

Volunteer
Scotland



Volunteering on Prescription

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Volunteering On Prescription

Section 1: An introduction to social prescribing and volunteering

Social prescribing has undergone a transformation in recent years, growing from a little-known concept into an approach that's generating a lot of interest and discussion.

With an increasing number of studies showing promising results from social prescribing, and with more and more health and social care practitioners exploring how such an approach could work in their community, there's no doubt that social prescribing is growing in popularity. But what exactly is social prescribing and how does volunteering fit into it?

What is social prescribing?

Social prescribing is simply a way of connecting people to non-medical sources of support and resources in the community (SDCMH, 2007).

It's about recognising that a number of social and economic factors - isolation, an inactive lifestyle, benefits and debt issues - impact on the health and wellbeing of individuals.



Health care professionals aren't necessarily equipped to tackle these types of issues. Social prescribing extends the range of tools that are available to practitioners, providing an alternative to prescription medication for conditions that are largely caused by social difficulties (Kimberlee, 2014; Popay et al, 2007). For example, some GPs now offer patients access to exercise, community transport or help with housing and employment.

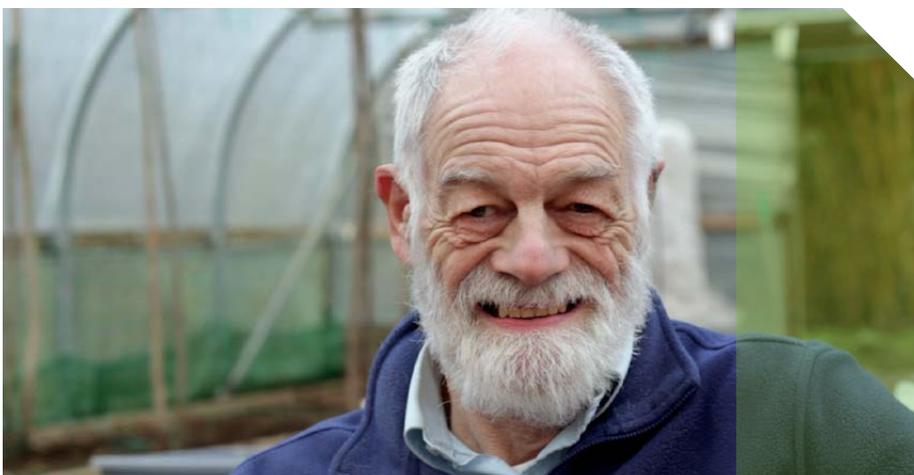
Social Prescribing.
Connects people to non-medical sources of support in the community.

Who can benefit?
The short answer is anybody who needs a little, or a lot, of additional support to lead a happy and healthy life. Social prescribing won't work for everyone, but it can be of particular benefit to vulnerable and at risk groups and those with long-term chronic conditions or mental health problems.
(Friedli, 2009)



At the core of social prescribing is a person centred approach to health care. Each individual will have different needs – some people will benefit from meeting new people in a stimulating environment, while others will enjoy gaining new skills in a particular area.

Social prescribing is a flexible process that can be adapted to suit the individual circumstances of each health care setting. The type of support and resources that can be offered will depend on what's available within the local community. If a social prescribing process is designed to help a particular group of patients, such as those experiencing mild to moderate depression, then the process will focus on services that are designed to address and support this type of condition.



Volunteering is the giving of time and energy through a third party, which can bring measurable benefits to the volunteer, individual beneficiaries, groups and organisations, communities, environment and society at large. It is a choice undertaken of one's own free will, and is not motivated primarily for financial gain or for a wage or salary. Scottish Government

What's in a name?

Social prescribing has been happening for a number of years now, sometimes under different names such as "signposting", "linking" and "community referral". Its origins are rooted in the discipline of mental health, however social prescribing can be used in a holistic way to address a range of issues that can affect people from all ages and backgrounds. As mental, physical and emotional health are inter-related, what helps one can benefit the others. Social prescribing has the potential to empower individuals to take greater control of their own health and happiness, helping them to feel better in themselves and in their life (ERS, 2013; Kimberlee, 2014).

Social prescribing and volunteering

Social prescribing involves different organisations working in partnership to achieve improved health and wellbeing outcomes for individuals.

Volunteering has an important role to play in social prescribing. The activities and services that people are connected to through social prescribing are often provided by voluntary and community sector organisations, many of which are either run by, or involve, volunteers. Volunteers can also act as intermediaries or link workers to those who are socially prescribed, helping to fully assess an individual's needs and to recommend suitable sources of support in the community.

