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Abstract Book

COLLEGE OF MEDICINE
AND INTEGRATED HEALTH



University of Essex



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Arts for Brain Health: From Despair to Desire - Social Prescribing as Diagnostic Practice for Dementia.

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Veronica Franklin Gould

Aim

Our aim is to achieve support for people in the lonely, fearful period leading to dementia diagnosis, through referral to social prescribing (SP) to weekly A.R.T.S. (Arts to Revitalise The Soul), to preserve brain health.

As diagnosis is generally needed for support for dementia (10m people diagnosed annually) - our SP programme aimed to open the debate for referral to A.R.T.S. as GP practice from the onset of symptoms.

Our report aims to guide practice, generate longitudinal academic research and amendment to the NICE Dementia Diagnosis Guideline.

Method(s) used

Professors of dementia prevention, brain health and creative ageing, culture health and wellbeing, SP, A.R.T.S. practitioners, GPs and people with dementia presented at our national and regional conferences (2019-21).

We ran A.R.T.S. programmes for Southwark residents with early symptoms, arts and medical students, introductory cross sector meeting, early-stage dementia training, liaised with GPs and linkworkers for participant referral.

Dementia Change Action Network (DCAN) supported our 15 regional conferences to ascertain patient experience from GP to diagnosis.

We recorded all talks verbatim for our final report.

Key Findings/Learnings

Patients with memory loss can pass cognitive tests, diagnosis may take years. Few GPs and linkworkers had referred patients to A.R.T.S. pre-diagnosis, but now saw its value.

A.R.T.S. organisations shared creative ageing learning and discovered how to connect with participants pre-diagnosis.

DCAN's resulting pre-diagnostic website Next Steps advocates A.R.T.S., to which memory services now refer patients.

Our report provides diagnostic, SP, A.R.T.S. evidence, a comprehensive resource for cross-sector partnership practice.

UCL will now lead post-doctoral longitudinal research.

Conclusions

Our programme more than fulfilled most aims.

A year of A.R.T.S. restored a participant's memory and reading ability; her vascular dementia diagnosis was revised to stroke damage.

Our report supports the case to pursue amendment to NICE Guideline 97 for Dementia Diagnosis, for referral to SP pre-diagnosis.

The cultural sector's role in social prescribing for older people in the context of COVID-19

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Aim

To understand how cultural institutions (specifically public gardens, libraries and museums) can play a role in social prescribing for older people (aged 60+) in the context of the COVID-19 pandemic and recovery from it.

Method(s) used

A rapid realist review was completed first of all, which drew on 42 documents. This helped us to develop a programme theory - a proposition of how an intervention (in this case social prescribing to the cultural sector) is thought to work, under what conditions and for whom. We then tested and refined this programme theory through primary data collected from interviews with older people (n=28) and cultural sector staff (n=25), and a questionnaire completed by 148 link workers.

Key Findings/Learnings

In our review, tailoring of cultural offers, to meet the specific needs of older people and their socioeconomic and physical circumstances, was identified as key. This finding was reinforced through primary data collected. Data highlighted that tailoring requires clear messaging, matching, monitoring and good relationships between actors involved (i.e. link workers, cultural sector staff and organisations, and older people). The pandemic raised challenges as well as opportunities in terms of tailoring. Tailoring also relates to the needs of individuals, who come to social prescribing with different requirements. These needs may include being distracted or escaping from daily concerns, feeling safe and welcomed in a setting, developing connections with others, or being transformed through personal growth.

Conclusions

The ability to tailor cultural offers to meet the needs of older people as part of social prescribing is driven by resources, relationships, requirements and risks. It can be shaped by macro (e.g. national policy and regulations), meso (e.g. organisational constraints) and micro level (e.g. individual interactions and needs) factors.

ReMind: Creative prescribing program for Injured Workers

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Caitlin Marshall

Aim

ReMind was a pilot program that aimed to achieve Return-to-Life outcomes for injured workers in NSW Australia. These injured workers had experienced a primary or secondary psychological injury at work. Four 8-week courses (one face-to-face and three online) were delivered to 41 participants between April 2019 and February 2021. Due to COVID-19, the program was converted to an online delivery model for three of the courses. The purpose of the evaluation was to understand how well the ReMind pilot program was implemented and how effective the program was improving participant wellbeing and reducing poor mental health. The ReMind program differed traditional social prescribing initiatives in that it did not involve a link worker referring to various external community programs but was a multifaceted creative experience program that allowed participants to experience up to seven different creative activities over the course duration.

Method(s) used

The survey tools selected for this were based on the research to date in the field of social prescribing (Polley, 2017), including PHQ-9, GAD-7, SWEMWEBS and the Modified EQ-5D-3L.

Key Findings/Learnings

Fifteen participants completed the intake and post-course survey. Participants scored their overall physical and mental health significantly higher after completing the program (on WEMWEBS and Modified EQ-5D-3L) than before. Participants also displayed significant improvement in depression (PHQ-9) and anxiety (GAD-7). The effect on anxiety was not statistically significant and warrants further investigation, as the trends indicate this would likely become a reliable finding with a larger sample size. At the end of the program, participants cited better ability to deal with problems and make up their own mind, improved confidence and emotional awareness.

Conclusions

Based on the findings of this evaluation, there is evidence that the ReMind program is beneficial for injured workers in supporting trauma recovery and offering increased skills in self- and co-regulation to support Readiness for Return-To-Work outcomes.

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How has lockdown impacted on wellbeing and access to exercise.

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Healthwatch, West Sussex, United Kingdom



Ms Cheryl Berry



Miss Phoebe Dartnell

Aim

Comparing peoples' experience of exercise and the influence this has on their wellbeing from pre-pandemic with those from people in late 2020 (post lockdown), to understand the effect of the pandemic lockdowns have had on peoples' access to exercise and wellbeing.

Method(s) used

Two surveys - pre (2019) and post (2020) - each survey was completed by 100 different West Sussex residents of different ages.

Key Findings/Learnings

It has been well documented that the pandemic has affected people's health and wellbeing and for many, their health has deteriorated.

"The lockdown has led to a deterioration in maintaining independent living".

Coming out of lockdown, 86 respondents reported they did some form of exercise every week with the majority, doing more than 4 hours per week.

Working Age respondents had a less positive perception of their health and wellbeing between the two timeframes.

Many people reported that the lack of access to exercise during the pandemic had impacted on their social lives, which has negatively affected their mental and physical health.

Conclusions

Access to regular exercise, supports peoples emotional and physical health as well as being preventative. It is known that even short periods of moderate physical activity can help to improve health and fitness, and emotional wellbeing which means that the person feels more in control of their life. Exercise has a beneficial effect for those in recovery and living with long-term conditions.

Therefore, involving people in more exercise and sport could be a cost-effective way to improve and promote healthier lifestyle and greater responsibility for one's own health, through self-care initiatives.

Applying a Compassionate Communities model to improve health and well-being in Ringland, Newport

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Ms Hannah John



Ms Ceri Evans



Ms Emma Cane



Dr Jonny Currie



Mr Phill Davies

Aim

To respond to unmet social needs through a virtual multidisciplinary team (MDT) hub for citizens, based on a Compassionate Communities model.

Method(s) used

- Creation of cluster hub with MDT professionals
- Proactive contact to residents alongside referral from practice staff following hospital discharge
- Regular virtual MDT meetings
- Focus on residents >65

Key Findings/Learnings

- May-August 2021 268 residents contacted within 72 hours after discharge
- 51.1% (n=137) signposted or referred to other services, 25.7% (n=69) managed with reassurance only
- Signposting included EPP Cymru for education on living with a chronic condition (7.4%, n=5); social services (17.6%, n=12); Care & Repair, a home improvement service (11.8%, n=8); and others including Citizens Advice, smoking cessation, Age Cymru and MIND.

- Work is underway to integrate electronic health records alongside pathways to identify citizens who may benefit from Council and/or third sector advice services (e.g. financial, legal, housing), with planned input from the Bromley-by-Bow Centre in east London to aid planning of the Health and Well-being Centre in Ringland

Conclusions

This project has demonstrated value in supplementing primary care services in addressing wider health, well-being and social needs of residents aged 65+ through coordinating services in a person-centred manner, during a time of significant uncertainty during the COVID-19 pandemic. Work is underway to further evaluate the impact of such activity on citizens' well-being and healthcare service usage, alongside wider activity to develop a social needs screening and referral service for citizens most at risk of deprivation, social exclusion and health inequity.

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An exploration into online singing and mindfulness during the COVID-19 pandemic for people with anxiety and/or depression

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Miss Emily Foulkes

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Aim

The project set out to explore the potential for delivering an online singing and mindfulness programme for people identifying as living with anxiety and/or depression, referred to by Social Prescribing.

Method(s) used

This is a mixed-methods study.

- Baseline and follow-up quantitative surveys using the Warwick Edinburgh Scale for Well-being (WEMWBS) and the Hospital Anxiety and Depression scale (HADS).
- Journals for participants to write freely before and after sessions.
- Researcher/practitioner field notes.
- Researcher survey created for participants to complete online with quantitative measures and qualitative feedback.

Key Findings/Learnings

In the quantitative data for two participants, there were marked improvements in levels of anxiety, depression and well-being. For others, there was less change and in some cases a slightly negative result has been captured. In their own anonymous survey feedback about the programme, all participants reported that they felt the sessions had contributed positively to their well-being.

Qualitative data triangulated with quantitative data was coded and themed to present 3 main areas of findings:

1. A safe space to form connections

The group formed a connection, which was evident beyond the session and in the way they supported and empathised with each other.

2. Building self-efficacy and overcoming barriers

Participants reported feeling more able to carry out tasks in their lives as a result of the techniques they had learnt. For some, just logging on to take part was a barrier to overcome in itself.

3. Energy mapping

Sessions induced both relaxation and joy, balancing the nervous system in a carefully crafted way.

Conclusions

Online delivery could potentially be an effective 'way in' for many to access singing, mindfulness and the support of a group.

The project has offered new insights into trauma and mental health informed approaches that can help to break down barriers for people living with anxiety, depression or other debilitating health conditions.

Developing connection pathways for primary care patients to a *Golf for Health* physical activity package

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Aim

To develop acceptable, feasible and engaging connection pathways from GP practices to *Golf for Health* – a free physical activity programme provided by local golf clubs for people who could benefit most.

Method(s) used

A two-phase co-design study, drawing on the process of the double diamond of co-design, working in collaboration with GP practice staff (survey n=11, workshop n=2), golf club staff/volunteers (n= 10; n=3), community link workers (n=2; n=0) and members of the public (n=9; n=10) in Fife.

1. Discover to Define - An exploratory survey to determine potential barriers, facilitators and options for pathway delivery.
2. Define to Develop - Three online participatory workshops refining the processes of the pathways, key barriers and solutions, as well as potential advertisements.

