

SOCIAL PRESCRIBING

Evidence Bulletin

January-February 2025



NEW EVIDENCE

Al-Zubaidi, &, & Hussain. (2025). [*Parkrun Practice: Transforming Lives through Movement and Volunteering \[online\]*](#)

Dr Hussain Al-Zubaidi explains why more than 1,800 GP practices across the country are now prescribing parkrun to their patients. [9 Apr 2025]

Brown, M., and Aylett, K. S. (2025) ['Interrogating Green Social Prescribing in South Wales; A Multi-Stakeholder Qualitative Exploration.'](#) *PloS One* 20(1), e0314107.

As an umbrella term, social prescribing offers varied routes into society which promise to support, enhance, and empower individual citizens to take control of their own health and wellbeing. Globally healthcare systems are struggling to cope with the increasing demands of an ageing population and the NHS (UK) is no exception. Social prescribing is heralded as a means to relieve the burden on primary care and provide support for the 20% of patients whose needs are non-medical. As such an increasing array of schemes are available, spanning five sub-sets: creative or nature-based referrals, welfare services, exercise referrals, education programmes or befriending support. Green social prescription offers significant potential to promote wellbeing and improve health outcomes. However limited research has explored this emergent sub-set.

Explore and interrogate the concept of social prescribing to understand how it is conceptualised, perceived, and experienced by different stakeholders involved in its

coordination, delivery, and provision; At a time when it is being formalised in Wales, UK. Using qualitative enquiry, from a social constructivist paradigm, stakeholder perspectives pertaining to current social prescribing models, pathways and actions in Wales were explored. Three multi-discipline research workshops and ten semi-structured, one-to-one interviews were conducted either in person or via zoom. Qualitative data were analysed thematically.

39 different stakeholders contributed. These included social prescribers, community connectors, service coordinators, third sector and voluntary organisation representatives, a general practitioner, occupational therapist, social enterprisers, academics and local area coordinators. Five themes were identified which revolved around stakeholders discussions of critical challenges pertaining to the delivery, provision, and evaluation of green social prescribing schemes in south Wales, UK. Tension between varying stakeholders was also evident, often preceded, or complicated by funding discrepancies, competition, and uncertainty. Stakeholders demanded clarity regarding evaluation outcomes and benchmarking across the sector.

To ensure the continued provision of social prescribing schemes which are highly valued by service users, voluntary and third sector organisations require funding security and stability. The delivery of green, nature-based, schemes require maintenance of trusting, long-term relationships with local service co-ordinators and referrers, secure equitable funding models and agreement over conceptual basis of social prescribing itself, particularly in relation to 'where' social prescribing is located within health and social care models. Without resolution and positive progress across these areas the continuation of local green schemes within local communities, which build resilience and support positive change for service users' health and wellbeing, is questionable.

Chen, L., et al. (2025) '[Acceptability, Feasibility, and Preliminary Effectiveness of a Wellbeing Coordination Program in an Integrated Health and Social Care Hub: A Mixed Methods Study.](#)' *International Journal of Integrated Care [Electronic Resource]* 25(1), 10.

Families experiencing adversity often have complex needs and face barriers to accessing health and social care. This study evaluated the acceptability, feasibility and preliminary effectiveness of a Wellbeing Coordination (WBC) program to improve access to services.

The program combined care navigation and social prescribing within an integrated health and social care Child and Family Hub.

Connolly, D., et al. (2025) '[Feasibility and Acceptability of Social Prescribing for Cancer Survivors.](#)' *Current Oncology (Toronto)* 32(3), 129.