What's on offer?

Social prescribing draws on a wide range of different community based services. These include opportunities for the arts, physical activity, learning, volunteering, social support, mutual aid, befriending, self-help as well as support with benefits, debt, legal advice and parenting.



Not only can people be signposted to services that are delivered by volunteers, but they can be encouraged to actually become a volunteer. For example, a recently bereaved older person may benefit from becoming a coffee shop volunteer in a local museum to help combat feelings of loneliness and isolation. The beneficial impact of social prescribing and volunteering on the health and wellbeing of individuals and communities, particularly older people, is explored in Section 3.

Taking a closer look

There are already a range of social prescribing initiatives taking place across Scotland that can provide a valuable insight into "what works". The more good practice narratives are shared, particularly around lessons learned, the more likely other health care professionals are to consider introducing a social prescribing process (Kimberlee, 2014).

Some examples of the different types of social prescribing initiatives that have been taking place across Scotland:

Aberdeenshire Signposting Project

The Aberdeenshire Signposting Project (ASP) provides a service within GP surgeries, Community Hospitals and by self-referral throughout Aberdeenshire to help enhance individuals' quality of life and to promote positive mental health.

Volunteers are recruited from the local area and trained to work as signposters. Signposters work with individuals to identify and discuss the non-medical issues that are affecting their quality of life, mood and wellbeing. The signposter will endeavour to source the most relevant help, support, information or advice for the individual, both locally and further afield. If the individual requires additional support, the signposter may agree to accompany the patient to their initial meeting or appointment.

The project is supported by NHS Aberdeenshire Community Health Partnership (CHP) and Aberdeenshire Council.

For more information, visit www.signpostingproject.org.uk

NHS Lothian Guided Self-Help Service

Guided self-help workers (GSHWs) offer one-to-one support for people in Midlothian who are experiencing mild to moderate symptoms of depression or anxiety.

Patients are referred to the service by GPs and the Midlothian Joint Mental Health Team. GSHWs are psychology graduates who use their clinical knowledge to identify self-help resources and local services, information and advice that are right for the individual. They may also employ cognitive behavioural therapy (CBT) techniques to support the patient.

The service is supported by an administrative volunteer. Past volunteers include people who have used the volunteer opportunity as a part of their own mental health recovery.

The service is run by Health in Mind and is funded by NHS Lothian.

For more information call 0131 225 8508.



Lanarkshire Well Connected

Well Connected is Lanarkshire's social prescribing programme. It aims to link individuals with a range of non-medical services that can help to improve mental health and wellbeing.

The programme uses an assets-based approach; harnessing and mobilising expertise and services that are already in place across North and South Lanarkshire to provide a sustainable programme of social prescribing.

Well Connected provides a package of online self-help resources, such as electronic booklets, which contain information on local advice and support services. These are themed around 8 Well Connected areas, including Physical Activity and Leisure; Volunteering; Arts, Creativity and Culture; Healthy Reading; and Stress Control Classes.

These resource packs enable people to access information and to be signposted towards appropriate services and opportunities where they can either receive a brief intervention or intensive support depending on their needs.

The programme is supported by NHS Lanarkshire, North Lanarkshire Council, South Lanarkshire Council and the Third Sector.

For more information, visit www.elament.org.uk/self-help-resources/well-connected-programme.aspx

Dundee Sources of Support

Dundee Sources of Support (SOS) is a social prescribing and community referral scheme that is offered to patients who present to their GP with low mood and other indicators of poor mental health.

Patients are offered the opportunity to talk confidentially to a Link Worker and can speak at length about the causes of their poor health. They are then supported to access non-medical, community-based activities and services that will help to address their specific circumstances.

Services range from practical help with issues like debt, benefits and legal advice to help dealing with the consequences of these issues, including social isolation and low confidence.

For more information call 01382 435852.



Practical thinking

So how do you go about putting a social prescribing process in place? To ensure a social prescribing programme is effective and sustainable, there are various practical considerations that need to be taken into account. These include:

- How referrals are made and who is responsible for them;
- Who the specific patient groups are;
- What level and type of support patients will need (online guidance or one-to-one support);
- How to keep information on services up-to-date and accessible;
- How evaluation and record keeping is carried out, and much more.

Section 2 explores the practical considerations of developing, implementing and maintaining a social prescribing process.