Quantitative data was analysed using descriptive statistics. Qualitative data was analysed in line with the key outcomes (barriers, facilitators, pathways). Summaries generated were validated by participants.

Key Findings/Learnings

The co-design process defined a number of pathways from primary care to *Golf for Health*. Within these pathways four key potential points of contact were identified, 1. Health Care Professionals, 2. Other GP practice staff (i.e., receptionist), 3. Community Link Workers and 4. Golf club staff. Seven prompts to participation were also identified which could be used individually or in combination: prescriptions, appointments, buddy system, survey, routine letter, conversations and promotion materials (leaflet/booklet), along with follow-up communications. To overcome barriers identified (e.g. uncertainty/anxiety/HCP time) flexibility and options in connection pathways were suggested.

Conclusions

Co-design has illuminated key connection pathways from primary care to *Golf for Health*, as well as the associated barriers, facilitators and options for solutions. Future research is needed to assess the acceptability and feasibility of delivering the connection pathways and the *Golf for Health* physical activity programme, thus testing the overall social prescribing of golf scheme.

Impact of COVID-19 Lockdown on Social Prescribing at Child and Adolescent Mental Health Services (CAMHS) Inpatient Units

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Aim

Social prescribing is an integral part of management for patients in child and adolescent mental health services (CAMHS) inpatient units. It improves social connection and reduces their length of stay.

However, due to COVID-19, strict restrictions were imposed in the UK and activities in units were affected. In this study, we explored the impact of COVID-19 lockdown on social prescribing at CAMHS inpatient units.

Method(s) used

A survey was distributed among CAMHS inpatient staff across the UK. Quantitative data were analysed using descriptive statistical analysis. Qualitative data were analysed using an inductive method with free-text data coded and grouped into themes.

Key Findings/Learnings

31 participants completed the survey. Over half of the respondents reported a reduction of social activities by >50%. 94% of the respondents reported that provision of activities changed to mainly being provided by ward staff and being ward-based. Social prescribing was found to be helpful in reducing distress in patients, however, 67% of respondents found the effectiveness of the activities had decreased during COVID-19. Inpatient staff described a negative impact on emotional well-being and anger management from the reduced activities. Qualitative analysis found isolation, boredom and lack of motivation as the main challenges when the number of social prescribing activities were reduced. Inpatient staff felt social activities were positive and would like to expand social prescribing activities that are offered when there are fewer restrictions for patients regarding visits and activities.

Conclusions

COVID-19 had a significant impact on social prescribing in CAMHS inpatient units. This includes a reduction and effectiveness of activities. As most restrictions have now been lifted, inpatient units may start reintroducing the provision of social prescribing. There is a need for more innovative ward-based activities need to be developed to prevent a similar impact on CAMHS unit if a further lockdown is required.

Effectiveness of Social Prescribing interventions for people with Diabetes Mellitus Type 2: A Systematic Literature Review

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Aim

This systematic literature review (SLR) aims to determinate interventions and evidence of effectiveness of Social Prescribing (SP) in people with type 2 Diabetes Mellitus (T2DM), improving selfcare, health Literacy and promoting self-management of the disease, wellbeing, and quality of life.

Method(s) used

The SLR was conducted in CINHALL, MEDLINE, SCOPUS and Psychology and Behavioral Sciences Collection according to the Cochrane Handbook for Systematic Review of Interventions and Preferred Reporting Items for Systematic Reviews and Meta-Analyses.

Were included Randomized controlled trials, non-randomized controlled, quasi-experimental, observational studies, cutting studies and mixed method studies, between 2016 and 2021. With the inclusion criteria: person with T2DM, aged ≥ 18 years; interventions carried out under SP Programs are directed to the person with chronic illness or under the designation of long-term disease; interventions carried out in community programs in people with T2DM; and those interventions carried out in the community, either through the referral of primary health care professionals to the community or to the worker *link*.

Were exclude all articles that are in duplicate after analysis the Title and Abstract. For an independent analysis, the Covidence® software is being used for the research team of three reviewers. The risk assessment of bias will be carried out, *through the Risk of Bias Assessment Tool*. With the use of *the Grading of Recommendations Assessment, Development and Evaluation* (GRADE) it is perspective to evaluate the quality of the results.

Key Findings/Learnings

A SRL is currently being carried out, but in March 2022 it's completed. SP Interventions have an impact on weight reduction, HA1C values and mental health.

Conclusions

So far, we have analyzed more than one hundred articles, which suggest that SP interventions, divided into Interventions in nutrition, related to physical activity, artistic field, psychosocial support, and educational interventions, promoted better self-care behaviors and knowledge about diseases, with an improvement of well-being and quality of life.

The problem with the definition of ‘social prescribing’: Exploring the language used, and key roles within the concept

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Aim

To examine SP in practice with a view to producing a novel definition of the concept.

Method(s) used

Semi-structured interviews and focus groups were undertaken with key stakeholders. Eighteen GPs from 16 general practices undertook individual interviews. Fifteen link workers from seven SP organisations undertook face-to-face focus groups. Eighteen service users participated in face-to-face or telephone interviews. Interviews were analysed using inductive thematic analysis. Non-thematic data present in interviews were analysed categorically.

Key Findings/Learnings

Three overarching themes were identified: discrepancies in knowledge and understanding, mismatch of expectations, and reliance on medical language and processes. Participants described the typical SP ‘journey’. Descriptions varied dependent upon the involvement of a SP service. The type of ‘journey’ most described related SP light and signposting. Descriptions of holistic SP were given by a few GPs and service users, but were provided by all link workers.

A new definition was developed: SP is a process by which a healthcare professional or SP link worker assesses an individuals’ non-medical needs and connects them with non-medical sources of support, often within the community, to improve health and wellbeing. This definition differs from those pre-existing in the following ways: the definition more tightly applies the term to the point at which the social prescription is performed, the term ‘healthcare professionals’ is adopted, both healthcare professionals and link workers are identified as providing social prescriptions, the anticipated outcome is included, those accessing SP are labelled ‘individuals’, and the importance of community resources is highlighted.

Conclusions

A common definition of SP is currently lacking and the application of the concept in practice is inconsistent. Definitions influence service implementation and delivery, as individuals deliver a service which aligns with their understanding of a concept. Consequently, this new definition could support consistent delivery and enable stakeholders to articulate the mechanisms involved, and the anticipated outcomes.

West Suffolk LifeLink: Connecting People and Resources to Improve Wellbeing and Health

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Aim

The aim is to examine the impact of the West Suffolk LifeLink social prescribing programme. Rural geography and economic downturn have left some areas of West Suffolk isolated, lacking employment and educational opportunities, with increasing pressures on health and social care services. West Suffolk LifeLink, a social prescribing programme, offers a person-centred health coaching and mentoring service to help improve health and wellbeing.

Method(s) used

The evaluation period covers the pilot phase, implemented in Haverhill, August 2017-July 2019, and the expansion July 2019-July 2020 period, which includes 7 other areas of West Suffolk. Participants are 16+ years of age, who are socially isolated, experiencing low mood, anxiety or feel that they need advice on improving life skills, managing long-term conditions or wanting to be more connected with their communities and resources available to improve their health. The project is ongoing, with 453 participants involved up to the date of this evaluation. We examine case studies, self-report and survey data on wellbeing, health and social care usage, community involvement and social networks, collected at the baseline and post-programme completion. We rely on Social Value Bank methodology to produce cost-benefit estimates.

Key Findings/Learnings

We find a statistically significant improvement in overall participant wellbeing, with increases in WEMWBS and ONS4 scores following the participation in the programme. We also find a significant decrease in the GP service usage over the 6-month period following participation, compared to the 6-month period prior to participation, based on the GP-reported frequency of visits. Cost-benefit analysis demonstrates potential benefits for the wider community.

Conclusions

Improvements in wellbeing and the reduction in health care usage among the participants suggest the potential of this social prescribing programme to effect change, and its value to individuals and

communities in West Suffolk.

Buying-in to Evaluation: Local-level Challenges to Cross-National Social Prescribing Implementation

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Aim

For Connected Communities, a cross-national social prescribing programme, we present an evaluation mechanism linking individual, system, and community outcome evaluation success to inter-organizational challenges with acquiring buy-in for data collection, acquisition and analysis.

Method(s) used

We detail the process of designing and coordinating evaluation of *Social Prescribing Plus (SP+)*, a component of the Interreg-funded Connected Communities Project in the East of England, UK, and Normandy, France. We trace the process of seeking partner approval and buy-in for our mixed-methods protocol and cost-benefit calculation for evaluating the potential effects of SP+ on loneliness, wellbeing, social isolation, trust, health and social care service usage, and community connectedness.

Key Findings/Learnings

We find that approval and implementation of the evaluation are hampered by complexities involved in inter-agency collaboration, data protection and sharing, and events such as Brexit and the COVID-19 pandemic. Gaining participant approval to share data with the research team varies depending on buy-in of the social prescribers and the local authority to the evaluation and data collection initiative. Even though all local authorities conform to the same data sharing laws, the process for handling data sharing protocols varies widely across partners. Brexit and the COVID-19 pandemic restricted both Connected Communities participation and service provision in different ways, depending on the service provider's protocols for delivery.

Conclusions

Without full support from multiple local authority units, coordination of analyses across local authorities remains difficult, despite initial buy-in and commitment to participate from all partners at the project design stage. Part of this difficulty comes from attrition and turnover within local authority agencies, where champions or proponents of Connected Communities who helped secure the project then moved on to other positions, with implementation then becoming the task of people who had no initial buy-in

with the project itself.

Understanding each others' worlds: a cross-sector approach to workforce development to support cultural social prescribing

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Dr Amy Mallett



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Bella Eacott

Aim

Social prescribing to arts and culture has huge potential to enhance physical and mental health and wellbeing[1] [2]. In order to realise NHS England's vision of Personalised Care being 'business as usual' by 2024 and for everyone to be able to access high quality creative health opportunities designed to meet their need, a cross-sector approach is required. The World Health Organisation recommends 'the development of training, resources and guidelines that will support collaboration between the arts and health sectors.'[3]

Method(s) used

This paper presents Performing Medicine's pioneering approach to workforce development to support cultural prescribing in the UK. We share how evaluative findings from a pilot training course delivered in Southwark and Merton in early 2021, combined with feedback from social prescribers, artists, GPs and wider stakeholders has informed the development of a comprehensive Cultural Social Prescribing Workforce Development programme.

Key Findings/Learnings

A localised, cross-sector approach to training and development can support mutual understanding and awareness of the challenges and opportunities for arts and health professionals working in social prescribing. By examining preconceptions of what 'arts and culture' means in today's society, we introduce a new framework to help bring arts and culture into social prescribing conversations even when clients have other acute health or social needs.