Following cancer treatment, individuals experience a range of physical, mental and social health difficulties that interfere with their ability to resume participation in pre-cancer activities. In Ireland, the National Cancer Strategy recommends community-based services to address post-treatment difficulties. Social prescribing is a community-based, non-medical service that links individuals with health-related activities and supports in their community. This study explored the feasibility and acceptability of social prescribing for cancer survivors. A mixed methods study was undertaken with individuals who had completed curative treatment for any cancer type. Recruitment was carried out in a national cancer centre. Quantitative outcomes included feasibility metrics (recruitment, intervention adherence and retention), the Frenchay Activities Index (FAI), the Hospital Depression and Anxiety Scale (HADS), the Multidimensional Assessment of Fatigue (MAF), and EORTC QLQ-C30. Qualitative interviews explored acceptability of social prescribing. Data were analysed using descriptive statistics (quantitative data) and content analysis (qualitative data). Out of 131 individuals identified as eligible to participate, 43 agreed to participate (32.8% recruitment) and 27 met a link worker and were connected to a local activity (62.7% adherence) and completed follow-up outcome measures (62.7% retention). Improvements were observed in all health-related outcomes and those interviewed identified the intervention as acceptable. Study participants attended a range of community-based activities as a result of link worker support. They also reported increased confidence, improved mental health and reduction in fatigue following attendance at community-based activities. The findings of this study indicate that social prescribing is a feasible and acceptable community-based intervention to improve the physical, mental and social health of individuals living with and beyond cancer. A pilot randomised trial is indicated to inform a definitive intervention trial.

Di Lorito, C., et al. (2025) ['What are the Challenges that Social Prescribers Face when Supporting People within Dementia and how can these be Addressed? A Qualitative Study.'](#) *PloS One* 20(1), e0317749.

Evidence suggests that social prescribing might have a positive impact on identity, control, creativity and quality of life in people with dementia. While evidence on the benefits of social prescribing is accumulating, there is a sparsity of research on the experiences of social prescribers. This study aims to identify the challenges that social prescribers face when supporting people with dementia and their families and strategies to address these.

A qualitative study involving 24 social prescribers from all regions in England. Semi-structured interviews investigated challenges and strategies that social prescribers experience in their own practice. Data were analysed through thematic analysis. Results on "Challenges" and the respective "Strategies" are presented in a chronological order that reflects the different stages of contact with and support for the client with dementia, from referral to discharge.

This study identified unique barriers that social prescribers face when working with people with dementia, particularly around communication, motivation, engagement and overdependency. It identified person and system-level strategies that can be used to address these challenges. These include expanding opportunities for dementia training, offering in-person support, including social prescribing in annual dementia reviews, and increasing integration of services within Integrated Care Systems and collaborations between health care service providers and with the third sector. Improving delivery and effectiveness of services is crucial to ensure that social prescribing fulfils its ethos of personalised care approach for all, including people with dementia, as envisioned in the NHS long term plan.

Farina, I., et al. (2025) ['A Service Ecosystems Perspective to Explore Social Prescribing Value Co-Creation for Vulnerable Young People in NEET Situation.'](#) *BMC Health Services Research* 25(1), 88–13.

Social prescribing inherently embodies a co-productive nature, particularly within the 'holistic' model facilitated by the pivotal role of Link Workers. Most attention is focused on collecting evidence about the micro-level relationship between Link Workers and

their clients. However, little is known about how this co-productive relationship influences or is influenced by value co-creation at different levels, given the involvement of multiple actors in delivering the intervention. To advance research on the operational processes underlying social prescribing, we propose a conceptual framework utilizing the Service Ecosystems perspective to investigate the application of social prescribing with young people in NEET situations in Italy.

A single case study was conducted as part of the European C.O.P.E. (Capabilities, Opportunities, Places, and Engagement) initiative, examining the implementation of social prescribing targeting young NEETs (Not in Education, Employment, or Training) in Italy. Semi-structured interviews were conducted with 27 participants, including six members of the C.O.P.E. coordination team, six Link Workers, and 15 young people aged 15-34 years.

Findings are presented showing the ecosystem dynamics at each intervention phase: the referral process, co-production of an individualized action plan, and connection with and activation of community assets.

This research illustrates how social prescribing is not a linear path but rather a complex intervention with multiple interacting elements across ecosystem layers. The dyadic relationship between Link Workers and clients operates within broader care services, fostering continuity of care. The service ecosystem perspective offers a valuable framework for examining the dynamic interactions between actors and understanding how their resource integration processes and institutional arrangements foster the emergence of opportunities to support an invisible and hard-to-reach target group, such as young people in NEET situations.