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Volunteering On Prescription

Section 2: Social prescribing and volunteering in practice

So we now know a bit more about what social prescribing is from Section 1 but how do you actually go about putting a process in place? What is the trigger? Who needs to be involved? What resources and infrastructure need to be in place? How do all of these pieces of the jigsaw fit together to form an effective and sustainable social prescribing initiative?

Social prescribing is often seen as something that only takes place within a health care setting, but it can also be undertaken by other groups such as the police, social care officers, community library staff, pharmacists and volunteers (Kimberlee, 2014). However, as a key point of contact in the community, GP clinics are well positioned to act as 'gatekeepers' to local help and support.



Just What The Doctor Ordered

There is mounting evidence to suggest that primary care services are under increasing strain. GP surgeries are facing an increase in the numbers of patients attending their surgeries who are presenting with more and more complex needs. There is pressure to extend hours of opening and patients are demanding better services and expecting more (Campbell, 2013).

Non-clinical interventions: alongside clinical support, it is recognised that there are other outlets, particularly within local communities, that can improve and protect health and wellbeing. Partnership services and activities such as stress management and creative classes, parent and toddler groups, walking clubs or adult learning sessions can all help people become active and more connected – both of which are important steps on the journey to good health and wellbeing.

"It seemed to us there was a gap in the provision of care that we were able to give our patients. It seemed like a nice alternative." GP, Perth



And unlike other health services, primary care has no waiting list or referral criteria - they are forced to deal with the here and now (Hardy, 2013). The increasing burden on GP services is therefore making social prescribing a potentially attractive alternative to the 'norm' - providing a missing link in the current health care system (Kimberlee, 2014).

Another key trigger behind social prescribing is that it can answer a need. GPs often witness how life events and circumstances impact on the health and wellbeing of their patients, but all they can offer them is a ten minute appointment and a prescription (Grayer et al, 2008). They can see that the needs of their patients are not always best met in primary care and that there's untapped potential in the community that can provide a non-medical solution and help to stop the perpetuating cycle of primary care for some people (Friedli et al, 2012). The evidence base surrounding social prescribing is further explored in Section 3.



Social prescribing is much like medical prescribing. It requires skill, knowledge and judgement; awareness of local protocols, costs, contra-indications and the latest directives and evidence. Decisions about strength, dose and duration as well as potential risks/side effects and expectations are also part of the process.

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There have been pockets of funding available in recent years to help kick-start social prescribing approaches, but when this funding finishes, it can be a challenging time for these initiatives if they aren't self-sustaining. Most GP surgeries don't receive funding or outside support to introduce social prescribing so what practical considerations do they need to take into account if they want to try and establish a process?

Volunteer Scotland has worked in partnership with the Scottish Government's Health Directorate to carry out a practice-based exercise to explore the barriers and enablers to introducing an initiative in a primary care setting. Learning and feedback from this exercise, including findings and reflections from other social prescribing initiatives, are summarised in the following sections.



Taking The First Steps

Social prescribing can take place in a range of different settings, using different models, targeting different populations with different intended outcomes. Sometimes GPs are already actively promoting services in the community – such as handing out local walking club leaflets to patients who could benefit from regular exercise – but have never made the connection that this is a form of social prescribing.

The VEnable study carried out by Volunteer Scotland in 2013 found that a high number of GP surgeries in NHS Tayside were already positively engaged in some form of social prescribing.

However, the VEnable study also found that GPs were sometimes reluctant to socially prescribe because of:

- a lack of trust or confidence in the credibility of social prescribing;
- the view that this is outside the scope of the doctor-patient relationship;
- concerns surrounding patient confidentiality;
- a lack of relevant and up-to-date information on social support;
- an excess of untargeted information that is difficult to manage.

These issues can be particularly challenging where social prescribing is new and unfamiliar to primary care staff and patients. As it isn't yet normal practice, it can take time for people to get used to the idea of doing things slightly differently. Reviewing good practice guidance and endorsements from other social prescribing initiatives can be incredibly useful in debunking the myths and reality surrounding this alternative approach to health care; as can joining peer networks to share learning and receive advice from external experts on how to put knowledge into action (ERS, 2013).



¹VEnable: Volunteering and Older People's Care in Tayside, Volunteer Scotland, March 2013



Social prescribing works best where those involved have a good understanding of what it is, what it can offer and who it can benefit. Staff training, support and engagement can all help to make social prescribing feel part of everyday primary care and not an additional area of work, and can provide practice staff with a sense of ownership and a clear understanding of how they can contribute to social prescribing.

