through significant investment as part of the NHS Long Term Plan, high-profile advocating, and methodical development as part of a larger and critically important transition toward individualized treatment.

For more information, please visit the website:
https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf

Fair Society, Healthy Lives
The Marmot Review

Social Prescribing Framework

The patient seeks treatment for
non-clinical or psychosocial
problems in primary care

Patients are referred by GPs or other primary care providers to the most appropriate program out of those that are available

↓

The patient dials a phone number for the initial assessment and interview

↓

The patient attends the program, followed by revaluation after a predetermined number of sessions

↓

The patient is directed to similar activities after a reassessment and the feedback is given to the GP

Patients are referred to link workers by primary care providers depending on a primary care practice or charity

↓

The link worker interviews the patient to determine the most suitable activity from the directory

↓

The patient attends the program, followed by revaluation after a predetermined number of sessions

↓

The link worker receives feedback from the reassessment and directs the patient to similar activities
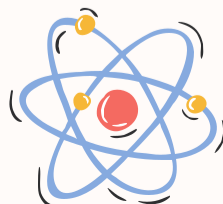
UK framework:

In 2018, England launched a nationwide strategy to compensate one social prescribing 'link worker' for each primary care network in the country, extending access to approximately 2.5 million people over five years. [37]

Stakeholders involved in the UK are the following:

General practitioners (GPs), social prescribing link workers, local authority commissioners, people with lived experience, local authority commissioners, and the VCSE sector. The Department of Health, Public Health England, and NHS England to define the role of the VCSE sector in improving health, well-being, and care outcomes; to identify and characterize obstacles and possibilities; and offer recommendations to national, local, and NHS government. These stakeholders assist in identifying the key elements of what makes a good social prescribing system and what should be implemented locally. [53]

Image source: https://collegeofmedicine.org.uk/social-prescribing-can-increase-chances-employment/
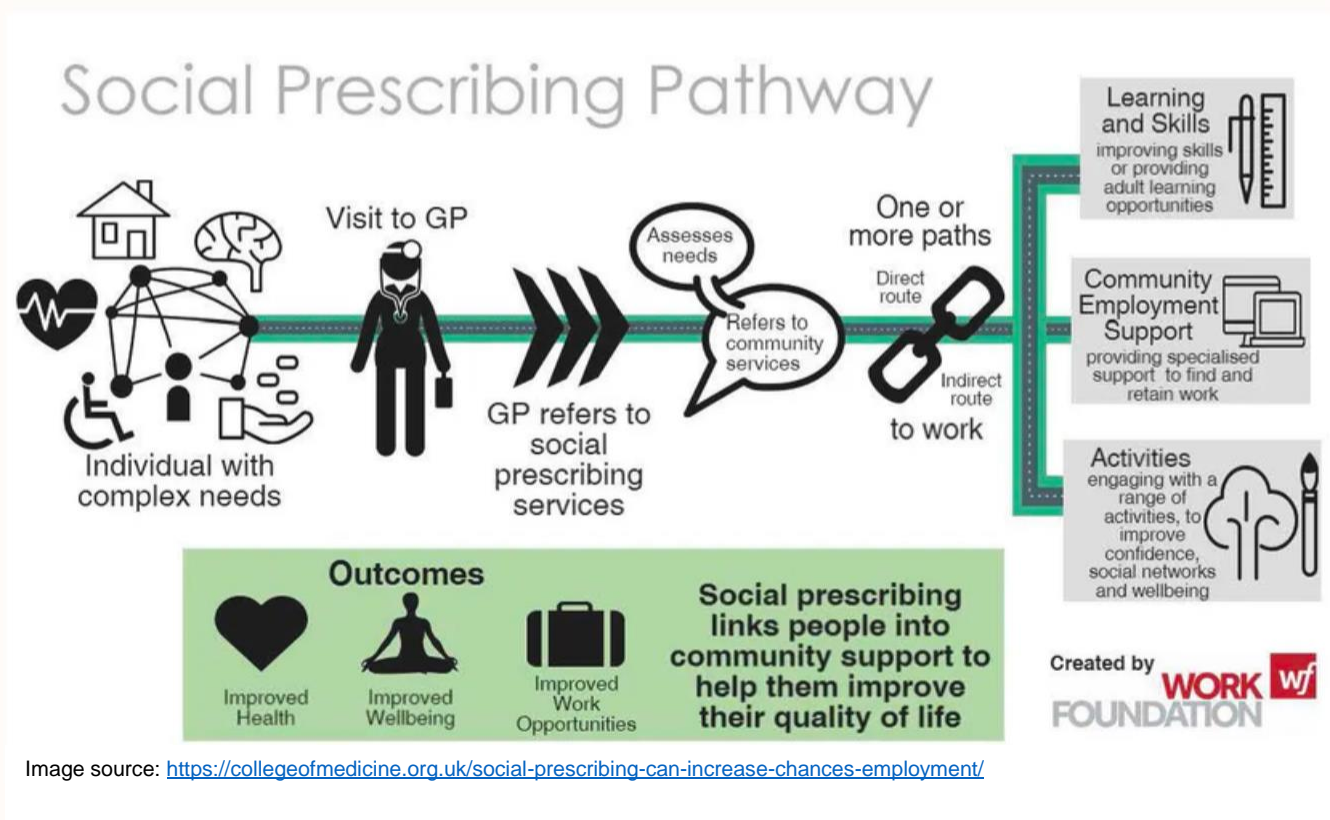
For more information about the social prescribing framework in the UK please visit the following link:

https://www.england.nhs.uk/personalisedcare/social-prescribing/

Social Prescribing: Transforming Health for London

https://www.bing.com/videos/search?
q=social+prescribing&docid=608010912425202321&mid=FAACF4DC6C04AFD90067FAACF4DC6C0
4AFD90067&view=detail&FORM=VIRE

Social prescribing in practice: supporting social prescribing link workers

https://www.bing.com/videos/search?
q=social+prescribing&docid=608008975389889789&mid=C12F3F809A1555346F75C12F3F809A1
555346F75&view=detail&FORM=VIRE

HSE Social Prescribing Framework:

https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/mental-health-and-wellbeing/hse-social-prescribing-framework.pdf?fbclid=IwAR0ARJ2Vtr2OKeAr18dJU7lLkNAOIdVskokeaz2egtuteplPMjYjTiAPoHA

Sample patient assessment form

Examples of screening questions

West Elgin CHC developed social prescription reminder card to help prompt providers during clinical appointments. These inform the "reasons for social prescribing referral" (below) that are entered into the Electronic Medical Record and passed to the Navigator.

SOCIAL PRESCRIPTION

NAME _____ DATE _____

PLEASE CHECK ONE OF THESE OPTIONS:

- ☐ Feeling Lonely
- ☐ Bored
- ☐ Feeling Disconnected
- ☐ Difficulty making ends meet
- ☐ Housing problems
- ☐ Lack of work opportunities
- ☐ Feeling Sad
- ☐ No one to rely on
- ☐ Getting older
- ☐ Other _____

West Elgin Community Health Centre

Alliance for Healthier Communities
Alliance pour des communautés en santé

Carea CHC's Client Navigation & Support Program includes the following script to help guide providers (questions are to be chosen as appropriate, not that all will be asked within one encounter):

A. Do you feel you are coping with the current COVID-19 situation?
B. Are you feeling lonely or isolated?
C. Are you struggling with your mental health?
D. Are you struggling to access services?
E. Do you need help with any of the following:
   - Accommodation / Housing
   - Food Security / Nutrition
   - Social Supports
   - Parenting Supports
   - Quitting Smoking
   - Employment Insecurity
   - Individual or Family Counseling Support
   - Parenting Supports
   - Maintaining Healthy Relationships
F. Would you like me to connect you with a Health Promotion staff who can call you and see if we can provide some support?

Image source: Alliance for Healthier Communities

Sample patient follow-up form

4.11 Follow-up appointments (approx. 20 mins) - F2F or by phone

First follow-up to be scheduled around 2 weeks after the first appointment but dependent on availability, person issues, etc. Then aim to space appointments out at increasing lengths of time

Review:
- **How are things going?**
- **What has gone well?**
- **What has not gone so well?**
- **What else you need to ensure you meet your goal(s)?**
- **Provide further information and support as appropriate**
- **Refer to PAM® for guidance on activation**
- **Are there any changes to your action plan now?** Get person to write in Person Booklet any changes / additional plans

Date:

Notes:

Sample fragment of a patient assessment form

4.6 Assessment

Name of Person:

Date:

We know that lots of things affect health and wellbeing so let's start by finding out what's going on in your life that affects your health and wellbeing. So I'm going to ask you some questions to begin with.

1. Lifestyle (see Appendix 1 for Lifestyle Health recommendations)
- [If person has long-term condition] What kind of lifestyle changes are recommended for your condition?
- Do you know who to contact if you were worried about your health?
- How is your diet, in terms of eating enough healthy food and avoiding any foods and drinks that may be harmful with the condition you have?
- What physical activity do you do? If person has LTC - what exercise is recommended for your condition? How often do you managed to do that and/or other ways to keep your body as strong and fit as possible?
- Do you smoke?
- Do you drink alcohol? If yes, how much? (See Appendix 2 -Alcohol Assessment for Alcohol Unit Information). If drinking more than 14 units of alcohol per week consider use of Alcohol Assessment – Appendix 2)
- Tell me about your sleeping habits (recommendation is 7-9 hours per night
- Do you feel that you would benefit from any lifestyle advice/support?

Notes:

Jurisdictional Scan

The following Jurisdictional Scan of Social Prescribing Approaches will help decision makers understand how social prescribing policies have been implemented in other jurisdictions

1. Chilliwack Community Services

Social prescribing allows people who visit the emergency room or their primary care physician (or another healthcare provider) for issues that are typically seen as social problems to obtain non-medical support in the community. The Social Prescribing program encourages resilience and social support by utilizing a comprehensive, strength-based strategy to help elders access non-clinical, community-based resources to prevent or delay frailty. The health and wellness, health-related behaviour, emotional state, social contacts, and daily functioning of participants in social prescribing programs outside of Canada have all improved. The Seniors' Community Connector will help the patient find the appropriate local resources of support when a healthcare physician recognizes a patient who might benefit from the program.

Examples of non-clinical community support services:

-
- Programs for Physical Activity Exercise programs like Osteofit, walking clubs, chair yoga, lawn bowling, and Move for
- Life Food/Nutrition Programs Programs
- for meal preparation, cooking classes, Meals on Wheels, food banks, and food security Social Programs & Services
- Affordable housing, community centres,
- mental health services, book clubs, coffee shops, knitting circles, taxi saver programs, and assistance with HandyDart applications Caregiver Programs
-
-

Help groups, educational workshops, and one-on-one support for caregivers

Community Profile

- Supporting people in the areas of exercise, eating well, and social interaction enables them to take charge of their own health and gives them the opportunity to participate in and give back to their community

- Patients in British Colombia who have inadequate access to services

Service User

Older Adults who are suffering from social isolation, depression, anxiety, social needs

Service Providers

Seniors Community Connector

Interventions

Available services in the local community (such as watering the plants, dance classes, and fitness classes)

Program Delivery

The majority of service delivery via telephone

Financial Considerations

- Social prescribing is funded by the government of BC, Canada and is managed by United Way. United Way is a non-profit organization
- Funded by the Government of BC and managed by the United Way

Outcome

- Seniors feel more connected and hopeful
- Improve overall mental well-being
- 6-week follow-up report

For more information: https://www.comserv.bc.ca/

Terry's Story

"Has congenital deafness, which they felt stigmatized by, and was very socially isolated. They exhibited difficult behaviours in primary care that escalated over time. Terry was encouraged to become a Health Champion and was supported by staff to host weekly card games at the centre. These new social connections led to calmer and shorter primary care appointments. Moreover, Terry used to be very resistant to participating in group activities, but since becoming a Health Champion, they have now become involved with other groups like Living Healthy Life with Chronic Conditions. Being invited to become a Health Champion and supported to lead activities, Terry saw that they can be involved with other people in a trusting, accepting environment at the centre, which is having a transformative impact on their life." [51]

Sense of Community Belonging	Mental Health and Wellbeing
Improved social support network	Improvement in Anxiety and Depression
Opportunity to provide social support to others	Improvement in mood
Improvement in social isolation	Improved self-esteem
Increased collaboration between staff and clients	Improved self-confidence
Increased awareness of available social supports	Sense of purpose
Desire to increase awareness of available social supports	Feeling motivated
Sense of accountability	Sense of accomplishment

"I had moved to a village of 700 people and shortly after, lost my wife. I was alone and for a year experimented with medications for depression. The Community Health Centre eventually learned of my passion… fishing! They helped me find fishing gear and a fishing buddy who showed me some great spots. Today I take others out and share my joy with them… and no more medication!" [51]

– Social Prescribing Pilot participant, Country Roads CHC

More successful stories from BC social prescribing programs in the following page from the United Way of the Lower Mainland HN Interim Evaluation Report

Image source:
https://www.ageuk.org.uk/coventryandwarwickshire/our-services/social-prescribing-warwickshire/

Rima lives in Nanaimo and is a retired a mail delivery carrier. After undergoing a knee replacement, she was in need of a program to support her rehabilitation and desire to connect with others in her community. The TAPS program at Nanaimo Family Life had made huge impact on her life. Rima has accessed a variety of services from the organization, from walking groups to yoga classes. These services translated to a variety of benefits, including improvements in her physical and mental health. Rima now feels stronger and more confident that she will not experience a fall. She knows how to keep her body moving to maintain her health. Through deep connection with other TAPS participants, she no longer feels alone and has been able lessen her feelings of anxiety when interacting with others. During COVID-19 the services she was accessing moved online. Rima wasn't sure if she had the determination to exercise alone on a Zoom call, but actually found that it still feels like she is there with others in-person. The services provided by Nanaimo Family Life were responsive to Rima's needs and have been deeply beneficial for her.