Ganbaatar, G., et al. (2025) '[Space Prescription: Initiative to Improve Health and Well-being in Tokyo.](#)' *Journal of Atherosclerosis and Thrombosis* 32(1), 1–10.

This review introduces “space prescribing,” an innovative healthcare approach that incorporates the physical environment’s role in promoting health beyond traditional clinical settings. Recognizing that individuals spend a significant amount of time outside clinical environments, this approach explores the therapeutic potential of natural and built environments in improving well-being and managing diseases, particularly cardiovascular and mental health conditions. Traditional healthcare models focus on

treatments in hospital and clinic settings. However, evidence suggests that environmental factors profoundly influence health outcomes. Space prescribing recommends specific environments that encourage healthier lifestyles and enhance wellbeing. This concept includes social prescribing, in which healthcare professionals direct patients to community-based, non-medical activities such as art classes and sports, acknowledging that well-being transcends biological factors. This review also highlights “Cultural Ecosystem Services” (CES) in health through stress reduction, social connections, and physical activity. For cardiovascular health, elements such as green spaces and urban design are vital for managing conditions, such as hypertension and heart disease. Similarly, the configuration of indoor and outdoor spaces plays a crucial role in mental health. Therapeutic landscapes, including community gardens and culturally enriched urban areas, support mental health recovery, foster community engagement and reduce isolation. In conclusion, space prescribing advocates an integrated approach that considers the physical and social environments as fundamental components of health promotion. This strategy aims to mitigate health disparities and enhance the quality of life, while making health-enhancing activities accessible in urban and rural settings. Through this holistic approach, space prescribing has the potential to transform public health by strategically utilizing environmental designs to support health outcomes.

Gangji, A. R., et al. (2025) '[Bridging Health and Society: Transforming Canadian Health Care through Social Prescribing.](#)' *Canadian Family Physician* 71(1), 13–15.

Gangji et al discuss transformation of Canadian health care through social prescribing. Social prescribing is a strategy for addressing mental health concerns, with growing evidence supporting its positive impact. One study examined the effect of individuals with mental health problems who participated in community groups, including football teams, reading clubs, and choirs. Awareness of social prescribing and the social determinants of health is particularly relevant to the treatment of chronic medical conditions. Social prescribing interventions in Canada and globally have demonstrated numerous successes, particularly in addressing mental health issues, chronic disease, and the needs of older adults, but they are not without their challenges. For instance, community projects require resources and infrastructure to continue operating, as well

as consistent staffing and project leads. Further, should a primary stakeholder or project lead withdraw, there might not be a suitable backup.

Garside, M., et al. (2025) '[Healthcare Professionals' Attitudes Towards Social Prescribing in Specialist Children's Weight Management Services.](#)' *BMC Family Practice* 26(1), 55–9.

Addressing increasing rates of childhood obesity is a global priority. High numbers of children and young people are living with obesity and experience significant physical and mental health impacts. Social prescribing research has shown it can help improve young people's physical and mental health, meaning it may be a helpful way to provide additional, personalised support to young people who are living with obesity, and to help to address the health inequalities experienced by this group. This study aimed to provide an overview of the current understanding and use of social prescribing from healthcare professionals working in specialist weight management services in England, and to identify perceived benefits and barriers to future implementation of social prescribing in these services.

A national survey was distributed online between April and July 2023 to healthcare professionals working within specialist weight management clinics across England to gather information regarding their current use and understanding of social prescribing. Thirty-eight completed surveys were analysed, with good representation from services across England. Staff felt they had an understanding of what social prescribing is and were willing to use it. Anticipated benefits included improvements to wellbeing and providing opportunities for physical activity and family support. Reported barriers included limited capacity from staff and a need for more training around how to identify appropriate community-based services to link with.

Healthcare professionals working in children's weight management services felt social prescribing could be beneficial for the families they worked with. However, to support implementation in their services, there is a need for further resource, such as staff time and training, to help develop relationships between clinical services and community-based services.