There have also been calls for social prescribing to be more widely promoted, so that people don't think of it as unusual and to also help people move away from seeing themselves as recipients of care and to become more actively involved in the factors that affect their wellbeing. A local awareness campaign through the media can help a lot - people need to hear about social prescribing on the radio and on television (ERS, 2013).

Liability issues can often be a concern for GPs. The Department of Health distinguishes between recommending - for example, that a patient try to be more active - and specifically directing a patient through a referral process. In the case of exercise, when the patient is specifically referred, responsibility for safety, management, design and delivery passes to the exercise professional - who should be a member of the professional register for exercise and fitness. The referrer is responsible for the transfer of relevant information to the person conducting the exercise intervention. In all cases, the patient must give informed consent (Friedli et al, 2009).

Getting The Balance Right

Social prescribing can be 'customised' so that it best meets the needs of a particular primary care setting. It can involve supported access to information for those patients who require minimal support to access community services and advice. Often a paper or web-based directory containing information about local resources is required so that patients can self-refer or be signposted by a member of the primary care team to appropriate local services (Friedli et al, 2009).

A more comprehensive approach to social prescribing is supported referral which provides patients with additional support to access community services and advice. Some patients are unlikely or unable to access community-based opportunities without additional support, such as those with low-confidence or mobility issues. Supported referral tends to involve dedicated link workers or advisors who can identify appropriate community-based opportunities and provide support to enable patients to access these services, including help to overcome practical barriers or by providing moral support such as acting as a 'buddy' at a first self-help meeting (Friedli et al, 2009).

"I think it's a great idea [social prescribing]. Maybe publicity is needed for it to be introduced in a less individual manner."
GP, Perth

Link workers work with patients who have been socially prescribed to fully assess their needs and recommend suitable sources of information, advice and support in the local community. Link workers can be based in a GP surgery or elsewhere in the local community. They can be a paid member of staff or they can be a volunteer who has a good knowledge of local services.



Which level of intervention is most suitable for a GP clinic will depend on a number of factors, such as the complexity of need of the target patient group. For example, a middle-aged professional looking to quit smoking should have the necessary skills to self-refer to a community based self-help group. An elderly diabetic with mobility issues who is suffering from loneliness and isolation will require much more support to access care in the community.

The severity of the symptoms being addressed through social prescribing (e.g. short-term, chronic or preventative conditions) also needs to be factored into the equation, alongside the capacity of the primary care team to be involved in the process. If a GP surgery is in a busy urban area with the maximum number of patients on the books, then they may find it difficult to commit to supported referral.

Who Should Make Referrals?

It doesn't have to be the GP who socially prescribes. Nurses, psychotherapists or reception staff might be better placed. Sometimes people are more likely to openly chat to reception staff, and receptionists are often more in touch with what is happening in the community and are more likely to hear feedback on local services from patients (Kimberlee, 2014).

Volunteers can also play a key role in social prescribing and can be a valuable resource for building capacity within a programme. Volunteers can fulfil many roles such as:

- offering a 'buddying', befriending, care navigating or signposting function within the programme;
- providing administrative support and supporting access to computerised support and self-help;
- providing encouragement and support to address wider issues (such as debt counselling, housing advice, etc.);
- supporting access to social prescribing interventions (co-facilitating groups, arranging access to community facilities, etc.);

There can sometimes be an assumption that services (such as counselling) should only be delivered by trained professionals, yet the life experience that volunteers can bring to a service should not be underestimated or overlooked. There is also a danger that volunteers can be viewed as a free resource and therefore over-relied upon and not adequately supported. Volunteers will often need training and regular support, particularly to maintain their own health and wellbeing, all of which has to be resourced.

"I found it comes quite naturally for those ideally suited. I found it a useful alternative...I was targeting folk who lack joie de vie and maybe lack enthusiasm so they're less likely to engage and be more proactive...it must seem like a very big step if you lack confidence".
GP, Perth





Working In Partnership

One of the attractions of social prescribing is the focus on making the best use of existing community opportunities and resources by supporting the access and the uptake of these by those who can benefit the most. The challenge is not necessarily to create 'new' interventions but to help key partners work together effectively to access existing support with the shared purpose of improving health and wellbeing.



Unlocking the full potential of social prescribing will only work if productive partnerships and alliances are formed and key sector partners are connected. For example, it's not going to benefit a patient who requires community transport if they're referred to a voluntary service that no longer exists as its funding has been cut. Connecting patients to local opportunities requires cooperation, coordination and communication between services. Good partnership working also helps to develop an understanding of how others work, the language they use, the barriers they face and the opportunities they can provide.