Social Prescribing Older Adult Profile

Gloria, a 77 year-old widow, lives alone in a ground floor suite, near where she and her husband used to live. Gloria once travelled across North America and Europe as a computer programmer. She now has COPD and is healing from a fractured back. Gloria was referred by her doctor to DIVERSEcity Community Resources Society in Surrey and has appreciated the services she has received. While services have been scaled back due to COVID-19 the community-based organization has connected with Gloria to provide resources, including exercises to help her neck and suggestions for social connections.

Gloria stated that there has been shared decision making on the goals and activities for her social prescription plan and that she has found the information 'interesting and helpful'. She also reports an increase in her confidence and ability to use community-based seniors services. When asked how satisfied she was with the education and support services received Gloria said she was very satisfied and appreciated the connection, "I wouldn't have sought anything out left up to myself". What Gloria likes the most about participating in the program is the connection and getting another person's point of view.

2. Belleville Quinte West Community Health Centre

To improve your health and the health of the communities we share, our team of doctors, nurse practitioners, nurses, dieticians, social workers, and other healthcare professionals collaborate to achieve well-being. It is a rural agency with two sites serving Hastings and Prince Edward County since 2010, Belleville Quinte West Community Health Centre has invited individuals and community members to become Health Champions. The active established a craft club, walking group, breakfast and dinner clubs, a song circle, and a social organization for widows. Clients and members of the community have expressed their gratitude for these additional activities and have seen the centre change into a place where they feel at home.

Social prescribing is a strategy that combines clinical and social care that is:

• Person-centred: People are seen as full people with distinct aspirations, passions, and gifts in addition to their complex requirements.

• Strength-based: Individuals are inspired and supported to share their special talents by taking part in peer-support groups, giving back, and even running clubs. They can manage their health more proactively in this way.

• co-created: Individuals build a social care plan that matches their needs and make use of their gifts in collaboration with their caregivers and other members of their care team and then put their plan into action.

• Community-led: Social prescribing encourages people to strengthen their links to their networks of friends and neighbours, which helps individuals and communities become more resilient.

For more information: https://www.bqwchc.com/
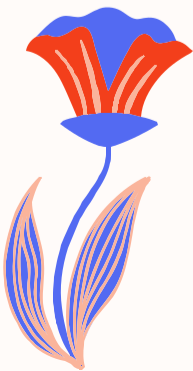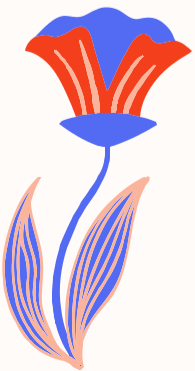
Community Profile

To improve your health and the health of the communities we share, our team of doctors, nurse practitioners, nurses, dieticians, social workers, and other healthcare professionals collaborate to achieve well-being.

Service User

Registered members of all ages

Service Providers

• Family Practitioner
• Registered nurse
• Nurse Practitioner
• Community Staff

Interventions

• Physical Activity Programs
• Nutrition/Food Programs
• Social Programs & Services
• Caregiver programs

Program Delivery

• Majority of service delivery via telephone or zoom

Financial Considerations

• Funded by the Ontario Ministry of Health and private organizations

Outcome

• Patients feel more connected, hopeful,
• Improve overall mental well-being
• the load on the healthcare system
• Participants reported general gains in their mental health, increased ability to take control of their health, decreased feelings of loneliness, and a deeper sense of connection and belonging
• Social prescribing has been demonstrated to benefit healthcare professionals' patients' well-being and cut down on follow-up visits
• As a result of improved collaboration within the community, social prescribing increased the integration of clinical care, other professional teams, and social assistance

3.Centretown Community Health Centre

Centretown Community Health Centre has been serving a diverse urban community in downtown Ottawa since 1969, which places a special emphasis on LGBTQ individuals. In this centre, they offer a few programs under social prescribing with each focusing on one main goal. To connect clients to a variety of services, including newcomer networks and addiction support groups, a core inter-professional staff acts as Link Workers.

These programs include:

1Call1Click.ca- about this program: Children, teens, and families can use the 1Call1Click.ca initiative to get the appropriate mental health and addiction resources and care when they need it.

2SLGBTQIA+ Counselling (16+)- about this program: Free short-term counselling for people who identify as 2SLGBTQIA+.

2SLGBTQIA+ Newcomer- about this program: a social gathering for 2SLGBTQIA+ Newcomers.

2SLGBTQIA+ Rainbow Coffee Group- about this program: sharing the advantages and disadvantages of aging and being 2SLGBTQIA+.

Access Mental Health and Addiction (AccessMHA)- about this program: Looking for assistance for your mental health or substance use? It can be difficult to navigate around a complex and confusing healthcare system. We can support it.

BIPOC- about this program: join yourself through writing.

Baby Prenatal Nutrition Drop-In - Welcome Baby about this program: helping new parents bring home a new baby.

Bill Goodwin Toy Lending Library- about this program: A variety of toys for infants and kids up to age six are available for families to borrow.

Breastfeeding Support- about this program: Tuesdays from 9:00 a.m. to 5:00 p.m., there are in-person, telephone, and online breastfeeding appointments available.

Champlain Diabetes Chiropody Program / Ottawa and Surrounding Areas: We diagnose and treat conditions affecting the foot and ankle.

To find out more about other programs please visit the link below:
https://www.centretownchc.org/programs

Community Profile

For seniors, LGBTQ+, families, new immigrants, people managing diabetes, and those who are homeless, we prescribe a variety of programs to fit client needs and interests, including coffee and drawing groups, indoor walking groups in partnership with the National Gallery of Canada, writing workshops, and more.

Service User

Addiction & Withdrawal, Family, Homeless, Immigrant, LGBT2SQ+, Seniors

Service Providers

- Family physician
- Social worker
- Registered nurse
- Nurse practitioner
- Dietitian

Interventions

- Local community services

Program Delivery

- Online/ in-person

Financial Considerations

- Funded by the Ontario Ministry of Health and private organizations

Outcome

- Counting the number of referrals
- Follow-up calls

SOCIAL PRESCRIBING IN ONTARIO-
Rx Community Progress Report

Map of community health centres in Ontario participating in the pilot

Image source: https://www.allianceon.org/sites/default/files/documents/Rx-Community-Progress-Report-EN-June2019-web.pdf
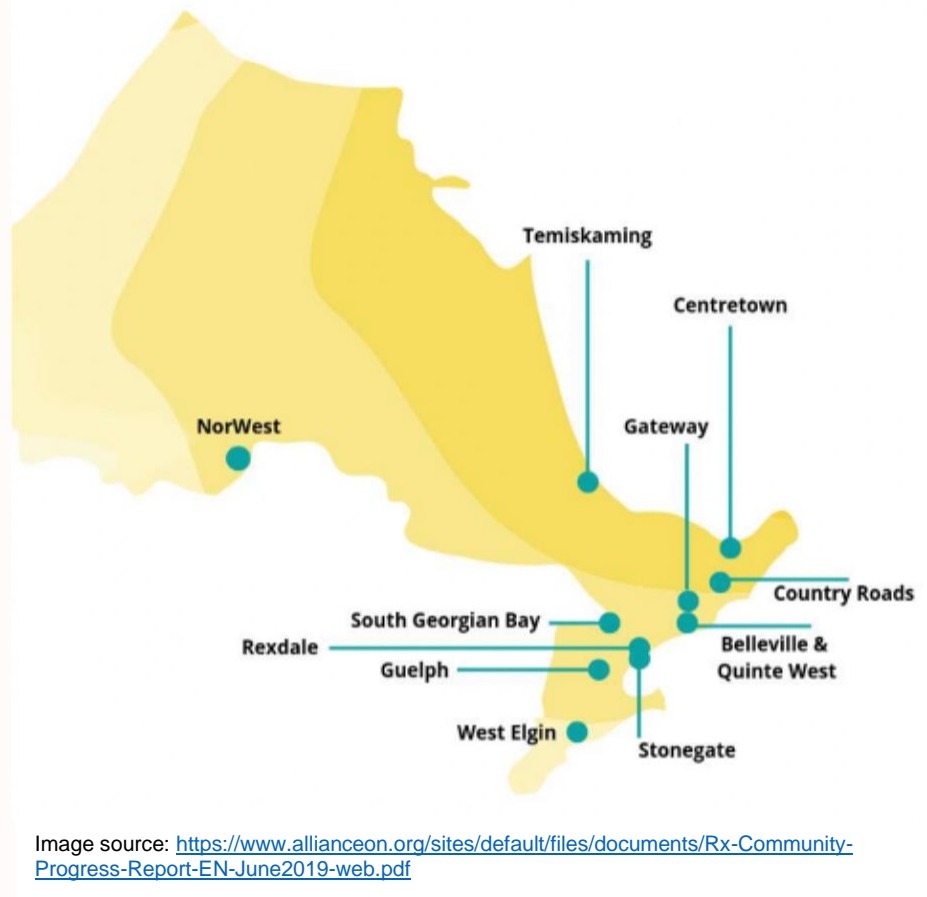
"After I finished the addictions program, I needed something to keep me going. I got connected with this group and I've been coming ever since. It's been big for my recovery and staying sober to have this group – it's become part of my backbone."

– Social Prescribing Pilot participant, Centretown CHC

4.Bromley By Bow Centre

To address the severe levels of health inequity and deprivation in the neighbourhood, the Bromley by Bow Center launched its Social Prescribing program. Our expertise with social prescribing now spans more than twenty years, as well as more than five years of training in the practice. The Bromley by Bow Center has put in a lot of effort over the past 10 years to assist the growth and development of social prescribing both domestically and abroad.

For further information please visit the following link: https://www.bbbc.org.uk/services/

Image source: https://www.allianceon.org/Rx-Community-Social-Prescribing-In-Ontario

Community Profile

We are Social Prescribing Regional Facilitators for London for NHS England and founding members of the National Social Prescribing Network. A crucial component of our training is practitioner-led knowledge exchange about the roles of Social Prescribing Link Workers (SPLWs) and as a service. The Bromley by Bow Social Prescribing scheme is a general practice-based social prescribing programme that, as of 2012, has 53,000 patients registered across six GP practises in its primary care network (PCN).

Service Providers

- Link Worker
- Service Manager

Service User

Anyone over the age of 18 who has registered with a medical facility, including Bromley by Bow, St Andrew's, Stroudley Walk, Merchant Street, St Paul's Way, and XX Place.

Interventions

The service offers up to six one-on-one, six-hour sessions that aid people in exploring issues that affect their health and wellbeing. The team consists of Link Workers and a service manager. These Link Workers help clients find a variety of community resources (mainly non-clinical) so they can receive ongoing assistance and support. The service supports you in making positive changes in your life and in your health and wellness, these services include:

- Housing, financial aid, and advice
- Employment, education, and volunteerism
- Education and learning
- Exercise and tips for leading a healthy lifestyle
- Arts, gardening, and creative activities
- Counselling, and groups

Program Delivery

- Contact us directly in confidence or request a referral from your doctor or practice nurse. For free of charge, support is available Monday to Friday.

Financial Considerations

- The funds will be provided by the Health and Wellbeing Fund, which is a component of a government initiative to invest in the voluntary sector.

Outcome

Three ways in which our social prescribing team can assist. By giving you the chance to think about what's important to you, assisting you in identifying problems and obstacles you'd like to overcome, and helping you locate resources and activities in your neighbourhood that will support you.

5. IPC Health - Australia

About this program:

IPC Health is a General Practice and community health centre in Melbourne's West, Australia- Health-Deer Park Community Health Centre. In this model, a Community Link Worker, a newly created role, receives referrals from GPs, nurses, and Allied Health staff and works with clients to understand their needs and goals, construct a plan around those goals, and facilitate local sources of help. Local community groups, legal or financial services, group exercise courses, and parental assistance are just a few examples of the support services that may be provided. Also, possible sources of referrals are community members and service providers. Rather than just making referrals to other providers, the Link Worker keeps in touch with the patient and the doctor to guarantee consistent, integrated care. A well-being coordinator will schedule a meeting to discuss your present state of well-being and your desired outcomes. They then put you in touch with community organizations and services that are free or inexpensive to assist you to accomplish those objectives. To ensure that the social prescription meets your needs, the wellbeing coordinator keeps in touch with you and, if applicable, your referring healthcare provider. If necessary, it can also be modified along the way.