Conclusions

Through facilitating professionals from both arts and health sectors to share experience and expertise, intersectoral training programmes will help support this complex, cross-sector workforce to build a rich inter-professional community who appreciate and understand each other's worlds. This in turn will

promote the development of rich cultural social prescribing offers that meet the needs of the communities they serve, as well as contribute to wider conversations around the evolution of an effective and thriving creative health economy.

The possibilities and pitfalls of social prescribing and physical activity: a rapid review of the evidence

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Assoc Prof Chris Dayson



Dr Marie Polley

Aim

Our Study aimed to:

- a) Map and understand the current evidence about social prescribing and physical activity in the context of the wider evidence base about exercise on referral schemes.
- b) Develop an emergent programme theory about social prescribing and physical activity
- c) Establish a research agenda associated with social prescribing and physical activity

Method(s) used

Our study involved two linked rapid scoping reviews into (1) social prescribing of/and physical activity and (2) exercise on referral. As a significant amount of literature on this topic is currently held in grey literature, our method was guided by our aim to explore information available about real-world projects or services as well as published academic literature.

Key Findings/Learnings

Socially prescribed physical activities extend beyond what is typically offered by exercise on referral schemes and include walking groups, running networks/groups, gardening, general sport and leisure centre activities such as swimming and gym classes, netball and football, and activities in outdoor green spaces. Very little is known about the outcomes of these activities, but what evidence there is suggests there may be benefits in terms of increased levels of physical activity; wellbeing, quality of life, and other psycho-social factors; other lifestyle factors; and physiological markers such as blood pressure and cholesterol. Barriers and enablers were identified for each aspect of the SP pathway that aid our programme theory development.

Conclusions

Key stakeholders such as NASP, UK Active and Sport England are interested in how physical activity can

be embedded within a social prescribing pathway as an alternative to exercise on referral. Whilst our study suggests this is already happening in places, and points to some of the potential benefits, barriers and enabling factors, there is a need for further in-depth primary research (quantitative and qualitative) in a variety of real-world settings to explore this in more detail.

Children and Young People’s Social Prescribing in Greater Manchester; testing sustainable and creative approaches

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Aim

GMCA and GM HSCP are working in partnership with the education, voluntary and cultural sectors alongside Street Games and the Association of Colleges to test approaches to CYP social prescribing.

Method(s) used

Evidence tells us that young people seek out advice from peers and staff at school or college, so we decided to focus our energies here.

Social prescribing for children and young people is still in its infancy; in 2019, a review by UCL and the Anna Freud Centre found not one study that met their criteria for clinical and academic rigour. Street Games subsequently undertook a pilot research programme in partnership with the University of East London (UEL) resulting in the first academic study of its kind.

Our pilots aim to build a body of evidence and research in collaboration with the University of Manchester.

We are delivering two young people’s social prescribing pilots; one in colleges and the other in high schools across the city region. The projects aim to test the system change necessary to enable easier access to early intervention strategies for young people and to evidence the effectiveness of a range of activities in supporting young people who are seeking support, guidance and signposting.

Key Findings/Learnings

After acknowledging that there was no standard means of collecting and reporting data and outcomes existed and that this was a significant barrier to involvement of the cultural and physical activity sectors, we supported GM i-THRIVE to develop an evaluation toolkit that is simple, validated, relevant and useful whilst at the same time providing the information that commissioners need.

Conclusions

This presentation will explore learning and outcomes from these pilots so far.

Lullaby and Women’s Creative Health on Cheshire and Merseyside: an innovative project developed by Carnegie Hall’s Weill Music Institute (New-York) recently launched by Live Music Now and NHS partners in the North-West. The Lullaby Project’s initiative is to meet the needs of both participants and musicians.

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Aim

Investigate the influence of songwriting on perinatal mental health through the implementation of the Lullaby Project into social prescribing pathways.

Method(s) used

New mothers were paired with professional musicians to create personalized lullabies exploring feelings and hopes for their baby through songwriting. Commissioned by the NHS, the project consisted of both digital and live interactions and culminated into recording and performing eight lullabies at the Museum of Liverpool.

Georgina Aasgaard, Lead Musician, adopted the role of “musician as researcher”, supporting the evaluation of the programme in an autoethnographic capacity.

Reflective diaries, questionnaires and semi-structured interviews were developed for both musicians and participants, based on the wellbeing scale PERMA (Positive Emotion, Engagement, Relationships, Meaning, Achievement). In addition, video footage was used to document the project.

Key Findings/Learnings

The opportunity to create, sing, record and perform was described as empowering and had a hugely positive impact on participants wellbeing. The collaboration with professional musicians promoted a sense of achievement and ownership through learning new skills. Mothers gained confidence and self-esteem by engaging in a creative process. The experience was an emotional and welcoming challenge in times of anxiety due to mental health issues which enhanced the attachment with their child.

The musicians creative process had no hierarchy and no judgment. Listening and ‘tuning in’ were the main tools to identify the participants needs and celebrate their individuality. Meaningful connections were created promoting a sense of intimacy, joy, connectedness, and wellbeing after a period of isolation and struggle caused by the pandemic.

Conclusions

Mental ill health during pregnancy and in the first year after birth affects 1 in 5 women and the cost is considerable. The partnership between Live Music Now and the NHS is crucial to drive early engagement, supporting maternal mental health, childhood development and family bonding.

Connecting Communities to Care (CCtC): Collation of evidence to underpin co-design

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Aim

Community aged care services generally focus on meeting clinical rather than social needs of older adults, yet social isolation and loneliness can negatively impact overall wellbeing. This multi-phase project aims to engage the whole community within a local government area in metropolitan Melbourne to support vulnerable community members using a fit-for-purpose social prescribing model. The project involves collating and synthesising existing evidence, followed by co-design with key stakeholders to develop a framework, prior to implementation. A connector will help identify 'what matters to you?', develop goals, and link individuals to local community services, to reduce isolation and loneliness and improve wellbeing.

Method(s) used

A successful UK social prescribing model including eight elements was used to structure the framework.

A review of the peer-reviewed and grey literature confirmed these elements, and evaluation outcomes related to each component were identified. The process of implementation will be co-designed with key stakeholders and local community members to ensure relevance.

Key Findings/Learnings

Eight key components are essential for implementing a social prescribing program: 1. raising awareness, 2. listing available community services, 3. funding, 4. intervention, 5. connector role, 6. volunteers, 7. feedback/dissemination/reinforcement and 8. social capital. Subgroups from each component have been extrapolated, within which topics for co-design have been developed. Co-design is underway with five groups: 1. Older community members, 2. Volunteers, 3. Health service providers, 4. Social service providers, 5. Funders.

Conclusions

This work provides a solid foundation for implementation of a social prescribing program. The evidence drawn from the literature is now being used to underpin co-design with key stakeholders. The next step is to generate a final model that is fit-for-purpose, meeting the needs of the local community after which it will be tested, implemented and evaluated.

Social prescribing and the Australian health justice landscape

Dr Tessa Boyd-Caine

Health Justice Australia, Sydney, Australia



Dr Tessa Boyd-Caine

Aim

The idea of legal need as a social determinant of health is gaining traction. Our aim is to investigate what legal help, provided through health justice partnership, has to offer social prescribing as an approach to addressing people's health needs and particularly health inequity.

Method(s) used

Our recent Millbank Quarterly article argues for the inclusion of legal need as a social determinant of health and considers the justice system's potential to remedy structural factors that drive health inequity. With that underpinning, this session will explore health justice partnership as a form of social prescribing and consider the opportunities and limitations of that approach. As the national centre of excellence in health justice partnership, we will examine the value of having clear pathways from healthcare to addressing the non-health problems that affect health and wellbeing, unpacking some of the challenges of this collaborative approach and how they can be addressed.

Key Findings/Learnings

We know that paying greater attention to law as a tool for health is a promising avenue for reducing health inequities, creating space for increased collaboration among legal and health scholars, practitioners, and advocates. But these findings raise questions. Where does this increased collaboration align with social prescribing, and where might it diverge? And where does legal help sit in the framework of social prescribing, as it is commonly understood?

Conclusions

Health justice partnerships are emerging across Australia just as the policy and practice conversations about social prescribing are developing. What, if anything, is the connection between these two approaches? Where do the two concepts diverge, and where might they provide unique value to preventative strategies for tackling health inequity? Health Justice Australia is well positioned to contribute to the international discussion about what impact means in that liminal space between health and social wellbeing, and where legal need fits in the matrix.

Music, Social Prescribing and Older People: An Overview of a Community Social Prescribing Programme in Greater Manchester, UK

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Lucy Geddes



Amina Hussain



Dr Robyn Dowlen

Aim

To explore the barriers and enablers for older people to engage with music through social prescribing, including partnerships between providers and primary care, accessibility of interventions and co-design of the social prescribing journey.

Method(s) used

- Telephone interviews with String of Hearts participants
- Observational notes collected by String of Hearts musicians

Key Findings/Learnings

In 2020-21, String of Hearts received over 70 social prescribing referrals to its music phone call initiative and group music-making sessions, from multiple health agencies in Greater Manchester including Primary Care Networks, NHS Trusts and voluntary organisations.

String of Hearts learnt that there are several key ingredients for successful social prescribing pathways for older people. Each stage of the pathway should be considered to sustain engagement, beginning with advertising interventions and developing the link workers' understanding of the interventions, through to the process of receiving referrals, communicating with patients and supporting their engagement. Further development of activities or effective signposting after completing the intervention should be considered to sustain impacts in the longer term.

Flexibility and responsiveness to older peoples' needs is a key enabler to engagement. This might include providing a range of musical activities to choose from, rearranging at short notice due to health appointments, or providing information in different formats. Accessibility of activities for people who might be visually or hearing impaired, digitally excluded or have limited mobility, is also essential.

Finally, regular communication between the provider, link worker and patient can ensure that knowledge of the patients' needs, interests and ideas are readily listened to as part of a co-designed social

prescribing pathway.

Conclusions

Older people's engagement in music and social prescribing is influenced by several factors, including support provided and the flexibility and accessibility of an intervention. Communication and listening can ensure that all parties are equipped to effectively engage with the social prescribing journey.

Developing & Delivering Ireland's First Certificate in Social Prescribing: A Perspective Piece.

Dr Natalie Delimata

Institute of Technology, Sligo, Sligo, Ireland



Dr Natalie Delimata

Aim

Provide a dedicated Social Prescribing [SP] qualification, which explores the history, theories and practices associated with Social Prescribing from diverse perspectives.