Recognising and making the best possible use of existing knowledge, skills and expertise locally can be particularly beneficial and makes for a sustainable programme with no requirement for significant investment.



No Magic Bullet

Social prescribing is not a magic bullet. It's still a relatively new approach to health care provision and there are still challenges that need to be overcome and addressed. The following are some of the challenges and potential solutions that have been identified, although this list is not exhaustive:

Challenges

Social prescribing initiatives can take time to develop and embed – if things take too long to establish then momentum can be lost and health professionals and partners can start to disengage from the process and lose enthusiasm.

Solutions/Approaches To Consider

- ✓ The apparent simplicity of social prescribing can mask its challenges. Social prescribing doesn't just happen over-night. There has to be a realisation amongst partners that social prescribing is not a quick fix or a bolt-on and that it takes time to introduce an effective and sustainable model. It can often require an increased commitment from partners until the process is embedded and a willingness to invest time and ideas.
- ✓ Good planning and communication from the outset can help to manage expectations. Securing quick wins and celebrating achievements can provide a morale boost for those involved in the process. Something as simple as circulating an email to highlight a patient's success story following a social prescription can be very motivational.
- ✓ Rather than starting big, it can sometimes be more prudent to start small, get things working properly and then expand with time. For example, it might be more manageable to introduce social prescribing to just a small cohort of patients in the beginning, before making it more widely available. There is a risk that trying to do too much too soon can drag things to a halt. Quicker progress can often be made with a more targeted approach – quality not quantity.
- ✓ Links between primary health care services and third sector organisations can often be underdeveloped and can require considerable time and patience to develop and evolve. One of the first steps in establishing social prescribing is to find your partners and build alliances...to really work in partnership may require giving away some power to other players.
- ✓ A quicker way to introduce more patients to social prescribing is to undertake a systematic review of those who can potentially benefit from the initiative and proactively introduce them to it rather than waiting for them to next come into the surgery with a health problem. However, this type of approach tends to require additional capacity and resources.
- ✓ Introducing change needs energy, creativity, innovation and flexibility; therefore protected time should be allocated for reflection and the sharing of stories which may lead to valuable adjustments and improvements in plans.



Challenges for Practice

Social prescribing may require health professionals to talk to their patients in a different way, and to consider people's broader health care needs. This change in health professionals' consultation styles can be challenging.

People who work in the health, social care and third sectors have very different training and organisational cultures; this can make partnerships challenging as they have different languages, values and measures of success.

Keeping on top of the influx of information that pours into a GP clinic on a regular basis can be a full-time job.

If information on community-based services and opportunities is not collected, promoted and maintained in an accessible format then it can be difficult for social prescribing to be successful

Solutions/Approaches To Consider

- ✓ Arranging for a primary care team to meet with service providers enables them to see how they work, and to provide a chance to talk to those clients who have benefited from the services.
 - ✓ Embedding a Link Worker in a GP clinic allows healthcare professionals in the practice to get to know the facilitator, to trust them and to better understand what their role is.
 - ✓ Workforce development can help to equip practitioners with the necessary skills, knowledge and confidence to socially prescribe. This can include developing motivational skills and other related techniques to help promote behavioural change in patients. These type of skills can provide practitioners with the confidence to ask the question "what's the non-medical community support I can link this person to?".
 - ✓ Developing a newsletter or a briefing presentation on social prescribing that can be used at GP practice meetings can be a great way of ensuring that everyone is on the same page. Practice meetings can also provide an opportunity to discuss any issues regarding social prescribing and to really encourage staff to be actively engaged in the process.
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- ✓ To be effective, social prescribing very much depends on primary care staff having a good knowledge of what services are available in the community and what 'works well'. The asset mapping of local groups and services into electronic health directories can help to establish uniform access to information, helping to facilitate signposting and referrals.
 - ✓ ALISS – A Local Information System for Scotland – is a very useful search and collaboration tool for health and wellbeing resources in Scotland. It helps signpost people to useful community support and is populated by citizens, groups and organisations, which provides access to a rich set of resources.
 - ✓ Some GPs find it easier to have a list of 'approved' local organisations on their desktop that they can signpost patients towards. This enables them to only hold information on the organisations they specifically want to engage with and discard any other information they receive.
 - ✓ If a co-ordinated approach is taken to providing information to GP practices by service providers, then this can reduce the frequency of paper-based information being circulated.