For more information: https://www.ipchealth.com.au/

Community Profile

A person-centred approach called social prescribing works alongside your doctor or other healthcare professional to find non-medical strategies to improve your overall wellbeing. Social prescribing enables people to enhance their quality of life and remain rooted in their neighbourhood

Service User

Adults in Brimbank or Wyndham who are employed or enrolled in school are eligible for this program. Also, people who:
• Have physical, social or mental health needs that are affecting their daily life
• Want to form social connections
• Want to improve their overall well-being

Service Providers

• Healthcare professionals
• Link worker
• Community members
• Wellbeing coordinator

Interventions

• Group exercise courses
• Parental assistance
• Local support clubs
• Legal services
• Financial services

Program Delivery

• Through our internal system, healthcare professionals at IPC Health can refer patients

• Clients can self-refer to the program by calling 9219 7103 for Brimbank or 9216 7777 for Wyndham or by emailing us at socialprescribing@ipchealth.com.au

• To register your information, use your phone to scan the QR code. You will receive a call from a wellbeing coordinator to complete your referral

Financial Considerations

• The Department of Health provides funding for community health services through the Community Health Program

• Social Prescribing services are provided free of charge by IPC Health to enhance better health and wellbeing

Outcome

• The Wellbeing Coordinator follows up with the clients to report on how they are feeling
• Improving the feeling of loneliness and isolation
• Improving the health and well-being of clients

Discussion

A new framework for social prescribing for AHPs:
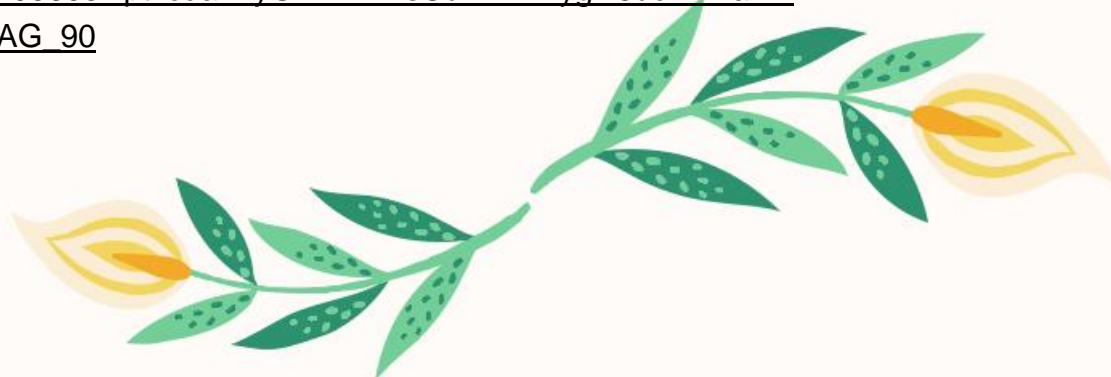
Social prescribing pathway built on the holistic model

CLINIC

COMMUNITY

Referral

Prescription

Follow-up

Primary health-care provider
- Assesses patient's need for social prescribing
- Refers patient to a link worker

Link worker
- Works with patient to develop a personalized wellness plan
- Refers patient to appropriate communty-based services
- Counsels patient using behaviour change techniques

Community and voluntary sector
- Includes individual and group activities as well as services
- Progress reported back to primary health-care provider and link worker

Image source: Husk et al: https://doi.org/10.3399/bjgp19x700325

A successfully shared story by a client in a community centre is available on: https://www.ipchealth.com.au/social-prescribing/

WHAT DOES THE SOCIAL PRESCRIPTION PROGRAM LOOK LIKE IN PRACTICE?

Senior with complex needs

A referral is made by a healthcare professional to the Senior Community Connector.

Senior Community Connector then links senior to non-clinical community based alternative sources of support.

Senior is connected to appropriate community services, programs and supports.

Image source: https://pathwaysbc-production-forms.s3.amazonaws.com/documents/3323/original/SCC%20-%20Social%20Prescribing%20Program%20-%20Referral%20Form%20%28Fillable%20PDF%29%20%28002%29.pdf?1602711352

People are empowered by effective social prescribing, which enhances their knowledge, abilities, and self-assurance. The individual's entire life is considered, with value placed on their abilities, strengths, experience, and significant relationships

"In the 30 years I have spent as a family doctor, social prescribing represents the most effective, wide-reaching and life-changing of all initiatives to date."

-Dr. Marie Anne Essam – General Practitioner

Example of NHS support plan template

A sample personalized care and support plan - template

Name and contact details for person: _____

NHS number: _____

Part one - to be completed together at the start	
What matters to me:	
How best to support me: what people need to know about me and my life:	
Any health conditions that agencies need to know about:	
My goals:	
Summary of support that I am being connected to, including what I can expect from support:	
What I can do to support myself to meet my goals:	
Review – when shall we check how it's going?	
Part two - to be completed after 6 months	
What changes have taken place?	
I am happy to share my personal story?	
I am willing to complete a satisfaction survey?	
I am happy to participate in ongoing data collection and evaluation?	

Sample patient follow-up form

4.11 Follow-up appointments (approx. 20 mins) - F2F or by phone

First follow-up to be scheduled around 2 weeks after the first appointment but dependent on availability, person issues, etc. Then aim to space appointments out at increasing lengths of time

Review:
- **How are things going?**
- **What has gone well?**
- **What has not gone so well?**
- **What else you need to ensure you meet your goal(s)?**
- **Provide further information and support as appropriate**
- **Refer to PAM® for guidance on activation**
- **Are there any changes to your action plan now?** Get person to write in Person Booklet any changes / additional plans

Date:

Image Source: National Health Service: https://www.longtermplan.nhs.uk/

Notes:

5%
AT THREE MONTHS

42%
AT NINE MONTHS
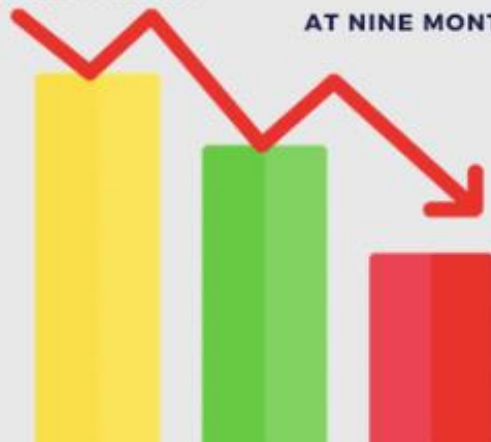
HEALTH PROVIDERS REPORTED SOCIAL PRESCRIBING DECREASED NUMBER OF REPEAT VISITS BY CLIENTS

Evidence

Similar results were observed in a recent pilot study conducted by Canadian colleagues, wherein medical professionals claimed that social prescribing reduced the number of repeat visits by patients by 5% after three months and by 42% after nine months as shown in the figure below. [52]
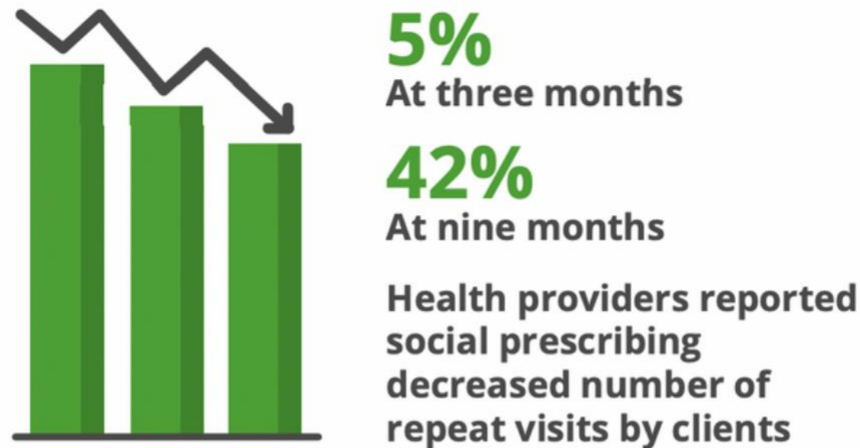
People who are excluded from society are discriminated against or lack authority and influence as a result of living in extreme poverty are less likely to receive and benefit from services, even though these people have the worst health. Adopting more community-centred practices can assist in providing more appropriate and effective methods of engaging people and enhancing their health and well-being. [24]
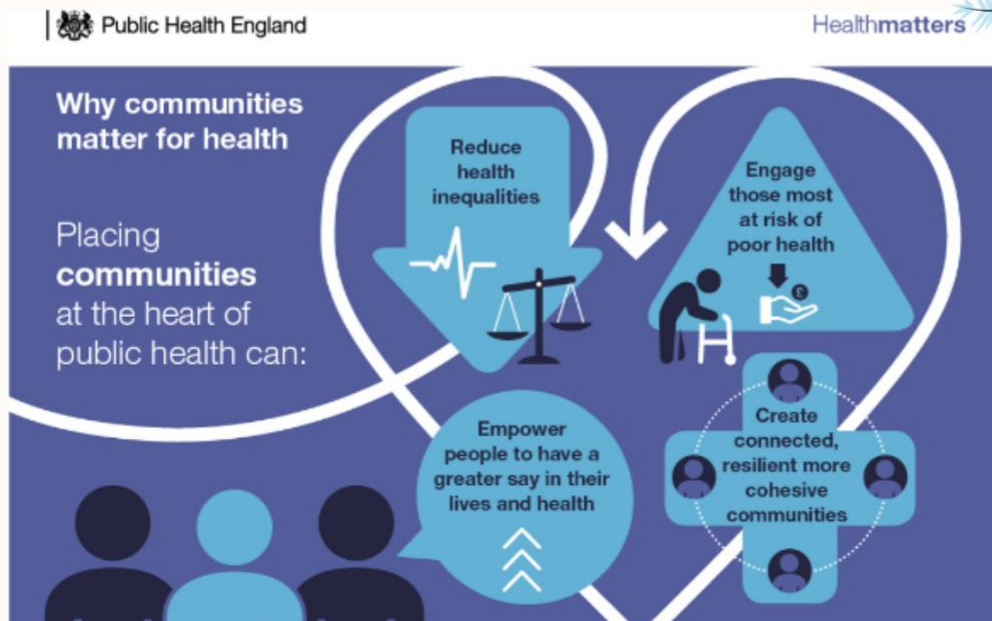
"I am thinking of a woman whose eyes lit up and her husband was so proud to know that we could offer her something other than pills. She joined the painting group and her life simply." She is becoming more and more comfortable in her own skin."

PaRx, Canada's national nature prescription program has officially launched in Newfoundland and Labrador

Health professionals across the region are now able to prescribe nature to their patients as part of their healthcare plans. Encouraging people living in Newfoundland and Labrador to participate in more outdoor activities to improve their mental and psychical health. A large group of medical professionals, including the Newfoundland and Labrador Medical Association (NLMA), Newfoundland & Labrador Nurse Practitioner Association (NLNPA), the Newfoundland and Labrador College of Family Physicians, and all four Family Practice Networks in the area, have endorsed the Newfoundland and Labrador PaRx program. PaRx was introduced by the BC Parks Foundation in November 2020, beginning in British Columbia and later reaching every province in the nation. Over 8,000 prescribers are currently using PaRx across Canada. According to the literature, there is strong evidence indicating that nature has an impact on the health of individuals and these health benefits vary from increased life expectancy and immunological function to a lower risk of heart disease, lower blood pressure, depression, and anxiety. Connecting with nature is one of the best things you can do to improve your health, according to research supported by hundreds of studies conducted over several decades. Through an attitude of gratitude and well-being, the BC Parks Foundation encourages people to improve their health and parks. Visit bcparksfoundation.ca to learn more. [1]

Visit https://www.parkprescriptions.ca/en/about to learn more about PaRx.

