



seniors care
network

Implementing Older Adult focused Social Prescribing Programs & Services- Key considerations

Prepared by:

Kadriye Candas, Evaluation Analyst

Sabeen Ehsan, Director of Quality & Planning

Rhonda Schwartz, Executive Director

Terry Li, Evaluation Analyst

Stacey A. Hawkins, Director of Research & Evaluation



Scope and Background

Social Prescribing Project Scope

- Creating a guide specifically aimed at informing the decision-making process for the leadership team overseeing the social prescribing project dedicated to seniors.

Slide Objectives

- This slide deck provides a comprehensive overview of social prescribing, covering its introduction, various pathways and models, key findings from a literature review, detailed recommendations for implementation, and important ethical considerations to be addressed.

Introduction to Social Prescribing

Introduction to Social Prescribing

What is Social Prescribing?

- **Social prescribing** connects individuals with **non-clinical supports and community resources**, addressing needs based on **social determinants of health**.
- **Person-Centered Approach:** It **empowers individuals** to create their own pathways to well-being, with healthcare professionals and social service providers working together to **support basic needs, emotional well-being, and community belonging**.

Who Benefits Most?

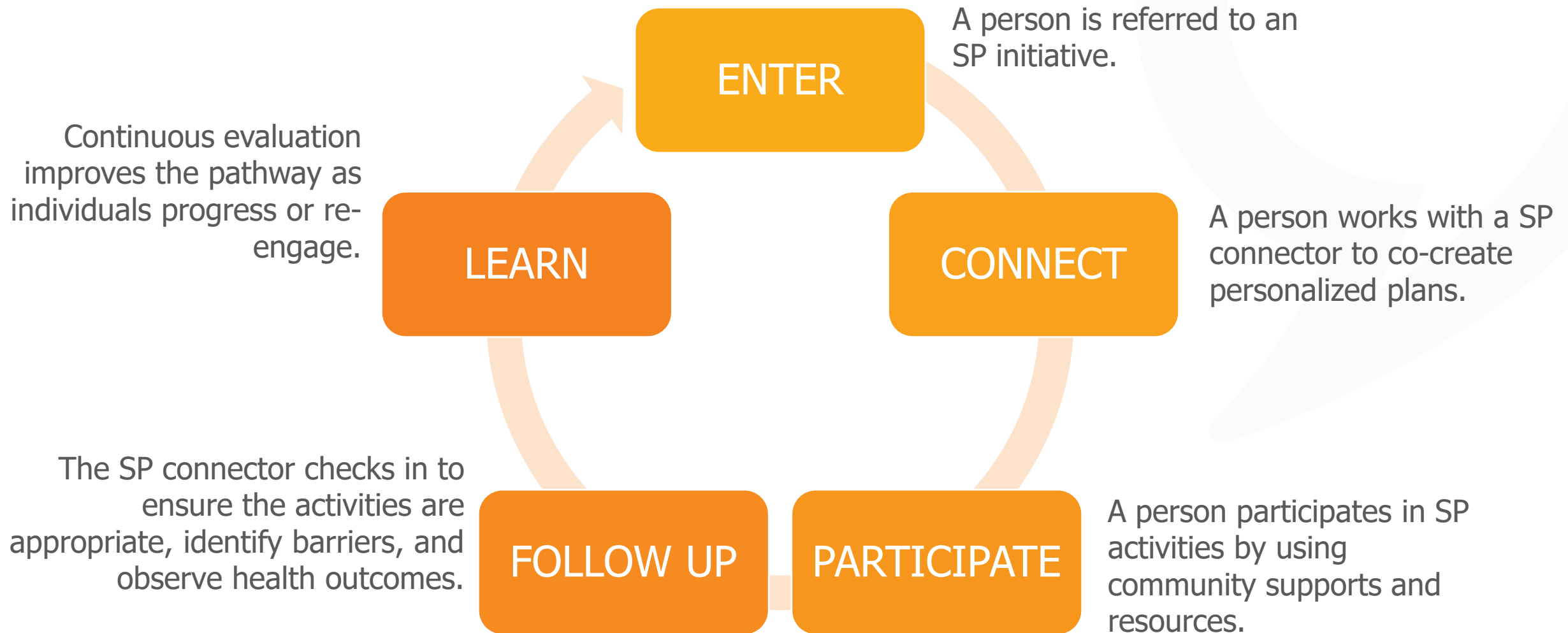
- Social prescribing **benefits everyone**, but it is especially effective for:
 - People with chronic conditions
 - Those who are lonely or socially isolated
 - Individuals at high risk of mental health issues
 - Vulnerable populations, such as the elderly or those facing financial hardship



Thus, older people who have chronic conditions, experience loneliness or are at risk of social isolation may benefit substantially from social prescribing. Additionally, COVID-19 has exacerbated existing vulnerabilities, leaving people, in particular older people, feeling further isolated due to lockdowns.