Challenges for Community-Based Services

Increasing the number of referrals from primary care to community-based, often third sector run, activities may place pressure on voluntary organisations, who might not be able to respond to increased demand.

Services provided by the third sector are vulnerable to changes in funding. If a service stops suddenly, this can have a detrimental impact on those who have come to rely upon it.

Challenges for Patients

Patients can be resistant to social prescribing and reluctant to engage in the process if they're unsure of what to expect.

Solutions/Approaches To Consider

- ✓ Good partnership working is crucial if healthcare practitioners are to know what community-based services are able to provide and deliver. There are often calls to stop 'funding' the third sector and to start investing in it. Social prescribing provides an excellent opportunity to demonstrate the value and professionalism of the third sector.
 - ✓ One potential solution is to explore alternative funding models for community-based activities. Rather than granting short term funding for pilot schemes, money should be given to projects of meaningful length so that GPs can have the confidence to refer to community services without the worry that the service might not exist in 6 months time when its funding has run out.
 - ✓ Whilst mapping out what services and support are available in the community, this can be an ideal opportunity to carry out a gap analysis to identify any areas of unmet need in the provision of local services. It may then be possible to build a business case for new services or more funding, demonstrating how both healthcare and third sector service providers can work together for the good of the community.
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- ✓ It should never be forgotten that social prescribing is voluntary - not compulsory. Practitioners have to be careful about how they introduce the idea. It can be easier for people to accept this alternative approach to health care if the results are tangible and meaningful, such as increased energy and weight loss following dietary and exercise advice.
 - ✓ As people often want more say over their healthcare, a great way to promote social prescribing is to package it as an opportunity for individuals to take greater control of their lives and the things that are important to them.
 - ✓ Good communication and guidance is needed from all sector partners as to what patients can expect from social prescribing and how they can benefit from it, particularly as some patients can be unaware as to why they've been referred (ERS, 2013). It's important that patients regard the support that they receive as part of their care package and not separate.
 - ✓ Posters on surgery noticeboards, information on TV screens in waiting rooms and on GP websites can all help to communicate to patients the key messages around social prescribing.



Challenges for Patients

Although drug prescription in Scotland is free, social prescribing might not be as some local services can be means tested. There can also be costs attached to accessing services, such as travel costs and paying for certain activities, e.g. art and exercise classes.

Solutions/Approaches To Consider

- ✓ Some of the key factors that affect a patients decision to take part in social prescribing include (ERS, 2013):
 - viewing it as an opportunity to learn more about managing their own condition better;
 - being convinced by a conversation with their GP or practice nurse;
 - being influenced by a follow-up chat with a Link Worker;
 - thinking the referral sounded interesting.
- ✓ Identifying and engaging champions across service delivery partners who can tell the story of social prescribing can provide a compelling case for patients. Enlisting the support of local "town criers" can also be invaluable; these are usually well-known, skilled communicators, who are part of large networks, such as librarians, pharmacists or volunteers running a lunch club. This type of community promotion can help to grow understanding and enthusiasm for social prescribing.

By addressing these challenges effectively, we can realise the full potential of social prescribing, particularly the positive impact that it can have on all of us as individuals – the evidence for which is presented in Section 3.

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Volunteering On Prescription

Section 3: Social prescribing and volunteering - the evidence

In the previous sections, we've explored what social prescribing is and how it can be put into practice. Here we will explore why practitioners should consider adopting it. Social prescribing and volunteering may sound interesting, but where's the evidence to demonstrate that they have a positive impact on individuals?

As the momentum behind social prescribing has increased so too has its evidence base, but there are still gaps in knowledge. It can sometimes feel like you're comparing apples and oranges when you're trying to interpret the effectiveness of social prescribing. Due to definitional differences and a lack of consistent recording practices, it can prove challenging to compare one social prescribing approach to another (CRD, 2015). This chapter will tease out some of the key messages around the benefits of social prescribing and volunteering.

Home Is Where The Care Is

The population is changing – we're working longer and we're living longer. This is putting increasing strain on the health care system in Scotland. There's broad acceptance that the way in which care and support services are delivered has to respond to this change as more of the same is not an option (Kimberlee, 2014).

One approach is to redistribute the pressure on the existing system by enabling people to take greater control of their own health and wellbeing (Coulter et al, 2013). In practice, this means empowering individuals to take an active role in their own health care within their own communities, making them less dependent on primary and secondary care services. Social prescribing provides a mechanism to deliver this approach, helping to move the balance of care away from formal care settings and more towards self-care and self-management.