PaRx "A Prescription for Nature" https://www.parkprescriptions.ca/blogposts/learners-leading-how-western-university-students-helped-launch-a-local-parx-program-in-ontario access August 2022
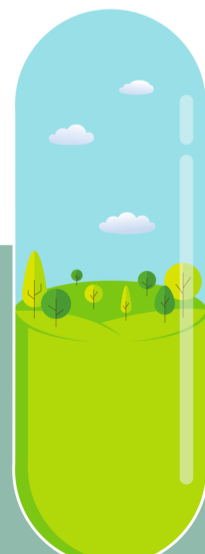
Issues Have Emerged: Limitations and Challenges

o What role does social prescribing play in primary care? [13]

o What role does it play as a public health intervention? [13]

o Can social prescribing be incorporated into a long-term strategy for strengthening links with the voluntary sector? [13]

o Rather than fixing the patients physically and ignoring important facts such as that they cannot read and write or do not have a house. If one cannot at least fix the problem, one must direct them in the right direction to solve these issues. [49]

o Given the implications for practice; it seems logical that primary care would play a role in addressing the broader determinants. The challenge is to integrate a public health approach alongside the delivery of quality patient-centred care.

o Evaluating social prescribing schemes can be difficult because it uses different approaches and models to address a wide range of issues. [17]

o There is still limited evidence on what activities are best for each population and cultural group. How does social prescription affect patients' health and well-being? [15]

o One of the current challenges indeed is to systematically compile data on how social prescription is conceptualized, operationalized, and evaluated in terms of its efficacy related to health and wellbeing indicators, as well as the productivity of the health services. [17]

o Another challenge in implementing social prescribing is utilizing volunteers. [49]

Barriers to implementing social prescribing programs

Introducing leisure programs to patients and encouraging them to visit art galleries is not enough. Successful implementation of a social prescribing program means removing the barriers that clients have in these matters. These barriers can be economic, geographic, interpersonal, or psychological. Social prescription is to listen carefully, provide the support you need, and enable people to become co-creators to improve their health and well-being. [54]

Facts

More than 600,000 services were delivered to the client, the majority of those services were meal preparation, phone check-ins and delivery services. Other services used that were frequently reported are:

o Information and referrals
o Help with taxes
o Assistance with filling out benefit application forms
o Assistance with technology to help people stay connected while isolated
o Caregiver wellness checks
o Better at Home services include housekeeping and yard work

Image source: https://londonartsandhealth.org.uk/london-news/social-prescribing-week-4-11th-march-2022/
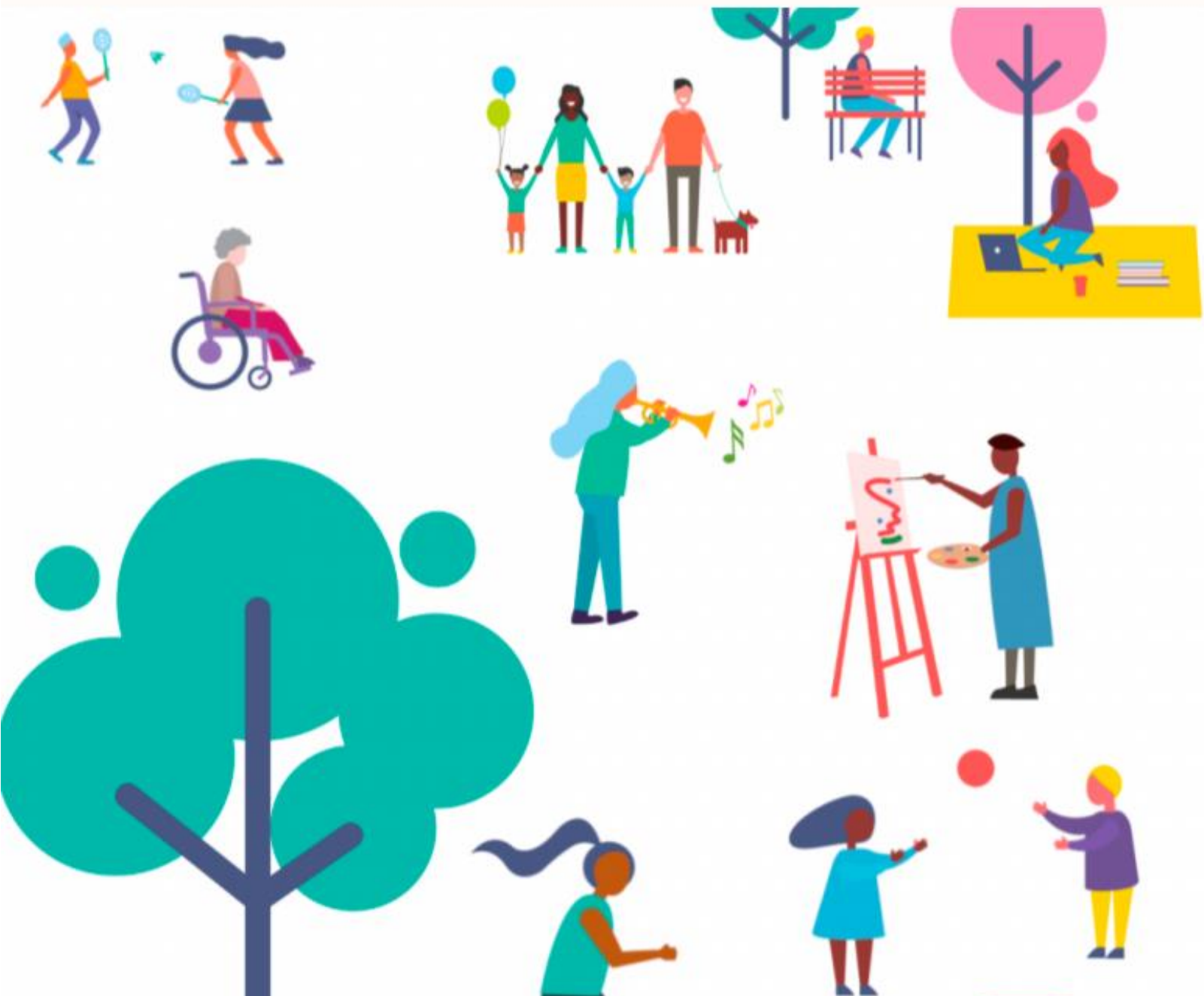
Conclusion

In conclusion, there must be an effective and new intervention to address social needs in primary care settings, to reduce the impact of the social need on health. The evidence for social prescribing to lower the demand for primary and secondary care is widely supported by the data however, the evidence is weak and further research is required to establish proof. The evidence that social prescribing in reducing expenses for the health system is supportive but it is not fully measured. Social prescribing is a system rather than an intervention, a solid and relevant evidence foundation is necessary for each component of this system. When it comes to activities, this could mean randomized controlled trials or effectiveness reviews, but when it comes to pathway characteristics (like a "link worker" element), it could mean qualitative patient experience descriptions or realistic assessments of pathway portions (for example, enrolment, engagement, and adherence). Social prescription has been linked to patients' lower levels of anxiety and depression, improved social connections, higher levels of optimism and hope, and less depletion of services and products such as medicines, medical appointments, etc. The ultimate goal is to address social needs, establish health equity, and change how we deliver person-centred primary care can all be realized through the use of social prescriptions. Family doctors are well-positioned to serve as role models for high-quality social prescribing and lead the way for a healthier Canada. Social prescribing depends on a healthy public policy, financial support for the local community and social services, and high-quality medical care. Social prescriptions can transform the lives of patients in our practices whose social environment has an impact on their health by bridging the gaps between different systems. The goal of social prescribing is to enhance health and well-being. It links people with nonclinical services and assistance that prevents social issues such as loneliness, homelessness, and mental health.

Graphic recording at Gateway Community Health Centre Social Prescribing Fair (ThinkLink Graphics/Kathryn Maxfield)
https://www.allianceon.org/Social-Prescribing-Communities-of-Practice access August 22

Literature Review

The evidence behind Social Prescribing to improve health and wellbeing.

A call to action

Abstract

Social prescribing shifts from traditional top-down care models in hospital and general practitioner practice to a non-medical, more connected approach by placing patients at the center of care and encouraging independence and personal responsibility. It is part of a wide range of movements that represent the transition in the healthcare system (Baska et al., 2021). Referrals to existing non-clinical health, welfare, and social support services in the community are referred via social prescribing, which is also known as community referral (Baska et al., 2021). The study investigates the roots that contribute to the validity of the research question which is can social prescribing be an alternative non-medical approach to treating patients? To answer this call for evidence and the call for research into innovative health-promoting preventive services, we are conducting and presenting a literature review of evaluations of community-based programs that are designed to reduce feelings of loneliness and social isolation, and improve health, well-being, and increase connectivity. The literature review is conducted using PsycInfo, PubMed, Embase and Google Scholar, as 31 articles have been reviewed. The main themes of the articles being reviewed to conduct this literature review include mental health and well-being, social isolation, the purpose of life, basic needs, loneliness, depression, and anxiety. To shed light on the extent to which person-centred care delivery models can address new challenges in promoting health with creative approaches to preventive healthcare services, we concentrate on the quality and content of studies that address the mechanisms and results of social prescribing initiatives. According to the evidence collected for the literature review, social prescribing has positive effects on one's quality of life including improvement in mental health status, improvement in the management of one's health, decrease in the rates of depression and anxiety along with an increase in sense of belonging. Additionally, social prescribing improves biopsychosocial well-being and reduces the burden on healthcare services. The findings targeted those individuals with complex social needs, social isolation, those feeling lonely and depressed, those living with mild and long-term conditions, and those who seek primary and secondary care regularly. Overall, this paper focuses on examining the concept of social prescribing and its importance as a public health program initiative when it is integrated into general practice. Further research is required to evaluate the effectiveness and the cost-efficiency of social prescribing.

Keywords:

| Social needs | Social support | Community referral | Voluntary sector |

| Non-clinical support | Social prescribing | General practice | Link Worker |

Introduction

The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Inactivity and/or social isolation both negatively affect the health status of individuals, as is widely documented. Modern medicine may help individuals with their physical health; however, it is not enough to support the optimal health quality of individuals (Costa et al., 2021). For instance, social determinants of health have a significant impact and are considered a major contributor to many health inequalities (South et al., 2008). The ultimate purpose of the paper is to study the effect of integrating social prescribing into the healthcare system. Social Prescribing is a holistic approach to healthcare that combines social and medical theories of health and wellness (Gupta 2021). This concept provides a formal pathway to addressing different determinants of health, using a trusted and familiar process of writing a prescription (South et al., 2008). The social prescribing strategy focuses on 'what matters to the person rather than 'what is the matter with the person. The referral process is primarily carried out by primary healthcare providers (such as physicians, nurses, and social workers) who recommend activities or services in the community (South et al., 2008). The individual's health is determined by different factors such as biological, environmental, social, and economic (Costa et al., 2021). Examples of social prescribing include participating in an exercise group, receiving a Good Food Box to help with food security, taking an art or dance class, joining a bereavement network, gardening, exploring a local hiking trail with a group of peers, and volunteering to visit older adults in the community (Costa et al., 2021). The terms "link worker," "community connector," "community navigator," and "health trainer" are all used to refer to social prescribers (Aggar et al., 2020). The function of social prescribing might range from straightforward activity referral to more involved and perhaps longer-term individual support. The issues of social isolation, fear, and loneliness are shown in the literature to be associated with inactivity, which in turn, has detrimental effects on health (Alderwick et al., 2018). For example, older age groups, individuals with chronic health issues, those with mental health issues and psychosocial needs, carers, single parents, immigrants, and individuals from minority ethnic groups are most prone to the discussed health issues (Aggar et al., 2020). As a community-led movement, social prescribing aims to meet those needs using a holistic approach through an asset-based strategy by enabling individuals to enhance their health and wellbeing (Morse et al., 2022). Social prescribing services can be public, private, or volunteer-based that meet a variety of needs in the biopsychosocial domains, such as those related to physical and mental health as well as welfare needs (food, shelter, and employment) and social support (group activities, befriending services) (Younan et al., 2020).

Methods

This paper is an overview of the justification for social prescribing and the available evidence published from 2008 to 2022. This literature review refers to lists of important research references to find the data on the impact of social prescribing on service users. The basics of social prescribing and the available evidence are also reviewed and included in this paper. The review is conducted using different research platforms including PsycINFO, PubMed, Embase and Google Scholar. The following search terms have been used: "social prescribing" or "social prescription" or "non-clinical referral" or "nonclinical referral" or "non-medical referral" or "nonmedical referral" or "community referral" or "community support" or "community-based support" or "social discharge plan" or "social discharge planning". Overall, 31 relevant articles have been included in the review of the literature on social prescribing. Additionally, most evidence from studies that have been found during this review has been carried out in the United Kingdom. The studies have been compared regarding their efficacy in improving one's quality of life, well-being, and mental health status of participants who have been involved during the conducted studies. The majority of the researched studies have viewed social prescribing as an intervention to further improve mental health and wellbeing, health status, the healthcare system, and improve services at the community level.