- Equip students with the knowledge and skills to be effective SP Link Workers.
- Provide evolving evidence-based knowledge and skill that reflects actual needs within SP practice through maintaining close links with organisation and practitioners engaging in SP.
- Contribute to the professionalisation and recognition of SP as a necessary social good in Ireland.
- Incorporate equality, diversity and inclusion into the development and delivery the SP course by maximising accessibility, offering multiple means of assessment and engagement.
- Explore with the students the possibility of further improving quality of life for people through developing or enhancing SP practice.
- Disseminate cutting edge research as it emerges from the Social Health and Community Engagement (SHaCE) Research Centre at IT, Sligo and other sources.
- Enhance social capital and promote local skilled employment by promoting the role artists, dramatists, craftworkers, horticulturalists and sports coaches play in their local communities.

Method(s) used

Deploying a reflexive narrative method this paper focuses on systematizing the reflective process and providing structure to the first few months of delivering of Irelands first Certificate in Social Prescribing course. Data collected through reflections on the researchers everyday experiences and selective insights of new challenges within the larger context of institutional practices.

Key Findings/Learnings

This paper will present exemplars from the narrative data and vignettes to portray the learnings that have raised rather than answered questions. The two overarching themes are: providing a context and direction for social prescribing research in Ireland and a what platform do we build a theoretical understanding of social prescribing in an Irish context.

Conclusions

This perspective piece on developing & delivering Ireland's first certificate in Social Prescribing has helped provide a context and direction for sharing social prescribing knowledge and research in Ireland.

CREATING A SOCIAL PRESCRIBING NETWORK FOR SCOTLAND

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Mrs Carolyn Paton



Ms Rania Fernandes

Aim

In Spring of 2020, 22 organisations and agencies providing social prescribing models within their communities, came together online, where they shared how each service had changed in light of the pandemic. The group felt it was beneficial to meet regularly and share good practice, learning and challenges. This led to the formation of a steering group in February 2021, who led on the formalising the Scottish Social Prescribing Network

Method(s) used

The steering group recognised the need to hold a session to explore Social Prescribing in Scotland, to identify the challenges, positives and what actions to take as the evidence supporting Social Prescribing as a resource in improving health and well-being was being recognised in Policies and Strategies.

The session targeted key policy makers representing Scottish Government, Public Health, Academia, the third sector and representation from the established Social Prescribing Networks in England. The aim of the event was to identify the strengths and challenges and the key next steps.

A Scottish Social Prescribing Network website was launched on the day .

www.scottishspn.org.uk

Key Findings/Learnings

- The Scottish Social Prescribing Network (SSPN) has grown from grass roots and recognised as an important movement.
- The SSPN is essential for a National approach in achieving Scottish Government Policies
- Funding is essential and resource to grow and develop.
- The SSPN is diverse in its membership and inclusive to those seeking services and those delivering

those services.

- The SSPN is looking to strengthen, to include those who would prescribe these services.
- Aim to launch the network on Social Prescribing Day in March 2022

Conclusions

A report published by Support in Mind Scotland (April 21) described Social Prescribing in Scotland as a highly diverse practice, comprising many different forms with each making an important contribution to the Scottish public service landscape and that diversity be recognised. This network aims to achieve this.

The importance of a safe and empowering context to enable mental health recovery within community-based arts activities: Findings from a realist review.

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Aim

To explore how and why community-based arts activities promote recovery from serious mental illness. Recovery is defined as living well with mental illness through engaging with psychosocial processes such as connectedness, identity change and hope.

Method(s) used

A realist approach was used in order to develop explanations of what works within complex social interventions, in particular what contextual factors enable an intervention to succeed. A realist review of relevant literature was conducted between January – September 2021, with 22 peer-reviewed articles and evaluation reports contributing to the synthesis. An expert panel of third sector organisations, activity facilitators and attendees were consulted during the review to ensure the salience of the research findings.

Key Findings/Learnings

Creating a feeling of safety and empowerment within a community-based arts intervention is an important contextual feature that enables recovery from mental illness to occur. The intervention context seems to address some of the issues faced by people living with serious mental illness, such as experiencing stigma and struggling to cope.

A safe and empowering context is first established at an organisational level that promotes engagement with the intervention. This is achieved through a non-clinical setting, promoting equality, choice over engagement and establishing arts-based expectations (rather than recovery). Participation in a community-based arts activity further develops and reinforces this context through connecting to others; learning new coping strategies; and overcoming personal challenges.

Conclusions

The findings from this review suggest that the success of a community arts intervention relies on attendees feeling safe and empowered, a theory that will be tested in the next stage of this research project.

Loneliness in Republic of Srpska (Bosnia and Herzegovina): The Case for Social Prescribing

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Aim

The aim of the current study is to examine the argument for a social prescribing model where this approach is non-existent and the structures to support its implementation are largely underdeveloped. Given that social prescribing model is becoming a global response to improving health and wellbeing, we aim to investigate ways to implement and expand the current model to the countries where it's not been implemented before.

Method(s) used

To present the case for introducing and implementing social prescribing in a novel setting, we start by evaluating the need for this type of intervention. We examine the prevalence of loneliness and health care usage across different age cohorts in a newly collected data from the Republic of Srpska (Bosnia and Herzegovina), a rarely studied case in the public health literature. The data are collected on 1231 individuals aged 16-86⁺ during the month of May 2021, with information on COVID-19 related stressors, social networks, depression, anxiety, wellbeing and health and social care usage. To our knowledge, this is the first of its kind effort to collect data on loneliness and above-mentioned issues.

Key Findings/Learnings

Using negative binomial model, we examine the links between loneliness, chronic physical and mental health conditions and health care usage. We find that health care usage increases with age and with an increase in loneliness score, and that this is significantly driven by the existence of chronic health conditions.

Conclusions

We conclude that the loneliness rate across different age categories, existence of various health

conditions, COVID-19 related stressors and health care usage results demonstrate the need for social prescribing model in the Republic of Srpska (Bosnia and Herzegovina). We further discuss the feasibility of this approach in this case.

An Active Approach to Health: Increasing physical activity amongst individuals with sedentary lifestyles through person-centred motivational support

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Aim

The Active Health Project aims to assist sedentary patients to increase physical activity levels using Link Workers (LWs) employed by a social enterprise in the Scottish Highlands. By delivering personalised motivational support, the LWs help people to address long-standing personal barriers to being physically active and develop the self-motivation to change habitual inactive lifestyles. The University of the Highlands and Islands (UHI) is evaluating the programme by gauging the intervention's impact on activity levels and participants' attitudes to exercise.

Method(s) used

Health professionals refer patients to the LWs, who help to develop an activity plan with targets tailored to individual needs, preferences and self-confidence. They support participants to make these changes over three months. The project offers more than activity signposting and differs from generic health advice participants may have received previously. The evaluation uses questionnaire data on participants' activity levels gathered before and after the programme. Semi-structured interviews have been undertaken with participants and staff and analysed thematically.

Key Findings/Learnings

In stage 1 (2019/20) analysis of interview and questionnaire data indicated the experience had helped some participants make lifestyle changes. Even small progress towards increasing physical activity appeared to yield significant results in terms of generating the self-motivation and self-confidence required for longer term behavioural change. In stage 2 (2021/22) we are investigating the transformative mechanism underlying the impact of person-centred motivational support, challenges of embedding non-NHS LWs in primary care settings and the impact of the LW/patient relationship on the sustainability of lifestyle change.

Conclusions

Early analysis shows the importance of personal support, tailored exercise targets, accountability and LW/patient relationship in developing motivation and adopting lifestyle changes. This research will add to the social prescribing evidence base by examining key factors such as the accessibility of 'prescribed' activities, lifestyle change barriers, building self-motivation and dynamics of the LW/patient relationship.

Connecting local social prescribing communities through an online community of practice

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Sam Pywell

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Aim

Initiated by the University of Central Lancashire's Social Prescribing Unit, a Microsoft (MS) Team was created to connect the local social prescribing "community of practice" (Wenger et al., 2002) across the Lancashire and South Cumbria area. This aims to address 3 main challenges: reduce potential for "lack of local knowledge" (Morris et al., 2020) through increased speed of communication across the local social prescribing community, reduce potential for silos of information between health, social care, voluntary and academic sectors and create potential within for innovation benefiting clients. The online platform provided space for this "community of practice" (Wenger et al., 2002) to grow with the aim of "increasing community potential" through "organisational change" as outlined in the Community Enhanced Social Prescribing (CESP) model (Morris et al., 2020).

The challenges of communicating across the local sector footprint for social prescribing are immense. Lack of knowledge by professionals leading within social prescribing can limit the community capacity of the region. By connecting all sectors in one online community, the aim of this project is to increase our local community capacity by breaking down barriers between social prescribers, commissioners, researchers, academics and those delivering social prescribing, and for the MS Team to become a shared (and searchable) asset specific to the local social prescribing network, easily usable from a smartphone.

Method(s) used

The intended method of analysis is qualitative (thematic analysis of replies from a focus group) to explore the meaning and usefulness of this online "community of practice" (Wenger et al., 2002) to its members, and themes specific to future application within the social prescribing community.

Key Findings/Learnings

An evaluation is presented, along with perspectives from the focus group.

Conclusions

This online community was an effective space for the local social prescribing sector to communicate in real time and share ideas to benefit clients.

Morris, D., Thomas, P., Ridley, J., & Webber, M. (2020). Community-Enhanced social prescribing: integrating community in policy and practice. *International Journal of Community Well-Being*, 1-17.

Wenger, E., McDermott, R. A., & Snyder, W. (2002). *Cultivating communities of practice: A guide to managing knowledge*. Harvard business press.

Tandridge District Council Wellbeing Prescription Service Evaluation

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Dr Marie Polley



Dr Helen Seers



Mrs Rachel Johnson

Aim

To investigate stakeholder perceptions, outcomes data and the impact of the COVID-19 pandemic on the Wellbeing on Prescription Service.

Method(s) used

Pre-post mixed methods evaluation of data for n=2641 clients was analysed from the Elemental Digital Platform (for descriptive statistical analysis); available outcome data was analysed for up to n=995. 15 stakeholder interviews were carried out on service users and staff in: the local authority, local community health organisation, primary care network, voluntary organisations and department of work and pensions.

Key Findings/Learnings

Support needs included lifestyle support; social support; emotional and mental health needs; support with existing illnesses; independent living support; learning and development needs, carer support; finance; housing, and Covid-19 specific issues.

Analysis of outcome data showed a reduction in GP visits in the previous 3 months (n=104) -0.7 (p<0.01); improved Concerns and Wellbeing MYCaW Profile (n=82) -1.4 (p<0.001). Reduction in mean weight (n=955) -2.1Kg (p<0.001) ; increased physical activity GPPAQ (n=228) 0.5 (p<0.001); improved mental wellbeing WEMWBS (n=250) 5.9 (p<0.001); decreased alcohol risk AUDIT-C (n=66) -1.6 (p<0.001).