Gordon, L., et al. (2025) '[Hospital in-Reach Family-Centred Social Prescribing Pilot for Children with Neurodisability: Mixed Methods Evaluation with Social Return on Investment Analysis](#).' *BMC Health Services Research* 25(1), 176–21.

Social prescribing link workers support individuals to engage with community resources, co-creating achievable goals. Most schemes are community-based, targetting adults. Vulnerable populations including hospitalized children with neurodisability and their families, could also benefit from social prescribing.

To pilot a hospital-initiated social prescribing service for children with neurodisability and their families; to explore its feasibility, acceptability and undertake social return on investment (SROI) analysis.

Mixed-methods cohort study with SROI analysis. We recruited children aged < 16y with neurodisability, identified during inpatient stays, their parents/carers and siblings. Participants received link worker support for 6 months, extending beyond hospital discharge. Pre- and post-intervention pilot data covered profile of needs (Support Star), quality of life (EQ5D/CHU-9D), wellbeing (WEMWBS/CORS) and financial strain. We undertook 22 qualitative observations of family/link worker interactions and 39 in-depth interviews with families, link workers and healthcare professionals. Together these data were analysed within a SROI to establish the costs and social value generated.

Of 48 families supported by the service, 25 were recruited to the evaluation (26 children, aged 10 m-15y; 4 siblings; 36 parents). Baseline quality of life and wellbeing indices averaged below population norms. Link workers were highly effective at supporting families (only 6/151 goals unmet). Unmet need decreased by 6 months (Support Star, $p < 0.001$). Families reported having felt overwhelmed when trying to adjust to new ways of life post diagnosis/discharge before link worker intervention, with little support to navigate non-medical needs. Parents, link workers and health care professionals found link worker support invaluable for making community services accessible. Families then felt more connected to their communities, and less isolated, with increased belief in their self-efficacy. Families and healthcare professionals felt that the duration of support, and eligibility criteria, should be extended. Inputs to deliver the service for 1 year (49 families) were estimated at £74,736: outcomes for the 18 families studied were estimated at a value of £205,861.

Hospital in-reach social prescribing is feasible, acceptable, and addresses a range of

otherwise unmet needs of children with neurodisability and their families, showing a positive SROI. Other vulnerable patient groups could also benefit from this approach. ISRCTN23306751 (2.8.22).

Hayes, D., et al. (2025) ['INcreasing Adolescent Social and Community support \(INACT\): Pilot Study Protocol.'](#) *PLoS ONE [Electronic Resource]* 20(3), e0317823.

Social prescribing is a mechanism for connecting patients with non-medical forms of support within the community and has been shown to improve loneliness. Yet uptake from young people (YP) has been lower than for adults. That is thought to be the case because young people are less likely to engage with primary care for wellbeing support, where social prescribing is based. The INACT study will pilot a social prescribing pathway via schools to support young people who are lonely, testing its feasibility and acceptability of delivering, and evaluating its impact on loneliness through a randomised controlled trial.

Hazeldine, E., et al. (2025) ['Routes to Social Prescribing Outside National Health Service \(NHS\) Structures: A Systematic Map.'](#) *BMJ Public Health* 3(1), e000941.

Objectives Social prescribing, linking to community-based interventions to support individuals' health and well-being, has become established across social medicine in the UK. Currently, most of the evidence and knowledge about how social prescribing pathways' function focuses on primary care, and we know less about how social prescribing operates outside of these structures. This review explored the evidence concerning non-health service delivered social prescribing with a view to developing guidance that would support social prescribing pathways that function outside of the health service framework. **Design:** This paper reports a systematic mapping review of evidence concerning how community-based social prescribing pathways were delivered, exploring what these looked like, what needed to be in place for these to function, what outcomes were measured and how could non-health service pathways be supported to deliver these outcomes. The review searched database and grey sources and synthesised findings relating to how social prescribing pathways' function. **Setting:** Community settings, outside of formal National Health Service (NHS) structures without statutory service input. **Participants:** All participants that experienced pathways were included; no limits were applied. **Interventions:** Non-NHS social prescribing pathways

that included the core components of social prescribing. Main outcome measures: Rich descriptions of functions of pathways. Results: This mapping review included 17 studies. The synthesis indicated that NHS and non-NHS social prescribing pathways are intertwined and mutually reliant, such that it was neither sensible nor valuable to view them as separate. Conclusions: Our review provides further evidence for social prescribing as a concept, variable across all components, rather than a single, coherent model. While there exists a 'core' health service pathway, we suggest that further work should be done with those delivering services to understand the roles and functions that contribute but may not presently be funded.