Background

Loneliness is a feeling that can occur when a mismatch occurs regarding the number of social relationships a person has in comparison to the quality of social relationships they want (Vidovic et al., 2021). The evidence reviewed in this literature shows that individuals who feel lonely often experience worse physical and mental health conditions; thus, putting them at a higher risk of early death (Vidovic et al., 2021). Many individuals believe that loneliness is a contributing factor to the increase in the use of public health and social care services (Vidovic et al., 2021). Usually, those who experience co-morbidities and social issues at the same time may require care from multiple physicians at once (Baska et al., 2021). Implementing social prescribing is important because the quality and quantity of the individual's social relationships are associated not only with mental health benefits but also with a decrease in morbidity and mortality-related death (Holt-Lunstad et al., 2010). Greater coordination of both health and non-health services throughout the full spectrum of care can be achieved by designing integrated systems to organize treatment and prevention. According to the literature, decentralized services (increasing primary care facilities in communities) are more favoured and needed to better meet the issues encountered by chronic diseases instead of centralized services (Baska et al., 2021). Furthermore, decentralized services can be prescribed as a variety of central acute systems that work together leading to ensure primary care facility in communities is provided at different levels (Baska et al., 2021).

Discussion

Social prescribing can empower individuals to take charge of their health and wellness by empowering them with the knowledge, skills, motivation, and confidence they need to seek medical care (Brandling & House, 2009). To advance integrated care and depart from the conventional biomedical model of health, social prescribing can facilitate better collaboration and integration between health, social, and community sectors at the societal level (Morse et al., 2022). Since the 2008 WHO Commission on the Social Determinants of Health (SDH), global initiatives to address social determinants of health (SDH) have centred on policy-level interventions, such as the "Health in All" approach" that consists of the government sector, civil society, and research sectors (Morse et al., 2022). Globally, the use of social prescribing is expanding as a strategy to promote personal autonomy and address the socioeconomic determinants of health. To treat a variety of psychosocial problems and to enhance health and wellbeing, the core goal of social prescribing seeks is to utilize social and healthcare systems (Morse et al., 2022). It is a person-driven referral that is frequently made between the community and medical resources (Morse et al., 2022). Social prescribing is a planned, individualized procedure that links individuals to non-clinical services and activities that are frequently offered by the community and voluntary sectors. Reducing health inequities, maximizing the utilization of health services, and cutting costs associated with such services are all goals of social prescribing (Morse et al., 2022). In addition to the described benefits, social prescribing supports community capacity and targets self-determination. Among the components of social prescribing that are connected to enhancing self-determination are the benefit of feeling in control of one's life and decisions, the need for close, loving relationships and a sense of belonging, the capacity to influence outcomes, be capable and effective, and the ability to give and to have a positive impact on others (Morse et al., 2022).

Impact of Social Prescribing on mental health, well-being, and quality of life

According to a research study, one in six adults in the United Kingdom deals with a mental health issue on any given week (Hassan et al., 2020). Mental health issues like depression and anxiety do not only exacerbate their mental suffering and interfere with everyday activities, but they also have an impact on their families, communities, and the larger society. For instance, individuals that come from lower socioeconomic backgrounds are negatively affected and are more prone to suffering different mental health issues (Hassan et al., 2020). Poor socioeconomic conditions like poverty, unemployment, low educational attainment, and poor housing are linked to high rates of physical health issues as well, which in turn are associated with poor mental health status and mental illness (Hassan et al., 2020). Such elements are strongly linked to having socially complicated lives and complex needs. An individual may have mental health concerns along with social exclusion issues like temporary or inadequate housing, homelessness, substance abuse, activities associated with street culture (such as drinking in public), and/or institutional care (such as prison, local authority care, mental health hospitals) (Brandling & House, 2009). Overall, it is important to acknowledge that individuals respond differently to such ongoing issues as the ones mentioned. Therefore, to address social determinants and reduce health inequities, individuals with complex needs require both a new form of service and a new response from existing services (Hassan et al., 2020). The biological, psychological, and social determinants of health all play a critical role in contributing to mental illness. Thus, a new way of approaching the health of individuals from different vantage points is needed to address all the discussed elements, including the broader determinants of health (WHO 2005). Social prescribing programs direct individuals with mental illness to community-based social care services and organized social activities. The referral helps those individuals in targeting biopsychosocial variables through care coordination and linkage (Knapp et al., 2012). Individuals reported statistically significant gains in measures of wellbeing, patient activation, and loneliness as a result of a program in Shropshire, according to an evaluation conducted between 2017 and 2019 (Polley et al., 2019). A three-month follow-up study has revealed that the rate of visiting the general practitioner has dropped to about 40% in comparison to the control group that has not received social prescribing-related services (Polley et al., 2019). Research by Drinkwater et al. (2019), has also indicated that social prescribing can enhance individuals' health and wellbeing, as it can lessen the workload of healthcare providers and lower the demand for secondary care services (Drinkwater et al., 2019). Other research papers that have been reviewed for this report also support the increase in self-esteem, confidence, improvement in mental wellbeing and positive mood, and a decrease in anxiety, depression, and negative mood (Kilgarriff-Foster & O'Cathain, 2015). Despite good findings, the analysis from this study highlights several gaps in the evidence base and makes recommendations for further referral route examination and implementation recommendations (Kilgarriff-Foster & O'Cathain, 2015). The evidence reported by The evidence reported by Chatterjee et al. (2017), demonstrates that social prescribing has three major advantages: it improves

mental health outcomes, it improves community wellbeing, and it reduces social isolation (Chatterjee et al., 2017). Additionally, findings from Chatterjee et al. (2017), of non-clinical community interventions establish several benefits that are reported by referrers and participants directly involved in social prescribing (Chatterjee et al., 2017). Another research conducted by Woodall et al. (2018), had a total of 342 participants who provided complete health data at baseline and later stages and conducted 26 semi-structured qualitative interviews (Woodall et al., 2018). The study has revealed that improvements in participants' well-being and perceived levels of health and social connectedness are also demonstrated (Woodall et al., 2018). Furthermore, the authors have indicated that social prescribing services engaged individuals to feel more positive and have an optimistic view of their lives, as this has been achieved through participating in various types of hobbies and activities in the local community (Woodall et al., 2018). According to the evidence that is reported by Woodall et al. (2018), it has been shown that among the factors that contribute to the success of social prescribing is the direct relationship between the service and the user along with the Wellbeing Coordinator and the presence of a strong and vibrant voluntary and community sector (Woodall et al., 2018). Similarly, research by Kilgarriff-Foster & O'Cathain has conducted a total of 24 studies that have met the inclusion criteria, as the studies have varied in terms of their methods and the services they would evaluate (Kilgarriff-Foster & O'Cathain, 2015). The findings by Kilgarriff-Foster & O'Cathain (2015), have shown that stakeholders such as general practitioners along with the patient's perspective have found that social prescribing increases psychological well-being and reduces utilization of health services (Kilgarriff-Foster & O'Cathain, 2015). However, the quantitative evidence for this is limited to confirming the results. The evidence reported by Kilgarriff-Foster & O'Cathain (2015), with the only randomized controlled trial study indicates a decrease in psychological symptoms and an increase in functional well-being after four months (Kilgarriff-Foster & O'Cathain, 2015). However, the other uncontrolled designs (control group) show high dropout rates, thus, limiting their value in determining efficacy (Kilgarriff-Foster & O'Cathain, 2015).

There have been numerous evaluations carried out in Ireland by South Dublin County Partnership, a local developmental company that tackles poverty and social exclusion in South Dublin County. The evaluations have demonstrated that participants show improvement in their health status with social prescribing-related services. The research reviewed for this report by Friedli and Watson (2004), indicates that participants who have been randomized to the intervention group have experienced significant reductions in anxiety, an increase in daily functioning, and gained improvement in attitudes toward general health and quality of life within the first to the fourth month following randomization (Friedli and Watson, 2004). The study by Friedli and Watson (2004), concludes that connecting individuals with neighbourhood volunteer organizations and groups may have an impact on the individual's mental and physical health both directly and indirectly (Friedli and Watson, 2004). This happens by increasing social contacts, facilitating access to services, and ultimately strengthening social networks within communities (Friedli and Watson, 2004). The study by Aggar et al. (2020), evaluates the social prescribing pilot program for individuals with mental health mood and psychotic spectrum disorders, as this study has been implemented in 2016/2017 and participants included 13 adults who were followed up at baseline and after 6 months (Aggar et al., 2020). The results of the study focus on being self-aware about quality of life, welfare needs, health status, loneliness, social inclusion, and financial empowerment. The results are shown to have a significant improvement in one's quality of life and health, as the findings suggest that social prescribing can enhance participants' overall health outcomes (Aggar et al., 2020).

Three primary studies have found that social prescribing initiatives show promising results for boosting physical activity levels, general self-reported health status, and energy and awareness levels in terms of physical health (Bragg et al. 2013; Druss et al. 2010; Kimberlee et al. 2014; Lorig et al. 2001). Additionally, social prescribing can enhance psychological health in terms of QoL (Quality of Life), well-being, depression, anxiety, irritability, and anger as well as health self-efficacy (Bragg et al. 2013; Lorig et al. 2001; Potter 2015; Rogers et al. 2008). The participants that are selected for this study fall between the ages of 18 and 65, are residents of the Sydney Local Health District and have been diagnosed with a significant mental disorder that would likely continue for six months or more (Aggar et al., 2020). By the definition of serious mental illness by the National Institute of Mental Health (NIMH), disturbances in the mental, behavioural, or emotional wellbeing of the individual can lead to critical and accelerating functional impairment as it can also interfere with the major executive and living activities (NIMH 2019) (Aggar et al., 2020). After completing the program, participants' physical and psychological QoL, sense of wellbeing, and self-perceived health status were significantly improved (Aggar et al., 2020). Although scores suggest that individuals experienced reduced loneliness throughout the course of the trial, there are no significant differences in social engagement or self-rated loneliness, as economic involvement has remained low (Aggar et al., 2020). Research by Younan et al. (2020) shows that over 90% of those who were seen by a "Health Connector" felt better, as they were able to receive social assistance and felt more in control of their health (Younan et al., 2020). Therefore, the positive outcome of the study is attributed to the combination of an improved primary care model and the benefits of social prescribing. A total of 77 studies included in the report reviewed by Howarth et al have reported over 35 outcome measures,

these measures include wellbeing, functional biometrics and overall health and well-being (Howarth et al., 2020). The interventions used in the studies varied from viewing gardens, participating in gardening, or engaging in therapeutic activities; such techniques are all examples of interventions that enhance wellbeing (Howarth et al., 2020). The findings by Howarth et al. (2020), reveal relationships between gardens and enhanced mental health, increased physical activity, and a decrease in social isolation, allowing the development of two logic models (Howarth et al., 2020). A recently published study by Kim et al also supports the fact that loneliness dramatically decreases while the attitude score for social participation increases; additionally, it also supports the fact that depression significantly decreases and self-esteem greatly increases (Kim et al., 2021). The evidence reported by Pescheny et al (2018) shows a decrease in social isolation, relief from pain, increased emotions of control and confidence, mood improvements, and stress management all with the implementation of social prescribing (Pescheny et al., 2018). Also, the results from this report indicate that there is a significant improvement in service users' mental wellbeing and an expected increase in physical activity by 56.3% (Pescheny et al., 2018). Social prescribing reinforces a holistic approach to health, the evidence reported by Gupta (2021), includes improved fitness, motivation, and confidence to maintain better health, as well as the reduced burden of polypharmacy (Gupta, 2021). Across 148 studies which have 308,849 participants reviewed by Holt-Lunstad et al. (2010), show a 50% increase in the likelihood of survival for participants with stronger social relationships (Holt-Lunstad et al., 2010). Thus, the impact of social relationships on mortality risk is comparable to established mortality risk factors (Holt-Lunstad et al., 2010). The British Red Cross is a third-sector organization that developed and delivered a national social prescribing service in the United Kingdom. This organization works to support individuals that are suffering from loneliness, as a link worker provides support to the patients for up to 12 weeks. The evidence reported by Foster et al. (2020), is measuring the impact of those services on reducing loneliness and research reviewed for this report shows that most of the service-users, which is around 72.6%, have felt less lonely (Foster et al., 2020). In the study by Bhatti et al that involved 88 patients participating in 18 focus groups through video conference and eight in-depth telephone interviews, the social prescription participants witnessed that the process is compassionate, and the services have covered their needs and interests (Bhatti et al., 2021). Additionally, the findings by Bhatti et al. (2021), demonstrated that social prescription encourages patients to have a voice in their care, helps patients to develop skills to meet the needs that are considered important to them, and fosters trusting relationships with staff and other participants (Bhatti et al., 2021). The findings by Bhatti et al. (2021) show that patients reported that their social support networks have been expanded, as they have noticed that their mental health has improved along with their capability to self-manage chronic conditions (Bhatti et al., 2021). In the study by Kellezi et al. (2019), it has been shown that social prescription can decrease care usage through social connectedness (Kellezi et al., 2019). Grant et al. (2000) and Morton et al. (2015), have found an improvement in the quality of life and a positive impact of social prescribing programs after measuring self-efficacy (Costa et al., 2021). According to the evidence of the research related to the University of Westminster, when a person receives social prescribing help, their GP consultations decrease by an average of 28% and their emergency visits decrease by 24% (Polley et al., 2017).