Qualitative data demonstrated the Wellbeing Prescription Service had good relationships with other local professionals and organisations. Healthcare professionals felt it enabled them to spend more time on clinical appointments. Covid-19 presented challenges to working arrangements and consultation approaches which were overcome where possible. Improvements in referral processes and outcome data collection were identified.

Conclusions

The Wellbeing Prescription Service has evolved to serve a breadth of unmet needs within the local community including health and determinants of health. The service is valued by stakeholders and outcome data shows potential statistically significant impact. Changes to working practice due to covid were navigated well and link workers well supported during this time.

What are we talking about when we talk about social prescribing?

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Aim

Social Prescribing (SP) initiatives are developed and implemented within a wider social and cultural context where different (and often competing) interests, expectations and priorities co-exist. This review aimed to investigate the different ways of understanding SP and its implications for service design and delivery

Method(s) used

Critical literature review using discourse analysis. Academic articles and grey literature were searched for qualitative and quantitative evidence through database and targeted, theory-driven searches

Key Findings/Learnings

Across a total of 89 studies, three main ways of understanding SP were identified: 1) some stakeholders emphasised increasing social inequalities behind escalating health problems and presented SP as 'solution' to addressing the social determinants of health; 2) others problematised people's increasing use of health services and depicted SP as a means of enhancing self-care; and 3) others stressed the dearth of human and relational dimensions in general practice and claimed that SP could restore patient-centeredness and personalised care. Across the reviewed literature, there was a shared understanding of SP as 'solution' to complex and contentious problems. Critically, this hampered a broader understanding of and response to underlying structural problems and shaped the way interventions were delivered (usually one-off and with a strong motivational component)

Conclusions

How SP is understood has relevant implications for service design and delivery. Current ways of understanding SP may contribute to oversimplify both the realities and problems being addressed and constrain the way interventions are delivered

Faith Organisations involvement in Social Prescribing

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Aim

Develop pathways for Social Prescribing Link Workers to be aware of and access services provided by Faith Organisations, and for Faith Organisations to be aware of what is needed.

Method(s) used

1. Meet with a group of link workers to ascertain:-

- the range of services being requested
- perceived pathways to access services from faith organisation
- barriers and constraints

2. From the Birmingham Faith Map, identify a sample of 20 Faith Organisations of different faiths and denominations and in different parts of Birmingham as follows:-

7 Christian, 5 Muslim, 3 Sikh, 2 Hindu, 1 Jewish, 2 Buddhist

Conduct semi-structured interviews to ascertain:-

- what services are currently provided,
- what could be provided to meet a need
- any barriers or constraints

3. Meet with other stakeholders including GPs, Faith Leaders, Birmingham Voluntary Services Council to gain their perspective.

4. Present the findings to the Birmingham Social Prescribing and Voluntary Sector Pathways Meeting and BCF:Faiths Promoting Health and Wellbeing Forum

Key Findings/Learnings

Over recent years there has been a significant increase in developing partnerships between governmental and non-governmental organisations, with faith groups, to deliver services, particularly to the 'less visible' communities.

In 2014, Birmingham was the first city to agree a Covenant between the local authority and local faith groups, which sets out principles that guide engagement, aiming to improve collaborative partnerships, and to promote open, practical working. Birmingham has over 800 places of worship, of all faiths, which have been plotted on a map to enable everyone to know what faith organisations exist and where they are located.

This project will identify services currently provided by faith organisations, how they can be accessed and what additional services faith organisations may be able to provide.

Conclusions

Subject to the result of this pilot project, we would recommend that it is extended to a greater number of faith groups.

Roscommon Well Connected Social Prescribing Project

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Mr Anthony Owens

Aim

To examine if participating in Social Prescribing in County Roscommon, Ireland has a positive impact on the well-being and social inclusion of individuals.

Objectives

To examine if participant scores in the domains of Well-Being and loneliness improved following engagement with Social Prescribing supports

Method(s) used

The study design was a pre- and post-evaluation survey, to measure any change in indices of well-being and social inclusion, following participation in social prescribing. The WHO Five Well-Being Index (WHO, 1998) is a short self-report measure of current perceived well-being. The UCLA Loneliness Scale (Russell, 1996) is a self-report measure of current perceived loneliness/lack of social inclusion. All participants were invited to undertake the pre and post-test survey. Pre- and Post-test scores at the end of the project will be analysed for statistically significant changes in the indices of well-being and loneliness/social exclusion. Ethical approval for this research was obtained through the Research Ethics Committee, Technological University of the Shannon, Midlands and Mid-West (AIT).

Key Findings/Learnings

61 participants have taken part in this project to date, 44 males and 17 females, with more under the age of 40 (N=35) than those over 40 (N=26). Approximately one-sixth (N=11) of project participants identified as having a disability.

Results from the preliminary questionnaire findings, highlight an improvement in overall health & wellbeing and social inclusion, following Social Prescribing supports.

Conclusions

Initial findings demonstrate an interest in engaging with Social Prescribing in County Roscommon and a measurable increase in participants' perceived well-being and social inclusion following project engagement. Men and those under 40, those who live in a rural setting and without a disability, were more likely to avail of the supports offered through this project. Future work on this project may need to

consider proactively identifying less represented groups in this project, given the preliminary results of positive outcomes for participants.

A qualitative exploration of the RHS Bridgewater Wellbeing Programme: impact of Green Social Prescribing

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Aim

The project aimed to set up and evaluate a green social prescribing pathway for local people with long-term conditions, at the newly opened RHS Bridgewater in Salford, Greater Manchester. Salford is the 16th most deprived area in the UK, and this project aimed to address health and social inequalities as a Marmot city region.

Method(s) used

Project partners (University of Salford, RHS and a local NHS Enhanced Care Team) collaboratively designed a programme of nature-based and arts-based activities to improve wellbeing. A realist evaluation approach was adopted, to explicate how the programme developed and key outcomes for participants and stakeholders. We focus here on our qualitative focus group interviews with programme participants and RHS wellbeing volunteers, and individual interviews with the RHS therapeutic horticulturalist and RHS Wellbeing Programme manager.

Key Findings/Learnings

Our key findings indicate that the RHS Wellbeing Programme was transformational and offered a space to grow, heal and reconnect, improving confidence, self-esteem and wellbeing for those who participated. We identified challenges to social prescribing initiatives that may help a sustainable model of green social prescribing. Our qualitative data highlighted how the programme provided participants opportunities and space for solace as part of a 'therapeutic landscape'. A number of key themes emerged on the transformation of participants' health & wellbeing, including the creation of a healthy, natural and safe space, the value of personalised approaches and the fact that participants felt that they were 'part of something larger'. Importantly, participants living in a recognised deprived area were able to access a green space.

Conclusions

The recent challenges of Covid-19 and the resultant lockdown measures have unintentionally highlighted the human need to connect with nature, reinforcing the importance of nature as a healer. Green Social Prescribing can offer something intangible yet invaluable where people can lose themselves in nature and find themselves in the process.

Understanding the barriers and benefits to TaiChi/Qigong to inform Social Prescribing Practice.

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Aim

Tai Chi and Qigong (TCQ) are two forms of low-to-moderate intensity physical activity which incorporate elements of traditional Chinese medicine, martial arts conditioning and lifestyle philosophy. Effective implementation of this person centred health and wellbeing intervention for social prescribing practice requires an understanding of potential barriers and benefits. Whilst the health benefits of TCQ are well documented within academic research, many individuals are still unaware of the person centred health benefits. The present review aimed to investigate the extent to which individuals are aware of TCQ's health benefits and explore potential barriers to engagement in a TCQ programme.

Method(s) used

A search was conducted in four databases using predefined keywords (PubMed, ProQuest Health and Medical Collection, Ovid and EBSCOhost) for relevant studies written in English and published in the last 10 years.

Key Findings/Learnings

After duplicate removal and title, abstract and full-text screening, 15 articles were included in the review. The most common barriers to engagement identified included education, medical conditions and access (time, travel and technology).

Conclusions

Although the health benefits of TCQ are widely reported academically, they are poorly understood by the general public. In order to truly facilitate social prescribing of physical activity programmes such as TCQ it is important to understand the benefits, barriers and potential inequities. The barriers identified in this review focus on a wide range of barriers that broadly fit into three themes (Individual, task and societal themes). The inequities that may be caused by these barriers need to be addressed in order to facilitate better implementation of personalised self-management of long-term conditions, making exercise accessible to all.

A theoretically informed framework to analyse and evaluate social prescribing: a systematic map of theories

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dr Marcello Bertotti

Aim

Evaluations and reviews of social prescribing have been growing steadily, particularly in the last three years. However, scant attention is paid to the discussion of theories underpinning social prescribing and how these may inform more rigorous evaluation and further our understanding of social prescribing. The aim of this work is to produce a theoretically informed framework that can be used to analyse and evaluate social prescribing schemes.

Method(s) used

This article uses 'systematic mapping' to identify records that have explicitly used theories to inform their research on social prescribing. Databases searches identified 137 records and after duplication and title and abstract screening, 26 records were identified for full text screening. Some 11 articles met the eligibility criteria and were analysed in detail.

Key Findings/Learnings

The vast majority of theories draw on the micro and meso levels, are firmly rooted in the psychological field (e.g. self-determination theory, health belief model, social identity, thanstheoretical model of behaviour change) and focus primarily on the relationship between link worker and individual user. Much less attention is paid to studying the relationship between GP and individual user, and between voluntary sector support and individual user. The latter is mainly characterised by theories drawing on the sociological tradition (e.g. social capital and asset based approaches). Alongside these, macro-level theories were also identified and discussed. The key components of all these theories were combined create a theory-informed analytical framework.

Conclusions

This review and the resulting theory-informed analytical framework could facilitate the design of theories of change, inform the choice of evaluation tools and help researchers to consider theories that examine social prescribing across the journey of each individual user through the different stages of support.

Barriers and facilitators to social prescribing for youth mental health: link worker and organisational perspectives using the Theoretical Domains Framework

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Aim

Social prescribing has been found to be associated with positive benefits in adult mental health and is now being rolled out to young people. However, to date, implementation and uptake have been patchy. The aim of this research was to understand the barriers and facilitators to implementing social prescribing with young people

Method(s) used

Using the Theoretical Domains Framework (TDF), a comprehensive, theoretical-led framework, underpinned by 33 behaviour change theories and 128 constructs, perceived barriers and facilitators to social prescribing with young people for mental health difficulties was investigated. The sample comprised of 9 individuals from organisations offering socially prescribed activities and 11 link workers, who took part in qualitative semi-structured interviews. Transcripts were analysed using a deductive thematic analysis, and themes were coded under each theoretical domain

Key Findings/Learnings

Multiple barriers and facilitators related to link workers and organisations capability, opportunity and motivation were identified. Concrete examples of each will be provided, as well as similarities and differences between groups explored.