Howlett N., et al. (2025) '[An Evaluation of Scottish Green Health Prescriptions using the APEASE Criteria.](#)' *BMC Primary Care* 26(1), 50.

BACKGROUND: Time spent in green space such as parks and forests can have positive effects on physical and mental health. Green Health Partnerships were set up in Scotland to promote use of green space for health improvement. One of the main mechanisms to achieve this was the setup of Green Health Prescriptions (GHPr). This study evaluates three GHPrs in different localities across a range of feasibility elements, and the funding and resourcing associated with implementation.

Husk, K., and Berry, V. (2025) '[The Context, Need, Limitations, and Delivery of Children and Young People's Social Prescribing.](#)' *Developmental Medicine and Child Neurology* 67(2), 145–146.

This commentary is on the original article by Ostojic et al. on pages 223–234 of this issue.

Itua I., et al. (2025) '[The Role of Interprofessional Collaboration for Social Prescribing: A Systematic Review.](#)' *Journal of Public Health (Germany)* (pagination), Date of Publication: 2025.

Aim: The current management of interprofessional collaborations in social prescribing schemes remains unclear. This systematic review aims to explore published reports of social prescribing schemes to examine the ways in which interprofessional collaborations are managed and their influence on social prescribing schemes. Subjects and methods: We searched CINAHL, Ovid MEDLINE, Embase, PsycINFO PubMed, Social Care Online, and Web of Science and grey literature. The searches were conducted

between August 2022 and April 2023. Two reviewers independently screened titles and abstracts and assessed the quality of included records and extracted the data.

Medina S., and Hughes, S. (2024) '[Immersion in Nature Attenuates the Development of Mechanical Secondary Hyperalgesia: A Role for Insulo-Thalamic Effective Connectivity.](#)' *bioRxiv* Date of Publication: 12 Oct 2024.

Nature-based social prescribing has been shown to improve physical and mental health and is increasingly used to manage chronic pain using immersive virtual reality (VR). However, the mechanisms of nature-based analgesia during immersive VR experiences remain unclear. In this study, we used experimentally induced sensitisation within central nociceptive pathways using high frequency stimulation (HFS) over the right forearm in 30 healthy participants and tracked the development of secondary hyperalgesia across three conditions: immersive VR nature, non-immersive 2D nature video, and no intervention. Immersive nature VR significantly reduced the development and spread of hyperalgesia, with sustained analgesic effects correlating with perceived presence. Bayesian modelling of neuroimaging endpoints collected separately revealed nature VR induced analgesic effects correlated with insulo-thalamic effective connectivity. We propose that the analgesic effects of nature are likely mediated via top-down endogenous analgesic systems which could be working to reduce the development and spread of heterotopic plasticity in the spinal cord.

Moya-Galé, G., et al. (2025) '[Stronger Together: A Qualitative Exploration of Social Connectedness in Parkinson's Disease in the Digital Era.](#)' *American Journal of Speech-Language Pathology* 34(1), 281–296.

Social isolation is a common consequence of Parkinson's disease (PD), and social prescribing has become a crucial aspect for fostering well-being in this population. In fact, group work has been shown to improve levels of social connectedness in older adults across different domains. Increased technology use in older adults may also contribute to increased social connections, especially since the COVID-19 pandemic. Still, the impact of digital use on social connectedness remains to be further explored in individuals with PD. Therefore, the purpose of this study was to examine the perceptions of social connectedness in relation with group-based activities and use of digital technologies in this population.