The studies that have been reviewed in this paper show that the reasons for referrals to care services are related to anxiety, self-insecurity, re-engaging, and the hope for improved mental and physical wellbeing (Figure 1). The mental well-being of the participants has been scored and recorded both before and after participating in the Welling Garden using Warwick-Edinburgh Mental Well-being Scale (SWEMWBS), as shown in Figure 2 in the Howarth et al study. The scale allows for the monitoring of mental health and makes use of words that are positively written about how frequently individuals feel hopeful, useful, connected to others, clear in their minds, and capable of making decisions (Howarth et al., 2020). There are five options for each of the statements, ranging from "none" to "all." When study participants score after participating in the Welling Garden, the SWEMWBS shows an improvement in the participants' well-being, as low well-being scores are improved by 20% (Figure 2) post-experiment.
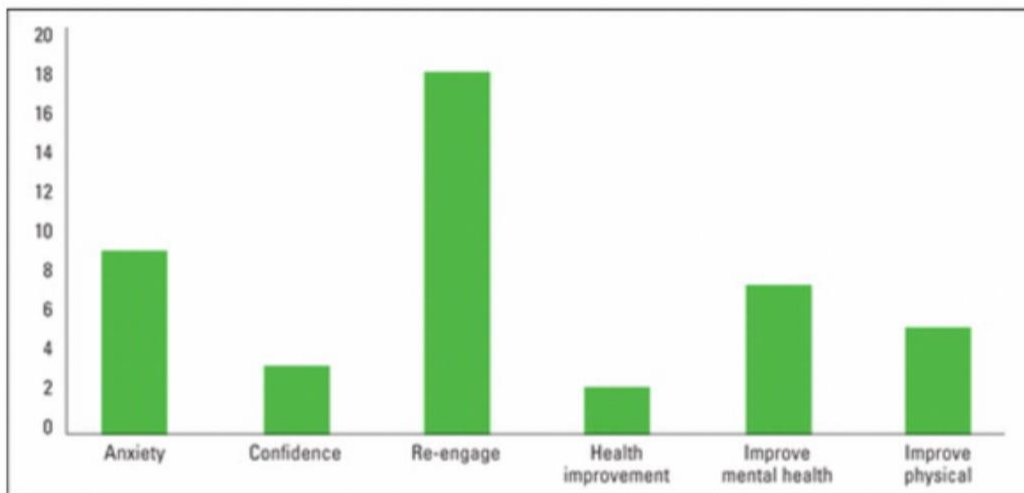

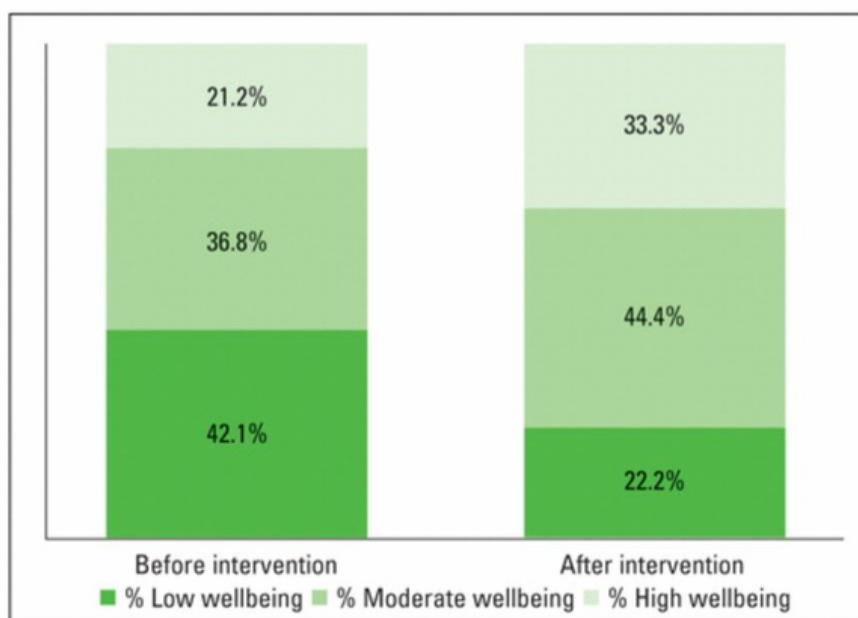**Figure 1.** Reasons for referral to social prescribing

Figure 2. The proportion of clients in each group before and after the intervention

Participants in the study who have participated in gardening activities have shown better mental wellbeing ratings, more confidence, and lessened social isolation. In addition, qualitative data are collected and analyzed, showing that those who attended the Wellbeing Garden are those participants from the focus groups (Howarth et al., 2020). The results indicate a positive outcome for participants; for example, one participant has described how this experience empowered him to use a mobility scooter for the purpose of increasing his daily activity and mobility. Another participant has also demonstrated a positive effect of the study/experiment, as the participant stated: 'It just takes me out my shell and made me … positive, as I said just before I came down here-I'd given up." Another participant stated**: 'I can't begin to say. It's done me the world of good. I'd say it's saved me … I don't know where I'd have gone if there hadn't been this (Howarth et al., 2020).** Similarly, the literature also supports the use of social prescribing in the study by Wood et al. (2021), participants who are 18-year-old and older and are diagnosed with depression, anxiety, multi-morbid chronic physical health, social issues, and isolation have shown a positive experience participating in the services (Wood et al., 2021). This study was based on 35 conducted interviews with clients, staff and referrers who have been involved in the health section of the Social Prescribing community anchor organization. The results of the study have supported the discussed evidence of social prescribing as decreased depression symptoms have been noted (Gunn et al 2006, Coventry et al., 2014). One of the clients stated that: **"It's building my confidence up great. I'm making loads of friends. I mean, I'm in a craft group but I don't do much crafting when I'm It's more chatting and helping the others, so it's lovely, and they're just so friendly."**

The evidence by Hudson et al. (2016), shows that social prescribing has improvements in social functioning, housing, financial and employment/volunteering, reduction in isolation and increased social engagement (Hudson et al., 2016). The study carried out by Hudson et al. (2016), states that social prescribing can have a positive impact on the health of the population, and it should be integrated within each community as one of the clients said "Chatting to people, you know you're not on your own. You know you're not the only person who's had problems" (Hudson et al., 2016). To stop the spread of infection and keep the health system from being overburdened, social isolation measures have been implemented during the COVID-19 pandemic in England such measures have also been implemented in other countries, as this has led to an increase in the number of individuals experiencing mental health issues (Kim et al., 2021). Therefore, this research concludes that due to the burden of COVID-19 and its restrictive measures, social prescribing might be one of the most suitable candidates as an intervention to relieve mental disorders among individuals who experienced feelings of depression, isolation and loneliness (Kim et al., 2021). Additionally, recent research that is published by Vidovic et al. (2021), has documented that 46–69% of participants felt less lonely as 19% felt less socially isolated, 71–94.7% reported improvements in wellbeing, and 50.7–95% reported a greater sense of connectedness after participating in a social prescribing program (Vidovic et al., 2021). Vidovic et al. (2021), also reported a 7-68% reduction in the use of the family doctor to a 7-50% reduction in the use of emergency rooms (Vidovic et al., 2021). Thus, the study has shown that at the individual level, there is clear evidence of change in terms of loneliness and well-being when comparing social isolation and connectedness.

Impact of Social Prescribing on primary care, on the community leading to a wider health gain

Prescribed social interventions are inherently shaped by the target population and the local landscape of services or activities available. Services that address basic material and legal needs include food, housing, and transportation, lifestyle interventions to improve health behaviours such as exercise, diet, and quitting smoking, as well as initiatives to improve professional skills, such as education and job training, as well as social activities, such as volunteering, arts and crafts, and outdoor activities (Morse et al., 2022). There are 17 countries which have developed and/or implemented social prescribing programs: China, South Korea, Germany, Denmark, Australia, Finland, Sweden, Spain, Singapore, Ireland, the Netherlands, Portugal, Canada, New Zealand, UK, USA and Japan (Morse et al., 2022). According to the WHO, between 70 and 90 percent of medical treatment is provided at home (Morse et al., 2022). As a result, efforts in social prescribing have become more and more concentrated on the household production of health, or the influence of the extended family or household on an individual's health behaviours and disease management (Morse et al., 2022). Social prescribing impacts the health of households and neighbourhood environments, as it reduces the burden on carers. In Spain, social prescriptions are drafted directly by general practitioners whose ongoing relationships with patients allow them to co-create appropriate prescriptions (Morse et al., 2022). The focus of the social prescribing strategy is to connect people with local volunteer organizations and groups that have the potential to impact not only the patient's mental and physical health directly, but also indirectly through increased social contact, improved access to services, and, ultimately, improved social networks within communities (Chatterjee et al., 2017). South and colleagues argue that by bridging the gap between primary health care and the voluntary sector, social prescribing can successfully transcend the bounds of traditional general practice (South et al., 2008). Research by Chatterjee et al. (2017), shows that social prescribing does not only provide an alternate method of support, but it serves as a method for strengthening community-professional partnerships (Chatterjee et al., 2017). Chatterjee et al. (2017), conclude that more research on the benefits to patients and professionals is required to establish more evidence-based practice (Chatterjee et al., 2017). When concerns have been raised about whether social prescribing is a "joined-up" solution to social concerns observed in primary care and services as a clinical treatment, the evidence reported by Chatterjee et al. (2017), demonstrates that social prescribing is not only useful in serving patients, but it is a supporting system to establish a bond between community and professional partnerships (Chatterjee et al., 2017).

The University of Westminster has reviewed the research by Polley & Pilkington in 2017 to determine the effects of social prescribing on healthcare demand and associated costs following referrals in social prescribing. The results show a decrease in GP visits by 28%, 24% in Emergency Departments (ED) attendance and a large decrease in referrals to the hospitals (Polley & Pilkington, 2017). According to the evidence reported by South et al. (2008), social prescribing can successfully expand the boundaries of traditional general practice by bridging the gap between primary healthcare and the voluntary sector (South et al., 2008). The research by South et al. (2008), concludes that social prescribing serves as a tool to improve community-professional collaborations in addition to offering a way to access other forms of help (South et al, 2008). The advantages for patients and professionals require more study to better introduce the validity of the evidence (South et al., 2008). In summary Husk et al. (2018), argue that social prescriptions can bring great benefits to people with complex health and social care needs. However, to fully realize this potential, interests, investments, and innovations must be supported and informed by a quality ancillary research program that addresses the issues raised (Husk et al., 2018). Evaluating the influence on physiological outcomes (such as HbA1c) is critical to determining the effectiveness of social prescribing on mental health, it is also important to consider the paths that people take through services. This, along with consistent baseline data, enables claims to be made about who and how social prescriptions might be most beneficial (Husk et al., 2018). While social prescribing is associated with improved patient outcomes, according to Loftus et al. (2017), the overall burden of GPs does not necessarily decrease (Loftus et al, 2017). In summary, it has been shown that social prescription benefits individuals with complex health and social care needs. Three primary studies on the effectiveness of social prescribing show that it can increase social participation such as community involvement and social support (Bragg et al. 2013, Burgess 2014, Potter 2015). Two primary studies by Burgess and Kimberlee et al. (2017), show an economic improvement as the evidence suggests raising in employment rates and the mean household income after participating in social prescribing-related services (Burgess 2014; Kimberlee et al. 2014). Research reviewed for this report indicates that the number of emergency hospital admissions in Frome, UK decreased considerably between April 2013 and December 2017 (Younan et al., 2020). The long-term effects of social prescribing on population health and the economy are still unknown (Kim et al., 2021). A study by Vidovic et al. (2021), links participation in a social prescription program with a reduction in loneliness and, in turn, with a reduction in health care use (Vidovic et al., 2021). However, the social prescribing approach can go beyond the healthcare sector. Social prescriptions are an opportunity to bring about lasting structural changes in the way people move between disciplines and communities (Baska et al., 2021).

Social Prescribing in Ontario

The contribution that healthcare systems make to meeting the social needs of patients is gaining more attention (Alderwick et al., 2018). This comes as no surprise because there is strong evidence linking social variables to population health. Education, money, housing, and other social factors have a significant impact on the individual's health, a greater impact, according to published data, than medical care (Alderwick et al., 2018). These social influences affect how individuals behave regarding their health as it affects their choices in life, including diet choices and level of physical activity, as such factors act as the root cause of disease. For instance, the evidence reported by Mercer indicated that art therapy helps in enhancing emotional health, especially for individuals who are suffering from Alzheimer's (Mercer, 2018). A patient and three family members may visit a museum for free upon the physician's prescription, as the literature supports the benefit of the idea in supporting physical and emotional health as parents claim in the study (Mercer, 2018). A trip to the museum can provide an opportunity for family members to spend time with patients with chronic illnesses or cancer and "forget for a while all the sadness and all the fear associated with a diagnosis," according to Parent (Mercer, 2018). According to Wister, statistics indicate that one in four Canadians may be lonely at some point, particularly at risk are the individuals who are identified as a part of the LGBTQ group, those with psychological disorders, those who reside in isolated places, and the older population (Mercer, 2018).