For example, a social prescribing pilot in Rotherham found reduced demand in three different types of hospital episodes following the introduction of social prescribing (Dayson and Bashir, 2014):

- Accident and Emergency attendances reduced by 20%
- Inpatient admissions reduced by 21%
- Outpatient appointments reduced by 21%

The number of people of pensionable age in Scotland is predicted to increase by 27% over the next 25 years. National Records of Scotland





The Newcastle Social Prescribing Project also identified a 60% reduction in GP attendance rates amongst patients who were referred (ERS, 2013). These findings help to demonstrate the potential long term impact that social prescribing can have on NHS resources.

Prevention Rather Than Cure

The traditional pathway through the health care system has not always included anticipatory and preventative approaches to care – approaches that can help people before they reach crisis point and before they spiral into worse scenarios (Kimberlee, 2014). This is now being redressed.

Government policies such as Reshaping Care for Older People and the Commission on the Future Delivery of Public Services are now focusing on prioritising preventative measures and working with communities to build resilience.

Many health care practitioners advocate early intervention and are keen to focus on promoting wellness as they are on managing poor health (Langford et al, 2013). However, preventative care measures tend to be 'non-medical' – such as community walking groups to address physical inactivity – and practitioners can find it difficult to promote and encourage lifestyle changes if they have nothing to offer patients outside of medical interventions (Addicott and Ham, 2014; ERS, 2013). This is where social prescribing can help.

It can provide a platform through which practitioners can confidently ask people "how can I help you" and "what matters to you", knowing they have a process in place to help them guide patients towards a range of preventative care measures that are based in the local community.

Strengthening Individuals, Strengthening Communities

Preventative care and the 'unlocking' of access to local sources of support and advice through social prescribing can be of particular benefit to the most isolated and excluded members of our society (Holt-Lunstad et al, 2010; Knapp et al, 2011).

Findings have revealed that chronic loneliness is nearly twice as likely to lead to premature death and can cause a whole host of health-related problems, such as depression, compromised immunity and raised blood pressure. Other findings have suggested that lacking social connections has a risk factor that is comparable to smoking 15 cigarettes a day, and can be as damaging to our health as obesity and physical inactivity (Cacioppo, 2015; Holt-Lunstad et al, 2010).

"To hand over some responsibility for their own health to those we can't help otherwise has been useful".

GP, Perth



"The biggest disease today is not leprosy or cancer or tuberculosis, but rather the feeling of being unwanted, uncared for and deserted by everybody."

Mother Teresa

1. Reshaping Care for Older People: A Programme for Change 2011-2021; Scottish Government

2. Commission on the Future Delivery of Public Services (The 'Christie Commission'), June 2011



So in an ageing society with more and more people living on their own, what is the solution? There's no medication that treats loneliness and yet combating it is clearly an important factor in maintaining good health. The answer would appear to lie within our local communities. Evidence has shown that social networks and friendships reduce the risk of mortality and of developing certain health conditions. Social connections also help people to develop resilience and the ability to bounce back after adversity, such as recovering from a long illness (Cacioppo, 2015; Marmot, 2010).

It can be difficult for people to take the first step towards overcoming loneliness or to even consider that there might be light at the end of the tunnel. But if a practitioner is attuned to the 'symptoms' of loneliness and is able to 'diagnose' it, then social prescribing can provide a pathway to recovery. Through befriending schemes, volunteering opportunities, Knit 'n' Natter groups and a whole range of other community based initiatives; people can start to re-connect with society and start to lead enjoyable and fulfilling lives (Kimberlee, 2014).

31% of over 75 year olds in Scotland spent last Christmas alone - that's 45,000 people.
Royal Voluntary Service

Loneliness and isolation: most people need rewarding social contact and relationships. Loneliness can occur if this need is not met. It can be a feeling of sadness or distress about being by yourself or feeling disconnected from the world around you.

Loneliness can be a transient feeling that comes and goes. It can be situational; for example only occurring at certain times like Sundays or at Christmas. Or loneliness can be chronic; meaning someone feels lonely all or most of the time.

Being lonely is not the same as being alone. You might choose to be alone and live happily without much contact. Or you can be in a room full of people and still feel lonely.

Isolation is being physically separated from other people and your environment. Sometimes this occurs through decisions we make ourselves, or because of circumstances, such as doing a job that requires travel or relocation. Geographic isolation can occur due to poor physical health, frailty, and lack of mobility; a particular problem amongst the most vulnerable in society. (Source: Mind)

Wellbeing is about feeling good and doing well both physically and emotionally (Huppert, 2008). It's about "the sense that you have what you need for life to be good" (White, 2009: 3).