Ten individuals with PD participated in focus groups. Transcripts of the video-recorded groups were analyzed qualitatively using thematic analysis.

The three constructed themes not only revealed changes and challenges in social connectedness but also underscored the power of family and new relationships established through PD. Results also highlighted the overall positive impact of current digital technologies, although the view on telehealth per se was multifaceted. Referrals for group rehabilitation programs can enhance social connectedness in individuals with PD through fostering new social connections and community building. Hence, group rehabilitation programs should be viewed as a form of social prescribing. The use of digital technologies should be further explored as a means to maximize social engagements in this population.

NatureScot. (2025). [*Realising the Potential of Scotland's Natural Health Service in Practice*](#) [online]

This report provides an overview of the development and impact of Scotland's pilot Green Health Partnerships. The first part of the report outlines the evolution of Scotland's Natural Health Service programme which led to the piloting of Green Health Partnerships. The second and third parts provide further detail on each of the partnerships and summarises their main outputs and impacts. The final part briefly considers lessons learned, wider green health activities across Scotland, and looks ahead to future developments. [31 Jan 2025]

O'Grady M., et al. (2025) '[Understanding how Intermediaries Connect Adults to Community-Based Physical Activity: A Qualitative Study.](#)' *PLoS ONE* 20(1 January) (pagination), Article Number: e0318687. Date of Publication: 01 Jan 2025.

Intermediaries facilitate connections to community-based services and supports, including physical activity and exercise groups, and are an emerging method to promote physical activity participation. However, their processes when establishing connections to community-based physical activities are unclear. The aim of this study was to explore the processes, practices, and procedures of Irish intermediaries when connecting people to community-based physical activity. This was a qualitative descriptive design study. Semi-structured interviews were carried out with n = 27 intermediaries from a variety of sectors- Health Promotion and Improvement [HPO], Local Sports Partnerships [LSO] and

Social Prescribing [SP]. Four themes were identified using qualitative content analysis; 1) the processes of connecting to an intermediary, 2) connecting individuals to physical activity, 3) exiting from the intermediary service and 4) working in the local context. Intermediaries reported that they received referrals for individuals with physical, mental, and social health needs, but that referrals to improve physical activity specifically were low. They used a person-centred approach throughout their process, often addressing barriers to physical activity. However, only LSO and SP facilitated connections to physical activity, as HPO mainly focused on delivering smoking cessation support and services. Levels of support given and length of follow-up varied between LSO and SP, with the latter providing more intensive support. To facilitate their work, they developed extensive local knowledge and networks of partners, which enabled connections to a variety of community-based physical activities. Intermediaries may be an under-utilized resource to promote physical activity. Understanding the processes used in their interventions can inform future research, which is needed to investigate the effectiveness of intermediaries in improving physical activity levels and to inform future referral pathways.

Ostojic, K., et al. (2025) '[Development of a New Social Prescribing Intervention for Families of Children with Cerebral Palsy.](#)' *Developmental Medicine and Child Neurology* 67(2), 223–234.

Aim

To co-design a social prescribing intervention (the EPIC-CP programme: Equitable Pathways and Integrated Care in Cerebral Palsy) with children with cerebral palsy (CP), their families, and clinicians to address unmet social needs.

Method

The study was conducted (August 2021 to March 2023) at the paediatric rehabilitation departments of the three tertiary paediatric hospitals in New South Wales, Australia. Eligible participants attended or worked at one of the departments, including children with CP, parents/caregivers, and clinicians. Mixed-methods co-design was used in intervention co-production and prototyping. The project was overseen by research advisors with lived experience of CP.

Results

More than 200 participants contributed to the co-design research. Families experienced a substantial burden of unmet social needs. Co-designed interventions involved systematic identification of unmet social needs with (1) targeted community resources and (2) engagement with a 'community linker' who supported children/young people and their families to access health, education, and social services that matched their identified needs and preferences. Research participants co-developed the programme logic model and prototype. This was piloted in research action cycles and iteratively refined until consensus was achieved.