Conclusions

Findings suggest that a range of barriers and facilitators can affect link workers and organisations ability to socially prescribe with young people for mental health difficulties. Interventions that target different domains related to capability, opportunity and motivation should be developed to better facilitate young people to access social prescribing pathways.

The effectiveness of prescribing community gardening to reduce loneliness and improve wellbeing in individuals with mental health problems

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Aim

The aim of this project was to explore the impact of community gardening on the experience of loneliness, wellbeing, and connection to nature in individuals with mental health problems.

Method(s) used

Adults (n=52) aged 18years+ who were attending therapeutic community gardens for their mental health problem took part in the study. Existing attendees were invited to complete a survey at project baseline, and 3- and 6-months later; with 'new' attendees completing an 'entry' survey, followed by subsequent follow up surveys. The surveys assessed participants experience of loneliness (social and emotional), their wellbeing, connection to nature and life satisfaction. Baseline and follow up surveys also captured duration and frequency of attendance. A subset of survey participants (n=20) also took part in focus groups which further explored the impact of attendance on loneliness, and the barriers and facilitators to accessing and using the garden projects.

Key Findings/Learnings

The results of mixed methods analysis will be presented to demonstrate the effect of attending therapeutic gardens on loneliness, wellbeing, nature connection and life satisfaction. The key components of the project that lead to improved health outcomes will be identified and potential mechanisms of effect proposed. Thematic analysis will be used to identify factors that facilitate and prevent attendance at therapeutic gardening projects. Recommendations to overcome barriers and enhance facilitators based on suggestions of participants and researcher insights will be outlined.

Conclusions

These findings will provide evidence of the effectiveness of community gardening for mental health treatment and can therefore be used to influence policy and practice.

BOTTOM-UP INITIATIVES TO PROMOTE SOCIAL PRESCRIBING IN THE ARTS AND CULTURAL SECTORS: THREE CASE STUDIES IN TAIWAN.

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Aim

Having been implemented for years in the United Kingdom, social prescribing provides non-clinical and various regimens to people with mental health problems, thereby alleviating their symptoms and improving their physical and mental health. Taiwan has also begun to develop its version of Social Prescribing. To ensure the diversity and richness of local Social Prescribing, cultural institutions in Taiwan have attempted to promote Social Prescribing programs.

This research aims to navigate how Taiwan's cultural organizations promoted and initiated a Taiwan version of Social Prescribing from 2019. Furthermore, this study will also look at how cultural organizations have planned, implemented programmes, and collaborated with diverse communities, such as social enterprises and community engagement groups.

Method(s) used

Firstly, this study introduces three critical cultural organizations' creative cases, each at the National Taiwan Museum, the National Museum of Taiwan Literature, and the National Symphony Orchestra. Then, this research interviewed their stakeholders accordingly, such as museum professionals, volunteers, participants, care home staff, and hospital doctors.

Key Findings/Learnings

For the key findings, this study understands the process of developing a Taiwan version of Social Prescribing starting from scratch, bottom-up the stage to an impactful stage now. This research also shows how these three cultural organizations planned, carried out, and collaborated on Social Prescribing schemes, including personnel, funding, collaboration types, programme protocols, summative evaluation, and professional training for cultural organizations staff and care home professionals.

Conclusions

In addition, one of these three cultural institutions (National Taiwan Museum) published a practice guide, proposing the 'six steps of planning,' 'five standards for cultural relics display,' and 'eight criteria for activity content,' which precisely and concisely summarise the content and elements of implementing the Social Prescribing programs. These may serve as references for other museums or cultural organizations interested in such practice.

Green Social Prescribing - A Walsall Case Through Design-led Research

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Aim

Using a design-led research approach, our study takes a fresh look at the challenges facing the mainstreaming of Green social prescribing (GSP), to identify the opportunities for change within the processes of GSP and its wider systemic context.

Method(s) used

This paper reports a case study of GSP in Walsall, part of an ongoing project, Nature's Way, funded by the AHRC. The project takes a 'place-based approach' and has worked intensely in Walsall. Through

design-led research (including conversations, workshops and observations), and 30 interviews at local, regional and national levels, we engaged with social housing and other service providers, community organisations, and council staff.

Key Findings/Learnings

Three social prescribing pathways existed in Walsall and each pathway had developed its own ways of working. But the three pathways had limited opportunities to share resources, knowledge and best practice.

VCSEs were instrumental in delivering the benefits of nature and in delivering GSP in Walsall. However, the majority of the organisations we visited experienced capacity issues. There was inconsistency of involvement with GSP amongst these VCSEs.

Local green and blue spaces are foundational in delivering GSP. In Walsall, the maintenance of the spaces heavily relied on volunteers, and often a few key individuals. Cuts to funding, maintenance and management, compounded by the pandemic (increased visitors and anti-social behaviour), left many spaces in disrepair.

Conclusions

Despite these challenges, we also found widespread agreement concerning the value and potential of GSP. We need better governance beyond individual organisations, better funding pathways and better infrastructures (including the green infrastructure on which GSP relies).

A holistic approach to understand the complexity of local systems is required, in contrast to a narrow sectoral focus. We have also recognised the importance of a genuinely bottom up place-based approach to GSP.

The feasibility of prescribing community gardening to reduce loneliness and improve wellbeing in individuals with mental health problems.

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Aim

The aim of this project was to explore the barriers and facilitators to use and wider prescription of community gardening for individuals with mental health problems.

Method(s) used

One-to-one zoom (n=10) and telephone (n=3) interviews were conducted with volunteers (n=5) and staff (n=5) of four therapeutic community gardens in Essex; and social prescribing link workers (n=3) to explore the impact of the gardens from a practitioner perspective and the barriers to involvement, uptake and referral to these types of services. Adults aged 18years+ currently attending the therapeutic gardens for their mental health problem (n=20) also took part in focus groups which further explored the barriers and facilitators to accessing and using the garden projects. Focus groups were facilitated by two peer researchers with lived experience of attending a therapeutic garden to support their mental health.

Key Findings/Learnings

Barriers and facilitators relating to awareness of the service, accessibility, attendees' mental health, the organisational structure of the gardens, and the benefits of nature and the outdoors spanned the referral into the therapeutic gardens, garden attendees' experience, and the processes through which attendance supports attendees to manage their mental health. Key recommendations emerging from the findings include the community gardens continuing to build relationships with referral services to enhance awareness of their offering, streamlining the referral process, offering additional support to prospective or new members to overcome accessibility issues relating to transport and mental health, and co-producing activities with members with limited mobility or physical health issues.

Conclusions

Community-based therapeutic gardening projects are both feasible and acceptable from the perspectives of a range of stakeholders. This research highlights opportunities for community gardening projects to enhance and develop components of gardening projects that facilitate referral and uptake and to minimise or overcome barriers.

The use of social prescribing and community-based wellbeing activities as a potential prevention and early intervention pathway to improve emotional and social development in young people.

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Dr Siobhan Mitchell



Alex Gude



Lucy Cartwright

Aim

The use of community based activities, through social prescribing pathways, is one potential way to prevent and address mental health difficulties in children and young people. These routes potentially reduce health inequalities by engaging with those young people in disadvantaged communities with high rates of mental health problems. Our project aims to understand how existing social prescribing projects work with young people to improve their mental health.

Method(s) used

The project consists of two work packages and involves working with six existing social prescribing projects for people aged 10-24. Work package 1 will review existing literature and data, mapping how young people seek help, and the agencies and pathways involved. Coupled with interviews with staff, young people and carers in each social prescribing project, this will help us understand how links to community activities are made, who makes them and how successful they are.

Work package 2 includes workshops in each of the sites to explore service staff and managers' understandings of 'community', and to map networks of trusted community organisations. We will also interview young people in each site to understand their perspective on how community organisations might support their mental health. Additionally, we will undertake a literature review of qualitative research about the value of community support for youth mental health.

Key Findings/Learnings

Key findings and conclusions from this project are pending.

Conclusions

We will discuss progress to date and any emerging findings at the conference.

Who is accessing social prescribing in England? Exploring disparities in the recorded use of social prescribing across England through the Royal College of General Practitioners Research & Surveillance Centre

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Aim

Social prescribing (SP) is available to everyone across England but there has been limited evidence on who is accessing SP. SP aims to address the social determinants of health (SDoH), therefore we need to ensure we are reaching those with the highest social need and risk of health inequalities.

Method(s) used

Data from the Royal College of General Practitioners Research & Surveillance Centre (RCGP RSC) covering the financial year 2020-21 was analysed. The RCGP RSC covers 8 million patients via 1900 GP practices in England. Rates of uptake were used to provide national estimates. Data for social need (mental health, lifestyle-related long-term conditions, substance misuse, abuse, employment, parenting, money issues, and housing), SP activity and demographic data (age, sex, ethnicity and IMD) linked to the SP referral SNOMED codes were extracted.

Key Findings/Learnings

These data suggest that in 2020-21 across England there were around 15 million instances of individuals with social needs presenting to primary care. However, only 1.3 million were referred to SP. There was marked variation in their use: up to 25 times between Integrated Care Systems (ICS); 1.5 times higher for women compared to men; 2 times higher for people aged over 65 compared to younger groups; 1.4 times lower for people from non-White ethnic backgrounds. Areas of high deprivation had 1.3 times more referrals compared to less deprived areas but were twice as likely to decline referrals.

Conclusions

There are disparities between ICS in who is accessing SP, and who is offered or declines SP. We are unable to determine causation, nor do we know the extent of any under recording. This study highlights the need to explore this further to ensure SP is reaching the right people and addressing the SDoH

equitably, and for practitioners to ensure that key elements of care are coded to properly evaluate this intervention.

Attitudes and Perceived Barriers towards Social Prescribing in Primary Care

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Aim

A study aiming to describe GPs attitudes towards social prescribing and identify potential barriers to it within primary care.

Method(s) used

This is a descriptive study with data gathered from a survey which was posted to all GP practices in the catchment area of St. James's Hospital, a large academic teaching hospital in Dublin city.

Key Findings/Learnings

48 GPs took part in the survey and 29 of these had worked for over 10 years as a GP. 61% were aware of social prescribing but only 23% felt they had access to a social prescribing co-ordinator and 55% of these GPs had referred to one. Interestingly 63.8% of GPs felt that they practice social prescribing in their daily job.

Regarding barriers to referral; 55% weren't aware of access to the service and this was a significant barrier for them. 34% felt they had little time to broach social issues with the patient, and a further 30% reported a lack of time to discuss referral during their consultation.