In another example, Ontario's health ministry has provided funding to the Alliance for Healthier Communities to carry out a one-year trial project based on the UK model (Mercer, 2018). According to Kate Mulligan, director of policy and communications for the alliance, the program focuses on addressing social isolation and loneliness (Mercer, 2018). The Alliance for Healthier Communities has implemented Rx (Community - Social Prescribing), being the first social prescribing research project in Canada that took place from 2018 to 2020. Eleven Alliance member groups from within Ontario have participated in this pilot project, including urban, rural, and Francophone centres, as this project highlights the value of an asset-based strategy. Clients are better connected to their social prescriptions by social prescribing navigators and via a co-design approach that highlights the clients' objectives and strengths. Therefore, over 1,100 individuals have received a total of almost 3,300 social prescriptions. Patients report general improvements in their mental health as well as an increased ability to self-manage their health. The study also suggests that participants experience fewer moments of feeling lonely and a stronger sense of connection and belonging. This pilot study also shows that healthcare professionals perceive social prescribing as a method of engaging wellbeing and reducing repeated visits.

The evidence behind the effectiveness of Social Prescribing Intervention

Evidence from three studies shows that social prescribing is cost-efficient and effective at improving patients' health outcomes, according to one of the reviewed documents (Thomsonet al., 2015; Kimberlee,2016; Polleyet al., 2017). Utilizing both quantitative and qualitative data, several service evaluations have been carried out, as they describe generally positive responses to social prescribing (Dayson & Bennett, 2016; Daysonet al., 2016; Kimberlee, 2013; Roseet al., 2018). Although the mechanisms behind the positive effects of social prescribing are not entirely understood, these evaluations describe improved results in the social, psychological, and employment domains as well as changes in physical health behaviours. Current evidence focuses on the impact of the model on primary care and the acute sector, but there is limited evidence on the impact of the model on mental health services according to this study (Baska et al., 2021).

Chatterjee et al. (2017), reviewed 17 different studies to measure the outcome of social prescribing, the key findings and analysis by Chatterjee et al. (2017), demonstrate numerous advantages as such results have been reported directly by participants (Chatterjee et al., 2017). The evidence by Chatterjee et al. (2017), shows that social prescribing has the following benefit: improvement regarding feeling more empowered, control, and self-worth, enchantments in psychological or mental health, and positive mood (Chatterjee et al., 2017). Additionally, those benefits also include reduction of anxiety and/or depression and negative mood. Improvement in lifestyle and physical health habits, a decrease in the use of primary or secondary care services, a decrease in general practitioner visits, and a decrease in the number of physician referrals. To add, it offers general practitioners a variety of options to maintain and contribute to supporting medical care needs as it is a more comprehensive approach (Chatterjee et al., 2017). Improvements in sociability, communication and relationships with others, reduction of social isolation and loneliness, assistance for those who are difficult to approach, feeling motivated and optimistic, and acquiring new knowledge, interests, and abilities are all more benefits of social prescriptions.

Strategies for addressing social needs

Social prescribing is a technique used to connect patients with non-medical sources of support within the community. Social prescribing aims to deal with the individual's needs holistically, acknowledging that health and wellbeing are largely influenced by a variety of social, economic, and environmental factors. Social prescribing is intended to support individuals with a range of social, emotional, or practical needs and many programs aim to promote both physical and mental wellbeing. Different models of social prescribing are identified in the literature, one model uses direct referral from primary care and the other uses referral through a link worker. Signposting/information referral consists of a collection of links or signposts that direct patients to resources for health and welfare information (e.g., financial advice, care services, housing support, treatment options, self-help, and support groups). The prescriptions contain contact information including phone numbers and website addresses. The link-worker helps patients identify their unique requirements, establishes goals, and tries to maintain patients' motivation levels (Costa et al., 2021). Depending on how the social prescribing scheme has been designed, the link-worker may be placed within a GP practice, in the local community, or a combination of these options. Volunteering, artistic endeavours, group learning, cooking, gardening, and advice on good food are a few examples of activities that social prescribing promotes. Other activities include participation in physical or sports activities (Costa et al., 2021). Comparable referral and signposting strategies based on general practice have also been found to help address the social needs of the individuals. Additionally, social prescriptions use a voluntary referral scheme to support patients as it links the concept of psychosocial support and the professional role of medicine in the patient's wellbeing (Chatterjee et al., 2017). The study supports the usefulness of the traditional approaches to referral, however, the scheme has been approved to hold the same importance in general practice, as it is a link between the concept of psychosocial support and the professional role of medicine in the patient's wellbeing (Chatterjee et al., 2017). Additionally, the study emphasizes that social prescribing introduces different strategies which are based on developing better cooperation between healthcare facilities and community-based health and social care settings. The methods range from signposting to make help more accessible without formal referrals to a more thorough approach, to referring patients from primary care settings to a particular community-based program.

Challenges generating evidence for social prescribing

The research by Husk et al. (2018), demonstrates that the evidence base regarding social prescribing can be problematic, as it is challenging to produce reliable research on social prescribing for three key reasons: methodological reasons, generalizability, and practical reasons (Husk et al., 2018). The author's findings report that a solid evidence basis is difficult to produce due to methodological issues, as there is ambiguity over the definition of social prescribing because it depends on the local context and is inescapably heterogeneous (Husk et al., 2018). Linked with this, it is likely to be challenging to organize, compare, and evaluate the quality of evaluations due to the numerous components that entail the social prescription approach. Importantly, many of these elements have their roots in contexts where, for instance, local activity selections may be shaped by local advocates and program benefits are influenced by available activities. It can be difficult to agree on what constitutes "success" or "effectiveness" for these systems, and deprived communities may find it more difficult to demonstrate impact, which could lead to worsening modifications in health inequalities (Husk et al.,2018). Another challenge to the implementation of this is choosing, using, and reporting relevant validated outcomes. Any results have a restricted ability to provide generalizable conclusions. Designing evidence that is applicable outside of the study area is challenging because of the reliance on local contextual elements. Given these larger impacting forces, it is also difficult to attribute any improvement to social prescriptions. Different regions and local interests have an impact on the outcomes that are chosen; in other words, what is significant in one area may not be prioritized in another (Husk et al., 2018). Time is also another challenge because it is hard to determine when the best time is to evaluate services that require a significant amount of time to set up and establish. Generating evidence for social prescriptions presents some practical difficulties (Husk et al., 2018). It can be difficult to establish a collaborative partnership at first while keeping the independence of the researcher as well (Husk et al., 2018). Husk et al. (2018), consider various questions that include: What kind of control group would be appropriate and best suitable? How is it possible to track effects on the usage of social and health care given the complexity? Can small businesses be expected to participate in data collection given their resource limitations? It can be quite challenging to handle the complexities of consenting and information governance (Husk et al., 2018). One of the most proposed and important factors is that outcomes are hard to choose and that measuring them can change practice since services are inherently responsive to positive or negative measures (Husk et al., 2018).

Each of these problems is complicated; however, there are different approaches to addressing such challenges in generating evidence (Husk et al., 2018). The first approach is that it is crucial to think about social prescribing as a system rather than an intervention. A solid and robust evidence foundation is necessary for each component of this system (Husk et al., 2018). When it comes to activities, this could mean randomized controlled trials or valid and supported reviews, but when it comes to pathway characteristics (like a "link worker" component), it could mean objective patient experience descriptions or realistic assessments

of pathway portions (for example, enrolment, engagement, and adherence) (Husk et al., 2018). Furthermore, the second approach is the key to ensuring strong proof which is documenting contextual elements and their effects (Husk et al., 2018). An excellent illustration is a fact that most of the present evidence, which is correct, focuses on health, with little attention paid to the larger system in which social prescriptions occur and their impact on social care services (Husk et al., 2018). This brings forth the question of whether primary-care-centred models are the best model that can be used given the current literature and evidence (Husk et al., 2018). Third, it is crucial to be practical when determining what objectives are relevant and beneficial regarding this approach.

Conclusion

Social Prescribing is a holistic approach to healthcare that combines social and medical theories of health and wellness. This concept provides a formal pathway to addressing different determinants of health, using a trusted and familiar process of writing a prescription. Creating conditions for individuals to take control of their own lives is the key to addressing health inequalities and this requires action across social determinants of health. Evidence suggests that social determinants of health influence 80-90 percent of our health outcomes and thus, implementing social prescribing is critical to improving the health and well-being of the population. A person needs to have access to meaningful social support and a group of supporting individuals where they would feel a higher sense of belonging in their surroundings, to thrive in health and wellness.

The published body of evidence conducted for this literature review suggests that social prescribing can improve the health and well-being of the population and it has great benefits on an individual level, at the community level and at the population level. Thus, leading to reduced usage of healthcare services, improved life satisfaction, and empowering individuals to take care of their mental well-being. In all articles that have been reviewed for this paper, referrals to social prescribing programs are mostly made by healthcare professionals known as general practitioners (GP). In nine articles, a link-worker is involved to make the bridge between general practitioners (GP), patients, and the third sector. A significant financial load is placed on the healthcare system with the ongoing and universal burden of mental illnesses, which affects both individuals and the larger community. Therefore, governments should have health finance and policy frameworks that prioritize supporting community care, especially in geographically remote communities. Social prescription has the potential to bridge the knowledge through the recognition of health concerns and the advice from healthcare professionals to modify one's lifestyle and one's behaviour gap which is adapting and sustaining a new lifestyle (Baska et al., 2021). Social prescribing services offer the chance to successfully address the effects of the socioeconomic determinants of health as well, as it covers multiple dynamics of health (Hassan et al., 2020). Further research is required to determine who is most likely to benefit from social prescribing and what kind of intervention is the most cost-effective. Overall, social prescribing is supported by evidence to improve community resource use and is effective according to the discussed studies, in easing the burden on healthcare services.

References

1. About. (2022, August 5). PaRx: A Prescription for Nature. https://www.parkprescriptions.ca/en/about

2. Aggar, C., Thomas, T., Gordon, C., Bloomfield, J., & Baker, J. (2020). Social prescribing for individuals living with mental illness in an Australian community setting: A pilot study. Community Mental Health Journal, 57(1), 189-195. https://doi.org/10.1007/s10597-020-00631-6

3. Alderwick, H. A., Gottlieb, L. M., Fichtenberg, C. M., & Adler, N. E. (2018). Social prescribing in the U.S. and England: Emerging interventions to address patients' social needs. American Journal of Preventive Medicine, 54(5), 715-718. https://doi.org/10.1016/j.amepre.2018.01.039

4. An in-depth look at the Newfoundland and Labrador health care system. (n.d.). Canadian Institute for Health Information | CIHI. https://www.cihi.ca/en/an-in-depth-look-at-the-newfoundland-and-labrador-health-care-system?fbclid=IwAR0u9SvUQTo62Aq QqSO2Nt2qEIddOZQN72VDTspNVfDbBWu4JekAXe62_E

5. Baska, A., Kurpas, D., Kenkre, J., Vidal-Alaball, J., Petrazzuoli, F., Dolan, M., Śliż, D., & Robins, J. (2021). Social prescribing and lifestyle medicine—A remedy to chronic health problems? International Journal of Environmental Research and Public Health, 18(19), 10096. https://doi.org/10.3390/ijerph181910096

6. Bhatti, S., Rayner, J., Pinto, A. D., Mulligan, K., & Cole, D. C. (2021). Using self-determination theory to understand the social prescribing process: A qualitative study. BJGP Open, 5(2), BJGPO.2020.0153. https://doi.org/10.3399/bjgpo.2020.0153

7. Brandling, J., & House, W. (2009). Social prescribing in general practice: Adding meaning to medicine. British Journal of General Practice, 59(563), 454-456. https://doi.org/10.3399/bjgp09x421085

8. Bywaters, P., McLeod, E., & Napier, L. (2009). Social work and global health inequalities. Social work and global health inequalities practice and policy developments, 3-20.https://doi.org/10.1332/policypress/9781847421951.003.0001

9. *Canada: Unemployment rate by province 2021*. (2022, January 7). Statista. https://www.statista.com/statistics/442316/canada-unemployment-rate-by-provinces/#:~:text=Published%20by%20Statista%20Research%20Department%2C%20Jun%2014%2C%202022,year%2C%20it%20had%20a%2012.9%20percent%20unemployment%20rate

10. Canadian Institute for Health Information. (2020). *Cihi*. https://yourhealthsystem.cihi.ca/hsp/indepth?lang=en&_gl=1*1x1b1bm*_ga*MjU5MTY2NzU3LjE2NTU5MTcxNzE.*_ga_44X3CK377B*MTY1NTkxNzE3MC4xLjAuMTY1NTkxNzE3Mi4w&_ga=2.118890954.2100516418.1655917171-259166757.1655917171#/theme/C10151/2/N4IgKgFgpgtlDCAXATgGxALIAYwPatQEMAHAZygBNNQAGGgNkxQFcoAaEOgdieVYF9BQAA

11. Canadian Institute for Social Prescribing. (2022). Canadian Institute for Social Prescribing. https://www.socialprescribing.ca/

12. *Can social prescribing provide the missing link?* (n.d.). Cambridge Core. https://www.cambridge.org/core/journals/primary-health-care-research-and-development/article/can-social-prescribing-provide-the-missing-link/9AEB484609AADB9EAA480D42E301700F

13. Costa, A., Sousa, C. J., Seabra, P. R., Virgolino, A., Santos, O., Lopes, J., Henriques, A., Nogueira, P., & Alarcão, V. (2021). Effectiveness of social prescribing programs in the primary health-care context: A systematic literature review. Sustainability, 13(5), 2731. https://doi.org/10.3390/su13052731

14. Chatterjee, H. J., Camic, P. M., Lockyer, B., & Thomson, L. J. (2017). Non-clinical community interventions: A systematized review of social prescribing schemes. Arts & Health, 10(2), 97-123. https://doi.org/10.1080/17533015.2017.1334002

15. Drinkwater C, Wildman J, Moffatt S. Social prescribing. BMJ. 2019 Mar 28;364:l1285. doi: 10.1136/bmj. l1285. PMID: 30923039.