Interpretation

We co-designed a social prescribing programme responsive to the needs of its end-users and purposefully developed to be embedded in the Australian health setting. A pilot randomized controlled trial will further evaluate this intervention.

This original article is commented by Husk and Berry on pages 145–146 of this issue.

Patil M.K., et al. (2025) '[Integrating Social Prescribing in Dermatology Policy and Clinical Practice: Enhancing Care Beyond Medical Interventions.](#)' *Archives of Dermatological Research* 317(1) (pagination), Article Number: 126. Date of Publication: 01 Dec 2025.

Social prescribing involves augmenting medical therapies by connecting patients to non-clinical services that address social and environmental factors contributing to their disease. Programs often employ social workers, or "link workers," who provide personalized support by referring patients to community resources and activities such as physical activity, arts and creativity, gardening, social groups, and other forms of social support. The model incorporates behavioral change interventions and informed decision-making, such as support groups and disease-specific advocacy organizations. Several social prescription models have demonstrated promising results, indicating significant improvements in participants' well-being, perceived levels of health, and social connectedness, along with reductions in anxiety

Pilkington, G., et al. (2025) '[Social Prescribing for Adults with Chronic Pain in the U.K.: A Rapid Review.](#)' *British Journal of Pain* , 20494637241312064.

Social prescribing links patients to community groups and services to meet health needs; however, it is uncertain what the benefits and impacts of social prescribing are for people with chronic pain. The National Institute for Health and Care Excellence (NICE)

undertook a systematic review to investigate the clinical and cost effectiveness of social interventions aimed at improving the quality of life of people with chronic pain; no relevant clinical studies comparing social interventions with standard care for chronic pain were found, though the inclusion criteria for studies was narrow.

To undertake a rapid review of all types of research and policy on social prescribing for adults with chronic pain in the U.K. (i) to describe the characteristics of relevant research and (ii) to synthesise data on impact.

A two-stage rapid review was planned. Stage (i) scoped and categorised knowledge from a comprehensive representation of the literature. In stage (ii), we undertook a descriptive synthesis of quantitative data along with a thematic analysis of qualitative data identified by stage (i).

Of 40 full-text records assessed for inclusion, three met the inclusion criteria from academic databases. An additional five records were found in grey literature. Six records reported quantitative findings suggesting that social prescribing reduced pain severity and discomfort, pain medication and clinical appointments; and improved quality of life and ability to manage health. Five records captured qualitative data from interviews, case studies and anecdotal quotes that suggested positive impact on health and wellbeing; and increased self-efficacy in social prescribers undertaking training on pain. There is tentative evidence that social prescribing improves health and wellbeing outcomes in adults with chronic pain and that there is a need to upskill social prescribers in contemporary pain science education. Research on the routes to referral, outcomes and impacts is needed.

Social prescribing is valued and may be of benefit for people with chronic pain. There is a need to further develop and evaluate social prescribing services for people with chronic pain to enhance holistic patient centered care.

Pimm, E. (2025) '[Recognising and Addressing Loneliness and Social Isolation in Older People](#).' *Nursing Older People* (pagination), Date of Publication: 05 Mar 2025.

Loneliness is widely recognised as a problematic issue in UK society. Older people are particularly vulnerable to loneliness and social isolation for various reasons, and the effects of these can be detrimental to their physical and mental health and well-being. Recognising the signs and symptoms associated with loneliness and social isolation is

central to beginning the process of assessment and intervention. This article describes the concepts of loneliness and social isolation and explores their link to physical and mental health. The author also discusses some ways in which nurses can measure loneliness and provides some examples of interventions, such as health coaching and social prescribing, which can help to reduce the experiences of loneliness and social isolation in older people.

Ridgway V., et al. (2025) '[Creative Health a Joke Or Valuable Learning Experience; A Mixed Methods Study.](#)' *Nurse Education Today* 148, 106628.

BACKGROUND: Creative Health has been recognised to be beneficial for wellbeing and population health. Recommendations have been made that health care students and professionals should receive education and practical experience of the arts. This paper reports on a pilot creative health placement for undergraduate nurses at a UK University.