Despite these barriers, the overall attitude was strongly positive regarding social prescribing. 75% of GPs reported that they agreed/strongly agreed that it would increase a patient's self-esteem, 70% that it would allow patients to take control of their own health and 81% that it was a good way of encouraging patients to help themselves.

Conclusions

It is estimated that 20% of patients consult their GP for what is primarily a social problem. The use of social prescribing has been shown to improve patient's wellbeing and lower healthcare utilisation. As this service is becomingly increasingly evidenced-based and available in Ireland, it is crucial that we identify and address barriers to the routine use of it, in particular in primary care where the majority of regular patient consultations occur.

“We care but we’re not carers”: Perceptions and Understanding of Social Prescribing in UK Men’s Sheds

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Aim

Found to reduce loneliness in older men, Men’s Sheds are ‘making environments’ where men (and women) come together in a social environment to do practical projects. The Sheds are (generally) a gender-specific support mechanism and create unique places for socialisation, offering a sense of purpose and value. New members join through a variety of methods, including through friends, other members (‘Shedders’), relatives, and referrals. The aim of this project was to understand how being introduced to a shed through different methods impacts individual experiences in the Sheds, and the role

and impact that social prescribing referrals may have.

Method(s) used

Twenty-one semi-structured interviews with Shedders (including 3 female Shedders), purposively recruited representing urban and rural Sheds in England, across varied levels of deprivation. Interviews were analysed using an inductive thematic framework approach.

Key Findings/Learnings

Sheds are increasingly approached by social prescribers. Whilst there were some positive experiences, Shedders expressed concerns about caring responsibilities. Shedders raised concerns about health and safety, space, bureaucratic burden, additional needs of referred members and the impact upon the Shed dynamic. Suggestions included social prescribers developing a greater understanding and relationship with Sheds, checking Shed regulations and processes, supporting referrals in their first few sessions and a Shed-specific approach.

Conclusions

Sheds are currently not formal professional driven service providers, and often do not have people with experience of supporting people with mental or physical health conditions and additional needs, particularly in a workshop environment. The interviews highlighted that while Shedders care deeply for those who attend, they are not part of a formal care provision and changing this may lose the rich benefits that the Sheds offer to their members. Local-level relationships, understanding the unique nature of each Shed and partnership working may enable the development of social prescribing in Men's Sheds.

Making links: Exploring on the ground approaches to singing on prescription through Scotland's Singing for Health Network

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Aim

Scotland's Singing for Health Network, formed in March 2021, brings together singing for health practitioners, researchers, and health professionals to facilitate collaboration and knowledge exchange. Singing for health supports the management of a range of conditions such as respiratory illness, cancer, dementia, Parkinson's Disease, and mental illness. The network has an aim – how can we best approach and support singing on prescription in Scotland?

Method(s) used

We will present some of the activities which we have been undertaking. These include creating podcasts that focus on accessible knowledge exchange, and mapping singing for health groups in Greater Glasgow (launching January 2022). We look ahead to our wider ambition to map singing for health across Scotland in an effort to create an accessible tool for GPs, link workers, and the wider public. We will discuss the challenges of shaping this resource such as the scalability of the project, as well as the benefits of the resource.

Key Findings/Learnings

The network hosts regular peer support drop-in sessions and we also meet with our specialist steering group, which consists of singing practitioners, medical practitioners, link workers, and others with an invested interest in social prescription. In hosting these meetings, we have learned about the challenges faced on different sides of the social prescription process. The paper reflects on these challenges – such as accessing funding, making links with the health community, connecting with professionals in singing, online singing during the COVID-19 pandemic, and we explore how the network proposes to solve these challenges.

Conclusions

The network is an opportunity to broadcast benefits of singing for health in the broadest sense, opening up discussions around singing on prescription in Scotland. By opening up dialogues across disciplines and practices, the network is facilitating peer learning which seeks to promote singing on prescription in Scotland, and offers opportunities for future collaborations.

Delivering remote arts on prescription in a pandemic: An evaluation of its impact on subjective mood, wellbeing and loneliness

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Dr Nicola Holt



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Aim

The study evaluated the impact of the remote delivery of arts-on-prescription programmes in both primary and secondary care, as part of an Arts Council funded project run by Fresh Arts at Southmead Hospital, Bristol. Programmes ran between March 2020 and March 2021, and delivery adapted to the restrictions of the coronavirus pandemic by using postal, phone and online methods.

Method(s) used

The evaluation used a pre-post design in addition to tracking mood and loneliness before and after each art workshop. At the start and end of programmes participants completed the Warwick Edinburgh Mental Wellbeing Scale, WEMWBS (Tennant, et al., 2007), the Campaign to End Loneliness Measurement Tool, CtELM (2019), and the Direct Measure of Loneliness, DMoL (ONS, 2018). Before and after each art workshop participants completed a 7-item questionnaire assessing state anxiety, happiness, energy and loneliness (Reissman et al., 2018; Wilhelm & Schoebi, 2007). 65 participants completed measures (55 females; mean age of 48), who were most commonly referred to improve wellbeing (96%), reduce stress (73%) and help manage chronic pain (38%).

Key Findings/Learnings

There was a significant improvement in WEMWBS scores across the programmes ($F_{(1, 143)}=26.05$, $p<.001$). Self-reported loneliness decreased, but only significantly for the DMoL ($F_{(97,1)}=3.91$, $p=.05$). Analysis of the immediate impact of workshops showed a significant improvement on all dimensions (reduced anxiety and loneliness; improved happiness and energy). Cross-level analyses showed that reductions in anxiety and loneliness whilst art-making predicted wellbeing change across the programmes ($F_{(94,1)}=4.26$, $p=.04$; $F_{(65,1)}=6.51$, $p=.01$); and reduced loneliness after art-making predicted reductions in DMoL scores ($F_{(47,1)}=3.97$, $p=.05$).

Conclusions

The outcomes of the evaluation suggest that the remote delivery of arts-on-prescription had a significant and positive impact on the wellbeing and loneliness of participants. Challenges, limitations and implications of the study will be discussed.

Creating the Infrastructure for Social Prescribing at a Community Health Centre in Ontario, Canada

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Aim

The aim of this work was to create the infrastructure for social prescribing at Quest Community Health Centre.

Caitlin Muhl is a PhD Candidate in Health Quality at Queen's University in Ontario, Canada. Her doctoral research is focused on social prescribing. Caitlin is also supporting the implementation and evaluation of

social prescribing at Quest Community Health Centre, as well as collaborating with other Canadian students to build the social prescribing student movement across the country.

Method(s) used

Drawing on the Social Prescribing Guidebook that was released by the Alliance for Healthier Communities, which conducted Canada's first social prescribing pilot, team members worked together to create the infrastructure for social prescribing. They developed a social prescribing process map, created a social prescription pad for health care providers, created a social prescribing menu for clients and link workers, developed an evaluation plan, worked with data experts to establish social prescribing documentation in the electronic medical record, conducted social prescribing training sessions for staff members, including separate sessions for health care providers and link workers, and held a social prescribing launch session for clients.

Key Findings/Learnings

Team members successfully created the infrastructure for social prescribing, with the Social Prescribing Guidebook playing a crucial role in guiding this work. The time and effort that team members put into laying the groundwork for social prescribing was critical to the successful launch of social prescribing.

Conclusions

Team members created the infrastructure for social prescribing, which was key to the successful launch of social prescribing. Through PDSA cycles, improvements will be made to the social prescribing pathway over time. A convergent parallel mixed methods approach will be used to conduct a process and outcome evaluation of social prescribing. The process evaluation will be conducted to evaluate the implementation of social prescribing, while the outcome evaluation will be conducted to evaluate the effectiveness of social prescribing in terms of the impact on clients' health and wellbeing. With social prescribing gaining momentum across Canada, it is anticipated that this work will help to advance the evidence base on social prescribing in Canada.

Developing a Better Understanding of the Social Prescribing of Music Activities in Scotland

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Aim

Music activities have become an increasingly popular socially prescribed intervention in Scotland. To optimise the delivery of socially prescribed music activities and better understand their impact, there is a need to better understand the process and practices of delivery, actual and perceived challenges and limitations to socially prescribing music activities, and appropriate methods for impact evaluation. This study addresses the needs raised in the context of socially prescribed music activities in Scotland, through a Stakeholder Analysis.

Method(s) used

A Stakeholder Analysis was conducted with the following key stakeholders in Social Prescribing: link workers (n=6), service providers (n=5), and service users (n=2). Each stakeholder was invited to participate in an online semi-structured interview addressing topics around the practice of delivering and evaluating the impact of socially prescribed music activities, and actual and perceived challenges and limitations to socially prescribing music activities. All interview data were analysed through thematic analysis.

Key Findings/Learnings

Key findings from the thematic analysis of the ongoing research will be presented and discussed in relation to the processes and practices to deliver and evaluate impacts of socially prescribed music activities. The discussion will be centered around factors that facilitate the referral pipeline, actual and perceived challenges and limitations of socially prescribing music activities, methods to evaluate impact of socially prescribed music activities, and challenges and limitations found in current practices of impact evaluation.

Conclusions

The findings of this research are expected to contribute to a more cohesive picture of the current practice, challenges and limitations in delivery and evaluation of the social prescribing of music in Scotland. Further, an overview will be given in time of the conference of how the findings will inform subsequent development of a guidance document to support optimised practice in implementation and delivery, and an evaluation framework to inform evidence-based design for impact evaluation of socially prescribed music activities.

The effectiveness of social prescribing in the management of long-term conditions in community-based adults: a systematic review

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Aim

To evaluate the effectiveness of social prescribing interventions in the management of long-term conditions in community-based adults

Method(s) used

This review was registered with Prospero. Seven electronic databases (Medline, Embase, CINAHL, Scopus, Cochrane Central Register of Controlled Trials (CENTRAL), ClinicalTrials.gov, Lilacs) were searched until August 2021. Randomized and quasi-randomized controlled trials, published in English were included. Studies had to examine the effectiveness of social prescribing interventions in any long-term condition, using a layperson as a "link worker". Outcomes of interest were quality of life, physical activity, and psychological well-being. Due to heterogeneity of studies, data was analysed using a narrative synthesis and bias was assessed with the Cochrane Risk of Bias 2 tool

Key Findings/Learnings

After independent reviewers screened search results 12 studies (n=3639 participants) were included in the review. Studies included people with diabetes (n=8), cancer (n=1) and multiple health conditions (n=3). Studies were conducted in the USA (n=9), UK (n=1), Australia (n=1), and Belgium (n=1). Most participants were urban dwellers and average age was 49 years. Social prescribing interventions were heterogeneous and lasted from 4-weeks to 18-months. Most link workers were trained and provided one-to-one contact by telephone, text messages or face-to-face. Thirty-nine different outcome measures were used across studies with disease-specific measures the most common. There was some evidence for improved outcomes with social prescribing interventions, participants who consulted three or more times with a link-worker demonstrated significant improvements in quality of life, (p=0.011) anxiety (p=0.005); depression (p=0.007) and physical activity (p=0.013). Risk of bias across studies rated from high to having some concerns, with large dropout rates and poor blinding in many studies.

