

Plus Social – a social prescribing program

The evidence base

Social prescribing is a new and growing framework used by GPs and other health practitioners internationally, particularly in the UK. The evidence base is still emerging, but early indications suggest it can be beneficial in marginalised patient groups.

Social prescribing is a way to link people with long-term health conditions to psychosocial services, with the aim of improving their social wellbeing. It shares the same values as the broader person-centred care approach that now underpins the health and social care sectors.



“Social prescribing has been shown to provide significant alternatives or value-adds to health care planning.”¹



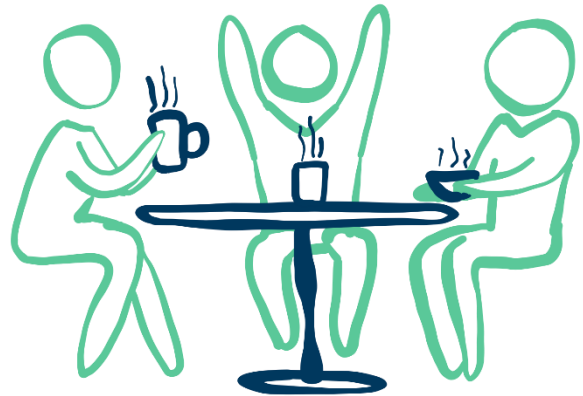
Based on evidence from overseas social prescribing initiatives where pilot programs have been successful, the first of its kind launched in Australia in 2017 for injured workers. Now, **Plus Social** is available on the Gold Coast. It is funded by the Gold Coast Primary Health Network and will link patients with non-medical sources of support within the community. The program aims to address the social and health gaps those with severe mental illness may experience.

“Evidence suggests that there are three main benefits to social prescribing – improving mental health outcomes, improving community wellbeing and reducing social exclusion.”¹

The following is a summary of four key pieces of evidence which support the use of social prescribing and an additional selection of eight other relevant references. The majority of currently available evidence comes out of the UK.

Review of 86 social prescribing schemes in the UK, 2015

This review looked at 86 UK social prescribing schemes and found that just over 40% of these programs had been formally evaluated. The review found evidence that social prescribing delivers the following benefits for participants and that these are especially pronounced for marginalised groups: enhanced self-esteem and confidence, a greater sense of control and empowerment, improved mental wellbeing and mood, reduced social isolation and loneliness, improved motivation and the acquisition of new skills. It also found social prescribing reduces the number of visits to primary and secondary care services, including GPs.



Thomson, L.J., Camic, P.M. & Chatterjee, H.J. (2015). *Social Prescribing: A review of community referral schemes*. London: University College London http://create.canterbury.ac.uk/15655/1/Social_Prescribing_Review_2015.pdf

Review of seven linking schemes in the UK, 2015

The review considered seven UK studies in which referrals were usually made through general practices. Almost all interventions involved a facilitator who identified and linked participants to suitable community-based services. The review found evidence to support improvements to participant's psychosocial wellbeing and reduced usage of health services. It also found "the involvement of health professionals in aiding the referral of patients to the intervention and the role of the intervention facilitators as key components of the interventions." (p467)



Mossabir R, et al. *A scoping review to understand the effectiveness of linking schemes from healthcare providers to community resources to improve the health and well-being of people with long-term conditions*. *Health & Social Care in the Community* 2015;23(5) 467-484, <https://onlinelibrary.wiley.com/doi/abs/10.1111/hsc.12176>

Evaluation of a social prescribing service in Rotherham (UK), 2016

This is an evaluation of the Social Prescribing Service in Rotherham (UK) that is delivered by Voluntary Action Rotherham in partnership with over 20 local community and voluntary organisations. The service is one of the largest in the UK and has continued to operate since commencing as a two year pilot in 2012.



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The service model involves GPs referring eligible patients and carers to a team of link workers who provide access to voluntary and community support for patients and GPs as well as funding these voluntary and community organisations to provide additional activities suited to participants. It aims to help GPs to better meet the non-clinical needs of patients with complex long-term conditions. During the three year evaluation period, more than 2,000 people had substantively engaged with the service. The evaluation found that participants had reduced demand for urgent hospital care (including a 17% reduction in emergency department attendances), improved wellbeing, reduced social isolation and better self-management of their condition.