16. England, N. (n.d.). NHS England » social prescribing. https://www.england.nhs.uk/personalisedcare/social-prescribing/

17. Evaluating social prescribing. (2020, July 10). Iriss. https://www.iriss.org.uk/resources/insights/evaluating-social-prescribing

18. Everybody eats: Taking a bite out of food security issues in NL. (2018, April 4). The Overcast. https://theovercast.ca/everybody-eats-taking-a-bite-out-of-food-security-issues-in-newfoundland-and-labrador/

19. Facts in NL "Health Accord for Newfoundland and Labrador" https://healthaccordnl.ca/ accessed August 22

20. Fair society healthy lives (The marmot review). (2010). Institute of Health Equity. https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

21. Foster, A., Thompson, J., Holding, E., Ariss, S., Mukuria, C., Jacques, R., ... & Haywood, A. (2021). Impact of social prescribing to address loneliness: A mixed methods evaluation of a national social prescribing programme. Health & Social Care in the Community, 29(5), 1439-1449.

22. Good health and wellbeing – Social prescribing: Global social prescribing alliance playbook. (2021). Repository for Arts and Health Resources. https://www.artshealthresources.org.uk/docs/good-health-and-wellbeing-social-prescribing-global-social-prescribing-alliance-playbook/

23. Gupta, A. K. (2021). Social prescribing in ethnic minority communities. British Journal of General Practice, 71(704), 109.2-109. https://doi.org/10.3399/bjgp21x715037

24. Hassan, S. M., Giebel, C., Morasae, E. K., Rotheram, C., Mathieson, V., Ward, D., Reynolds, V., Price, A., Bristow, K., & Kullu, C. (2020). Social prescribing for people with mental health needs living in disadvantaged communities: The life rooms model. BMC Health Services Research, 20(1). https://doi.org/10.1186/s12913-019-4882-7

25. Healthy people, Healthy Families, Healthy Communities. (2015). Government of Newfoundland and Labrador. https://www.gov.nl.ca/hcs/files/publications-phc-framework.pdf

26. Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. PLoS Medicine, 7(7), e1000316. https://doi.org/10.1371/journal.pmed.1000316

27. Howarth, M., Brettle, A., Hardman, M., & Maden, M. (2020). What is the evidence for the impact of gardens and gardening on health and well-being: A scoping review and evidence-based logic model to guide healthcare strategy decision making on the use of gardening approaches as a social prescription. BMJ Open, 10(7), e036923. https://doi.org/10.1136/bmjopen-2020-036923

28. Howarth, M., Griffiths, A., Da Silva, A., & Green, R. (2020). Social prescribing: A 'natural' community-based solution. British Journal of Community Nursing, 25(6), 294-298. https://doi.org/10.12968/bjcn.2020.25.6.294

29. Husk, K., Elston, J., Gradinger, F., Callaghan, L., & Asthana, S. (2018). Social prescribing: Where is the evidence? British Journal of General Practice, 69(678), 6 7. https://doi.org/10.3399/bjgp19x700325

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

31. Kilgarriff-Foster, A., & O'Cathain, A. (2015). Exploring the components and impact of social prescribing. Journal of Public Mental Health, 14(3), 127-134. https://doi.org/10.1108/jpmh-06-2014-0027

32. Kim, J. E., Lee, Y. L., Chung, M. A., Yoon, H. J., Shin, D. E., Choi, J. H., Lee, S., Kim, H. K.,Nam, E. W. (2021). Effects of a social prescribing pilot project for the elderly in a rural area of South Korea during <scp>COVID</scp> -19 pandemic. Health Science Reports, 4(3). https://doi.org/10.1002/hsr2.320

33. Loftus, A. M., McCauley, F., & McCarron, M. O. (2017). Impact of social prescribing on general practice workload and polypharmacy. Public Health, 148, 96-101.

34. Mercer, C. (2018). Primary care providers exploring the value of "social prescriptions" for patients. Canadian Medical Association Journal, 190(49), E1463-E1464. https://doi.org/10.1503/cmaj.109-5689

35. Morse, D. F., Sandhu, S., Mulligan, K., Tierney, S., Polley, M., Giurca, B. C., ... & Husk, K. (2022). Global developments in social prescribing. BMJ Global Health, 7(5), e008524.

36. National academy for social prescribing. (2021, December 3). Dedicated to the advancement of social prescribing through promotion, collaboration and innovation. National Academy for Social Prescribing. https://socialprescribingacademy.org.uk/

37. National academy for social prescribing. (2022, January 18). What is social prescribing? National Academy for Social Prescribing. https://socialprescribingacademy.org.uk/about-us/what-is-social-prescribing/

38. National Health Service (2019). NHS Long Term Plan: London. UK. National Health Service. https://www.longtermplan.nhs.uk/

39. Navigating the Newfoundland and Labrador health care system. (2019, January 21). Novus Health. https://www.novushealth.com/2018/02/navigating-the-newfoundland-and-labrador-health-care-system/?fbclid=IwAR2TEwY0EoPFUcy-VTnN8lZfCx4rIAcCxg27-oyU7tx3qLtIJcEMsMm5Jug

40. Nowak, D. A., & Mulligan, K. (2021). Social prescribing. Canadian Family Physician, 67(2), 88-91. https://doi.org/10.46747/cfp.670288

41. Outcomes Map: Personal and Ssocial Well-being. (2013, February). Charity Support, Advice, Impact Measurement, Philanthropy Impact – NPC. https://www.thinknpc.org/wp-content/uploads/2018/07/Outcomes-map-well-being.pdf

42. Personalised Care. (2020, June). Social prescribing and community-based support Summary guide. https://www.england.nhs.uk/wp-content/uploads/2020/06/social-prescribing-summary-guide-updated-june-20.pdf?fbclid=IwAR2s5kc28TneMnfbFacRjQhSDjbisSbxxiEAh4UuuVDUI9t8cABPuBKH-C8

43. Pescheny, J. V., Pappas, Y., & Randhawa, G. (2018). Service user outcomes of a social prescribing programme in general practice. International Journal of Integrated Care, 18(s2), 215. https://doi.org/10.5334/ijic.s2215

44. Polley, M. J., Fleming, J., Anfilogoff, T., & Carpenter, A. (2017). Making sense of social prescribing. University of Westminster.

45. Polley, M., Seers, H., & Fixsen, A. (2019). Evaluation report of the social prescribing demonstrator site in Shropshire–Final Report. University of Westminster.

46. Practice Newfoundland Labrador. (n.d.). Practice Newfoundland Labrador. https://www.practicenl.ca/?

47. Report summary – The direct economic burden of socioeconomic health inequalities in Canada: An analysis of health care costs by income level. (2016). Health Promotion and Chronic Disease Prevention in Canada, 36(6), 118-119. https://doi.org/10.24095/hpcdp.36.6.03

48. Sacks, E., Morrow, M., Story, W. T., Shelley, K. D., Shanklin, D., Rahimtoola, M., Rosales, A., Ibe, O., & Sarriot, E. (2019). Beyond the building blocks: Integrating community roles into health systems frameworks to achieve health for all. *BMJ Global Health*, *3*(Suppl 3), e001384. https://doi.org/10.1136/bmjgh-2018-001384

49. Seed, N., Osowicki, J., Milenkovski, S., Tayao, D., Bond, L., Thornton, L., & Robinson, M. A. (2021). Social Prescribing in Practice: Implementation in the Australian Setting. International Journal of Integrated Care, 20(S1). https://bjgp.org/content/59/563/454.full

50. SOCIAL PRESCRIBING IN ONTARIO. (2019, June). https://www.allianceon.org/Rx-Community-Social-Prescribing-In Ontario. https://www.allianceon.org/sites/default/files/documents/Rx-Community-Progress-Report-EN-June2019-web.pdf

51. Social prescribing in Ontario final report, March 2020. (2020, November 2). Niagara knowledge Exchange.https://niagaraknowledgeexchange.com/resources-publications/social-prescribing-in-ontario-final-report-march-2020/? fbclid=IwAR1YXjqtbpiLLJhTZnDvLhXQUW8rCX6kurHMF98Kv4750igx_npeDEK508 8

52. Social Prescribing. (n.d.). Alliance for Healthier Communities. https://www.allianceon.org/Social-Prescribing

53. Social prescribing. (2021, July). HSE Health and Wellbeing – Issue 8 – June 2022. https://hsehealthandwellbeingnews.com/social-prescribing/

54. Social prescribing: Applying all our health. (2019, March 5). GOV.UK. https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health/social-prescribing-applying-all-our-health

55. South, J., Higgins, T. J., Woodall, J., & White, S. M. (2008). Can social prescribing provide the missing link? Primary Health Care Research & Development, 9(04), 310. https://doi.org/10.1017/s146342360800087x

56. Social Determinants and Science Integration Directorate, Public Health Agency of Canada. Report summary - The Direct Economic Burden of Socioeconomic Health Inequalities in Canada: An Analysis of Health Care Costs by Income Level. Health Promot Chronic Dis Prev Can. 2016 Jun;36(6):118-9. doi: 10.24095/hpcdp.36.6.03. PMID: 27284704; PMCID: PMC4910448.

57. A toolkit on how to implement social prescribing. (2022, May 20). World Health Organization (WHO). https://www.who.int/publications/i/item/9789290619765

58. Teasdale, J. (2022, February 1). Social prescribing: A holistic approach to healthcare. Mosaic Home Care. https://mosaichomecare.com/blog/social-prescribing-a-holistic-approach-to-healthcare/?fbclid=IwAR36TYnl51s_sQZ2EUfFheybKUbmjy-umXHUXIEl_1xQTHQ9c7tMfjotWM#:~:text=The%20Social%20Prescribing%20movement%20and,load%20on%20the%20healthcare%20system

59. Vidovic, D., Reinhardt, G. Y., & Hammerton, C. (2021). Can social prescribing foster individual and community well-being? A systematic review of the evidence. International Journal of Environmental Research and Public Health, 18(10), 5276. https://doi.org/10.3390/ijerph18105276

60. What is social prescribing? (2020, November 4). The King's Fund. https://www.kingsfund.org.uk/publications/social-prescribing

61. What is the Social Prescribing Network? (2022, May 25). Social Prescribing Network. https://www.socialprescribingnetwork.com/

62. Whiffen, G. (2018, September 5). Newfoundland and Labrador leads country to overweight children. SaltWire. https://www.saltwire.com/newfoundland-labrador/news/newfoundland-and-labrador-leads-country-in-overweight-children-238678/

63. Wood, E., Ohlsen, S., Fenton, S., Connell, J., & Weich, S. (2021). Social prescribing for people with complex needs: A realist evaluation. BMC Family Practice, 22(1). https://doi.org/10.1186/s12875-021-01407-x

64. Woodall, J., Trigwell, J., Bunyan, A., Raine, G., Eaton, V., Davis, J., Hancock, L., Cunningham, M., & Wilkinson, S. (2018). Understanding the effectiveness and mechanisms of social prescribing service: A mixed method analysis. BMC Health Services Research, 18(1). https://doi.org/10.1186/s12913-018-3437-7

65. World Health Organization website "social of determinants health" https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

66. *World health Organization(WHO) definition of health*. (2022, June 1). Public Health. https://www.publichealth.com.ng/world-health-organizationwho-definition-of-health/

67. Younan, H., Junghans, C., Harris, M., Majeed, A., & Gnani, S. (2020). Maximizing the impact of social prescribing on population health in the era of COVID-19. Journal of the Royal Society of Medicine, 113(10), 377-382. https://doi.org/10.1177/014107682094705