Conclusions

There is evidence that social prescribing interventions result in improved outcomes for some long-term

conditions, however, heterogeneity of interventions and outcome measures, coupled with methodological weaknesses makes it difficult to be definitive on its effectiveness

Influencing system change and a real shift in funding in Keighley

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Mr Adam Knight-Markiegi



Mr Bill Graham

Aim

An evaluation of a pump-priming fund in Keighley, West Yorkshire, assessing the VCS's capacity to deliver community-led health, alongside how this can influence system change with strategic commissioners. A key part is realising aspirations about a 1% left shift in funding, from statutory to VCS organisations.

Method(s) used

A mostly qualitative evaluation, engaging with a wide range of stakeholders, including grantees, social prescribers, strategic commissioners and wider VCS representatives.

Key Findings/Learnings

Covid-19 has thrown up challenges and opportunities. It has made it harder for the VCS to engage with social prescribers and limited much in-person work. However, it has shown the real value of community-based organisations that have supported the Covid vaccination programme, a tangible benefit of local connections between the VCS and primary care.

The VCS is strongly represented in strategic healthcare commissioning bodies, which have a desire to transfer funding to the sector. However, the challenge is making this a reality. With funding already tight, there needs to be a “leap of faith” to fund upstream prevention rooted in communities.

A related challenge is the tension between large national organisations that are better known and have greater capacity to raise funds, set against small, locally based groups that have better connections to their communities but lack resources to bid for contracts.

Conclusions

There is a need for money to follow patients with social prescribing and into the VCS. This needs to be more than small and short-term grants, ideally built into longer-term pathways. The VCS has a lot to offer, including its local roots in places like Keighley.

Strategic commissioners already pledge to support a shift in funding from statutory services to the VCS. This now needs to translate into reality, with firm commissioning decisions and support for organisations big and small, from strategic leaders' desires into actual funding decisions by commissioning managers.

The Community Health and Wellbeing Worker apprenticeship standard as a workforce development tool for community-centred roles

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Office for Health Improvement and Disparities, Department of Health and Social Care, London, United Kingdom



Ms Hannah Burn



Ms Abi Jessop

Aim

The community-centred workforce is both a long-established workforce in England and, also, one that is rapidly expanding. There are a wide range of community-centred roles, with different job titles, funded through different sectors (e.g. health, social care, housing), and working from different perspectives when supporting individuals and connecting communities and individuals to services and other local resources.

While there are clear skill sets and underpinning knowledge required across the range of roles in this occupation, when the development of this apprenticeship commenced (March 2019) there was no nationally recognised programme of training and development that enabled workers to demonstrate and evidence their competence and transferable capabilities.

An apprenticeship standard was proposed by employers to allow workers time in their role to develop through a nationally recognised gateway to occupational competence and the support of 'off-the-job' learning.

Method(s) used

A Trailblazer Group of over 50 employers developed the standard with support from training providers, professional and membership bodies, Health Education England, Skills for Health, and Public Health England (now the Office for Health Improvement and Disparities).

The standard was underpinned by [community-centred public health approaches](#), and NHS England's [universal personalised care](#) model.

Key Findings/Learnings

The Trailblazer Group, in consultation with employers and front-line workers, agreed that the apprenticeship would benefit the system by:

- providing a national benchmark for competency for community-centred roles
- increasing access to formal qualifications
- providing access to funding for training through the Apprenticeship Levy
- supporting social mobility
- supporting the development and upskilling of a key occupational group

- increasing access for new recruits and attracting future talent into the workforce
- contributing to efforts to increase the sustainability and resilience of a group of critical workers.

Conclusions

The standard was approved in September 2021 by the Institute for Apprenticeships and Technical Education, and is now being implemented in England. The first cohorts are expected in Spring 2022.

Connecting people to nature to improve mental health in Greater Manchester

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Mr Jon Grace



Mr Jon Grace

Aim

Greater Manchester (GM) is facing mental health and climate crises with significant deprivation and health inequalities exacerbated by the pandemic. Pledging to tackle climate change through its 5-year Environment Strategy, GM has an abundance of green spaces and vibrant VCSE sector delivering diverse, inclusive nature-based activity. A timely opportunity to address deteriorating mental health whilst reconnecting with and restoring our natural resource.

As part of NHS England and NHS Improvement's Green Social Prescribing Programme, GM is testing how to scale up interventions whilst supporting the VCSE sector.

Method(s) used

Co-ordinated through the Partnership, delivered in four 'test and learn' sites with cross-Greater Manchester infrastructure support:

- Creating and expanding referral pathways from across mental health into high quality green interventions.
- Building capacity and growing skills in the VCSE sector to provide interventions.
- Testing methods of interventions, tailored to address the spectrum of mental health conditions, and required support for individuals.
- City region stakeholder group to create a movement and embed a sustainable delivery model.

Key Findings/Learnings

A quarter of the way through the programme and we are seeing profound changes to individuals' lives and the impact this has on the organisations and communities involved. We are creating new pathways and putting more people into nature where they receive multiple benefits.

However, we are coming up against barriers through a lack of understanding and awareness as to the

current skills, resources and opportunities that referral organisations have access to. Clinical interventions and conventional prescriptions are often the preferred solution whilst nature-based interventions are viewed as unproven and risky. We are slowly and successfully changing those views.

Conclusions

There is much to do, however GM is at the forefront of change. By the end of the programme GM will have a sustainable and thriving nature-based social prescribing infrastructure that creates better access to improved mental health for all.

Increased wellbeing following group-based physical activity in nature: The Conservations Volunteers Green Gym programme

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Aim

Robust evidence showing the health-related benefits of nature-based volunteering or green 'social' prescribing activities is limited. The wellbeing benefits of engaging in a UK-wide nature-based programme, The Conservation Volunteers 'Green Gym' were examined. Green Gym encourages physical activity, social interaction and nature exposure. The demographic and health characteristics were examined in relation to participant attrition.

Method(s) used

Participants were Green Gym attendees (N= 892: 49.4% males), aged 18-85 (M = 48.90, SD = 17.56) years old. Participants mean index of multiple deprivation decile ranged between 1-10, (M = 4.50, SD = 2.82). Participants included individuals who self-reported a health condition (n = 367, 41.1%) and individuals who reported having difficulties doing activities (n = 169, 18.9%). Individuals either self-selected to engage in Green Gym or were referred via social prescribing routes. Green gym attendees completed the Warwick Edinburgh Mental Wellbeing Short Form Scale, a measure of mental wellbeing, prior to engaging in Green Gym. Follow-up measures were provided on average 4.5 months (n = 253), 8.5 months (n = 92) and 13 months (n = 40) later.

Key Findings/Learnings

Significant increases in wellbeing were observed, which were more pronounced for individuals with the lowest starting levels of wellbeing. Increases in wellbeing were sustained up to 8.5 months and 13 months after engaging in Green Gym. Green Gym attendees who did not complete a follow-up measure (n = 317, 35.9%) were more likely to be female, younger and to have a health condition. Individuals who left Green Gym (314, 35.6%) were more likely to be younger and tended to live in less deprived areas.

Conclusions

These findings provide evidence of the wellbeing benefits of Green Gym and further support for health-related benefits of nature-based activities delivered in community settings and social ('green') prescribing initiatives.

Feasibility Trial of Flourish, a 9-week green exercise intervention for women with low mood residing in Colchester, Essex.

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Aim

The aims of this study were to test the feasibility of the Flourish intervention by, i) investigating the practicalities of running the Flourish programme, ii) exploring the acceptability and experience of the Flourish programme for the women who participate, and iii) generating descriptive statistics to indicate the direction of effect for psychological outcomes.

Method(s) used

The Flourish intervention was co-designed by community stakeholders and underpinned by behaviour change theory and empirical evidence. Participants were thirteen women residing in the Colchester area of Essex who responded to recruitment advertisements shared via social media and local organisations. Quantitative data included standardised measures of depression, anxiety, wellbeing, quality of life, self-efficacy and nature connection, and participants' self-report green exercise diary. Qualitative data was collected via focus group participation at mid-point of the intervention (n=7) and post-intervention interviews (n=3), all conducted via Zoom.

Key Findings/Learnings

Four women adhered to the intervention with three experiencing clinically significant change in their depression scores post-intervention. In addition, participants reported decreased anxiety and increased wellbeing, quality of life and self-efficacy. The programme supported women to make small changes

enabling green exercise to be incorporated into their daily routine. In addition, participants adapted the protocol to meet their own needs and preferences enhancing acceptability of the programme. Connecting with the natural environment during physical activity was described as a form as mindfulness and offered space and respite from daily worries, however, time alone in nature could also exacerbate feelings of loneliness.

Conclusions

The findings of this research demonstrate the potential for green exercise-based interventions to result in clinically significant outcomes. The results highlight the importance of flexible interventions that are adaptable to personal circumstances and lifestyles.

The effectiveness of psychological interventions used in motivating people to access and maintain participation in social prescribing and wellbeing activities: A systematic review.

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Aim

To systematically review the literature in order to identify the effectiveness of psychological interventions in motivating people to access and maintain participation in social prescribing and wellbeing activities, and the motivational mediators involved.

Method(s) used

Systematic review with narrative synthesis and coding of interventions using the Behaviour Change Techniques (BCT) Taxonomy. Studies were included if they included a measure of wellbeing or quality of life (QoL) and reported a psychological intervention with some sort of motivational component.

Key Findings/Learnings

45 studies were included in the review, grouped by population: children, young people, adults with cardiovascular disease risk factors, healthy adults with psychosocial or sociodemographic risk factors, older adults, and adults with specific diagnoses: long-term conditions, cancer, and dementia or reduced capacity. Interventions varied considerably in terms of target, theoretical basis, delivery mode, length, and complexity. The number of BCTs coded from the intervention description ranged from 0 to 17; the most frequent were behavioural instruction, goal setting, and reduce negative emotions. Motivational components ranged from tailoring to participants' preferences through to motivational interviewing. Interventions incorporating robust theoretical frameworks or methodologies such as motivational interviewing were more effective in changing target behaviours. However, the results in terms of wellbeing and QoL outcomes were mixed with few discernible patterns.

Conclusions

This review identified several psychological interventions and behaviour change techniques that might be effective in enhancing motivation to access and maintain participation in social prescribing and activities designed to enhance health and wellbeing. Placing the design and evaluation of social prescribing and similar interventions within a theoretical behaviour change framework such as the COM-B or TransTheoretical Model might enhance the quality and robustness of the evidence base.