Shankar, R., et al. (2025) '[Barriers and Enablers to Pharmacist Involvement in Social Prescribing: A Protocol for a Systematic Review of Qualitative Studies.](#)' *BMJ Open* 15(2), e099022.

Social prescribing is an innovative approach to healthcare that involves referring patients to non-medical services and activities in the community to improve health and well-being. Pharmacists are well-positioned to contribute to social prescribing initiatives given their accessibility and expertise, but their involvement remains limited. Qualitative studies have explored pharmacists' perspectives and experiences regarding social prescribing, but their findings have not been systematically synthesised. This protocol outlines a systematic review of qualitative studies to identify and synthesise the barriers and enablers influencing pharmacist involvement in social prescribing. Methods and analysis we will conduct a comprehensive search of electronic databases (PubMed, Web of Science, Embase, CINAHL, MEDLINE, The Cochrane Library, PsycINFO, Scopus) and grey literature sources for qualitative studies published in English from each database inception to January 2025 that explore barriers and facilitators to pharmacist involvement in social prescribing. Two reviewers will independently screen titles, abstracts and full texts for eligibility based on predefined criteria. Eligible studies will include those that use qualitative methods (eg, interviews, focus groups, observations)

to explore the perspectives of pharmacists on factors influencing their involvement in social prescribing initiatives. Data will be extracted using a standardised form and synthesised using thematic analysis. The methodological quality of included studies will be appraised using the Critical Appraisal Skills Programme Qualitative Checklist. Confidence in the review findings will be assessed using the Grading of Recommendations Assessment, Development and Evaluation-Confidence in the Evidence from Reviews of Qualitative research approach. Ethics and dissemination Ethics approval is not required as this study will merely synthesise data from published studies. The results will be disseminated through peer-reviewed publications as well as conference presentations. PROSPERO registration number CRD42024600968.

Stewart-Robertson, T. (2025) '[Argyll and Bute we are with You Service Set to Continue.](#)' *Helensburgh Advertiser*

Argyll and Bute Health and Social Care Partnership (HSCP) announced We Are With You would continue to deliver and expand the "community link working" service across Argyll and Bute. Their service launched in December 2021 and they have now been awarded the contract for another four years.

Thamm, C., et al. (2025) '[Social Prescribing as Part of Effective Navigation Support for People Living with Cancer and Beyond Cancer.](#)' *Cancer Nursing* 48(1), 1–2.

Globally, there are varying levels of shortcomings in cancer care delivery and unmet supportive care needs irrespective of the patient population and cancer type. Patient navigation in healthcare delivery is critically important to overcome barriers to accessing care, improve outcomes, facilitate timely access to quality care, and navigate people through complex healthcare systems from screening through to end of life. Cancer patient navigation programs are multidimensional, delivered by healthcare professionals and/or trained community support staff or peer navigators who can provide a wide range of supports. However, navigators are often based in health systems and may not have access to the most up-to-date knowledge of the social capital and community support available to address the broader determinants of health for people living with cancer. The integration of social prescribing within a cancer care navigation program may help to address some of these needs.

Tierney, S., et al. (2025) '[Factors Associated with Link Workers Considering Leaving their Role: A Cross-Sectional Survey.](#)' *Bjgp Open*

Social prescribing (SP) link workers (LWs) listen to patients' concerns and difficulties, and connect them to relevant community assets (groups/organisations/charities) that can help with their non-medical issues (eg, loneliness, debt, housing). LW retention is key to sustaining SP within primary care.

Additional Resources

- The Knowledge Network [Search for more information](#)
- NHS Highland and Social Prescribing [Learn more](#)
- NHS England and Social Prescribing [Learn more](#)
- The King's Fund and Social Prescribing [Learn more](#)
- Careers in Social Prescribing [Learn more](#)
- National Association of Link Workers [Learn more](#)
- National Academy for Social Prescribing [Learn more](#)

This Evidence Bulletin is a service of
NHS Highland Library and Knowledge Services.

Please feel free to contact us
for further information or help

lidgh.library@nhs.scot