Dayson, C., Bashir, N., Bennet, E. & Sanderson, E. (2016). *The Rotherham Social Prescribing Service for People with Long-Term Health Conditions: Annual Evaluation Report*. Rotherham/Sheffield: Voluntary Action Rotherham (VAR) and Centre for Regional Economic and Social Research (CRESR).

<http://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/rotherham-social-prescribing-annual-eval-report-2016-7.pdf>

Evaluation of a linking service in Wigan (UK), 2016

This report evaluates the Wigan Community Link Worker service that was established to improve health and wellbeing through enabling better connections to appropriate supports within the community. It commenced as a pilot and involved 63 practices. Health professionals working in primary care, hospitals and social care could refer people to link workers who identified participant's needs and aspirations and then facilitated their access to appropriate

community supports and activities. The evaluation considered 784 participants and largely uses qualitative data. It found the service has had "significant impact on the lives of its clients, for example, helping people in crisis to tackle and resolve issues quickly and supporting people with longer term challenges to build confidence, develop plans and make behaviour changes through becoming active in the community." (p36). The greatest impact was derived from the time the link workers spent actually listening to the participants. Other impacts on participants included: access to improved relationships of participants with families and friends, greater involvement in the community and enhanced social networks, improved confidence and greater motivation. Benefits to GPs were found to include freeing up of GP time thereby allowing more effective use of primary care resources and enabling the role of GPs to be expanded to connect people with community resources.

Innovation Unit (May 2016). Wigan Community Link Worker Service Evaluation.

<https://www.innovationunit.org/wp-content/uploads/2017/05/Wigan-CLW-service-evaluation.pdf>



Additional references

Kilgarriff-Foster, A., O’Cathain, A. Exploring the components and impact of social prescribing. *Journal of Public Mental Health* 2015; 14(3) 127-134.
<http://eprints.whiterose.ac.uk/96464/3/A%2520review%2520of%2520social%2520prescribing%2520Foster%2520A.pdf>

Chatterjee, H.J., Camic, P.M., Lockyer, B., Thomson, L.J.M. Non-clinical community interventions: a systematised review of social prescribing schemes. *Arts & Health*; 2017.
<https://www.tandfonline.com/doi/full/10.1080/17533015.2017.1334002>

Laing, K. et al. (2017) How Ways to Wellness social prescribing is improving the health and wellbeing of people with long term conditions: Evaluation report to the Cabinet Office. University of Newcastle (UK); Institute of Health & Society. https://golab.bsg.ox.ac.uk/documents/105/Laing_et_al_2017a.pdf

Moffatt, S. et al. Link Worker social prescribing to improve health and well-being for people with long-term conditions: qualitative study of service user perceptions. *British Medical Journal Open* 2017; 7:e015203. <http://bmjopen.bmj.com/content/bmjopen/7/7/e015203.full.pdf>

ERS Research and Consultancy, (2013), Newcastle social prescribing project evaluation: Final report, UK, <http://www.healthworksnewcastle.org.uk/wp-content/plugins/downloads-manager/upload/Social%20Prescribing%20Evaluation%20Report%20August%202013%20Final.pdf>

Kimberlee, R. (2013) Developing a social prescribing approach for Bristol. Project Report. Bristol Health & Wellbeing Board, UK. <http://eprints.uwe.ac.uk/23221/1/Social%20Prescribing%20Report-final.pdf>

Bragg, R., Wood, C. & Barton, J. (2013). Ecominds effects on mental wellbeing: An evaluation for Mind (University of Essex). Stratford/London: Mind. <http://www.mind.org.uk/media/354166/Ecominds-effects-on-mental-wellbeing-evaluation-report.pdf>

Langford, K., Baeck, P. & Hampson, M. (2013) More than medicine: New services for people powered health. London: Nesta² http://www.nesta.org.uk/sites/default/files/more_than_medicine.pdf

The University of Westminster has published a comprehensive guide to social prescribing – *Making sense of social prescribing*, <https://www.westminster.ac.uk/file/113311/download>

Endnotes

¹ Duggan, M, Chislett, WK & Calder, Feb 2018, The state of self-care in Australia, Australian Health Policy Collaboration Commissioned Paper no. 02/2017, Australian Health Policy Collaboration (a public policy think tank at Victoria University), Melbourne, <https://www.vu.edu.au/sites/default/files/the-state-of-self-care-in-australia.pdf>

² Nesta is the innovation unit for public services in the UK and is a not-for-profit social enterprise.