What Works?

Social prescribing will not work for everybody. People can be resistant to change or can be experiencing such chaotic lifestyles that they're unable to commit and benefit from social prescribing, such as people receiving drug treatment or those who have no permanent residence (Friedli, 2012). As the Newcastle Social Prescribing Project discovered, "often the hardest to persuade are the most important: unsupported, anxious and insecure about changing their behaviour" (ERS, 2013).



Evidence has found that social prescribing tends to work best for those who are able to adjust to changes in their circumstances. It can be of particular benefit to people who have struggled to find a medical solution to their health problems (Brandling and House, 2009), such as individuals with:

- a history of mental health problems;
- frequent attendance at GP clinics;
- two or more long-term conditions;
- feelings of isolation;
- untreatable or poorly understood conditions, for example chronic fatigue syndrome;

Social prescribing can involve signposting patients towards charities and support groups that address specific health conditions, such as the IBS Network to help those suffering from Irritable Bowel Syndrome. These services can offer guidance on how best to manage symptoms and can connect fellow sufferers through self-help groups and online forums – all of which can empower individuals to take control and manage their own health and wellbeing (Langford et al, 2013).

Although social prescribing can be used to address specific health issues, such as reducing heart disease or encouraging better management of diabetes, it can also help people to increase their confidence, build social networks and increase self-efficacy. These are the type of attributes that enable people to lead happier, healthier and 'liveable' lives for longer (Langford et al, 2013).

Care In The Community

Not only is volunteering a great way of helping and making a difference to others, it's also an excellent way of enhancing skills and building confidence, self-esteem and social networks (Rochester et al, 2012). However, although volunteering is often mentioned as one of the referral routes that can be used in social prescribing, the full extent to which volunteering can have a positive impact on health and wellbeing is not always fully recognised.

Findings suggest that volunteering opportunities could be utilised to a greater extent to assist in preventative care and to provide a more holistic approach to the care needs of people in Scotland (Reshaping Care for Older People, 2011-2021; Volunteer Scotland, 2013).





Some of the health and wellbeing benefits associated with volunteering include:

- volunteers have better mental and physical health compared to non-volunteers (Brown et al, 2003; Morrow-Howell et al, 2003; Thoits and Hewitt, 2001);
- volunteering can lead to more positive moods, as well as less anxiety and fewer feelings of helplessness and hopelessness (Greenfields & Marks, 2004);
- volunteering can reduce symptoms of depression, improve overall health and is associated with greater longevity (Konrath et al, 2012)
- people who volunteer for more hours and with more than one organisation experience greater wellbeing (Van Willigen, 2000).

Full Circle Of Care

What will work for one person, won't necessarily work for another. Rather than taking a broad strokes approach to assessing the impact and value of social prescribing, it's often more appropriate and informative to adopt a personal outcomes approach as people's experiences can be very subjective.

Different people will have different starting points, different expectations and will react and be receptive to different things in different ways. Some people will always be negative about an experience. Therefore it's important to try and unpick people's individual stories as it's the lived experience of social prescribing that yields the most value information as to whether it's been successful for that individual or not.

Social Prescribing – Outcomes

The long-term aim of social prescribing is to enhance an individual's quality of life by improving mental, physical and emotional wellbeing (Friedli et al, 2009). Other outcomes can include:

- Increased patient and practitioner awareness of skills, activities and behaviours that improve and protect mental, physical and emotional wellbeing;
- Increased uptake of arts, leisure, education, volunteering, sporting and other community-based activities;
- Increased levels of social contact and social support amongst marginalised and isolated groups;
- Increased self-reporting of positive health and wellbeing amongst individuals;
- Reduced levels of prescribed medication for non-medical conditions;
- Reduced demand for statutory services, such as counselling;
- Reduced unplanned admissions and use of other secondary services;
- Reduced frequent attendance at primary care (although attendance can increase as social prescribing 'uncover' previously hidden issues).



Social prescribing is not intended to replace any aspect of the existing health care system. Rather, it is expected to complement what is already made available to people and to provide a more holistic approach to health care provision. As the Rotherham Social Prescribing pilot concluded, GP practices and the wider NHS can benefit from the opportunity to refer patients to community based services that complement medical interventions (Dayson and Bashir, 2014). Although still in the early stages, social prescribing has the potential to have a big impact on communities, on service provision and most importantly on people's lives.

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