- World Health Organization

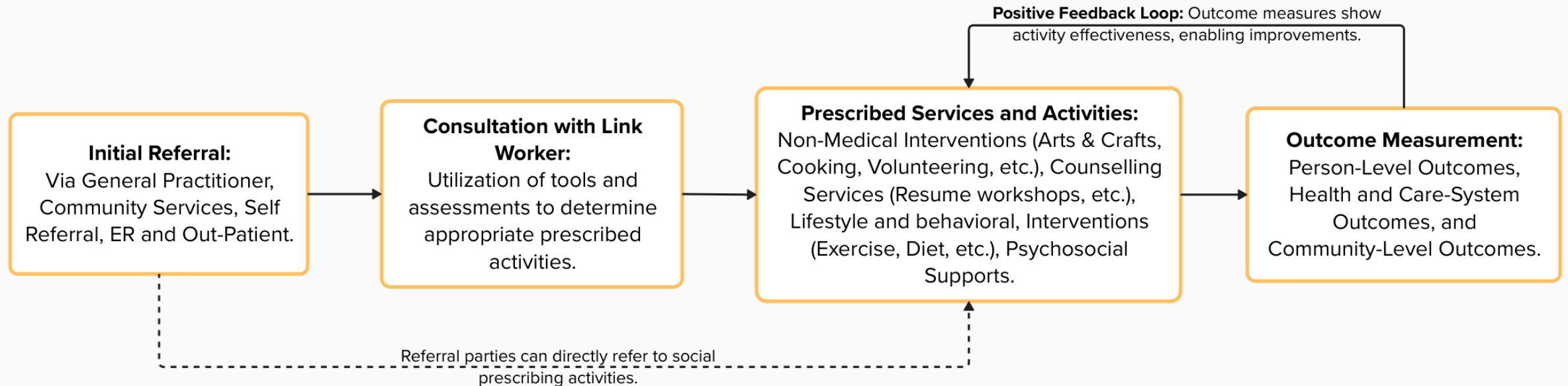
Key Elements in the Social Prescribing Pathway



Social Prescribing: The Link Worker Model

What is a Link Worker?

- **Non-health or social care professionals** in primary care or community organizations that assess needs.
- Globally, roles include 'Link worker teams' (China), 'Well-being coordinators' (Singapore), 'Community connectors' (Wales), and 'Well-being coaches' (Netherlands).
- Some countries integrate these **into existing healthcare roles**; others, like Spain and the USA, develop **specific roles for social prescribing**.



Literature Review Methodology

Scoping Review Search Strategy

Data Base	Search Strategy
CINAHL	("social prescribing" or "social prescription") AND (older adults or elderly or geriatric or geriatrics or aging or senior or seniors or older people or aged 65 or 65+ or aged)
APA PsycArticles	
APA PsycInfo	
SPORTDiscus	
Epistemonikos	(title:("social prescription") OR abstract:("social prescription")) OR (title:("social prescribing") OR abstract:("social prescribing")) AND (title:(aged OR older OR elderly OR senior) OR abstract:(aged OR older OR elderly OR senior))
OVID Medline	(social prescription.mp. OR social prescribing.mp.) AND (elderly.mp. OR senior.mp. OR geriatric.mp. OR older adult.mp. OR Aging/ OR aged/ or "aged, 60 and over"/ or frail elderly/ or middle aged/)
Embase	
Cochrane Library	(social prescription.mp. OR social prescribing.mp.) AND (elderly.mp. OR senior.mp. OR geriatric.mp. OR older adult.mp. OR Aging OR aged OR "aged, 80 and over" OR frail elderly OR middle aged)
Google Scholar	allintitle: aged OR older OR senior OR elderly "social prescribing"

Article Screening

Inclusion Criteria

Social prescribing (intervention, goals, barriers, outcome measures) must be central focus of paper

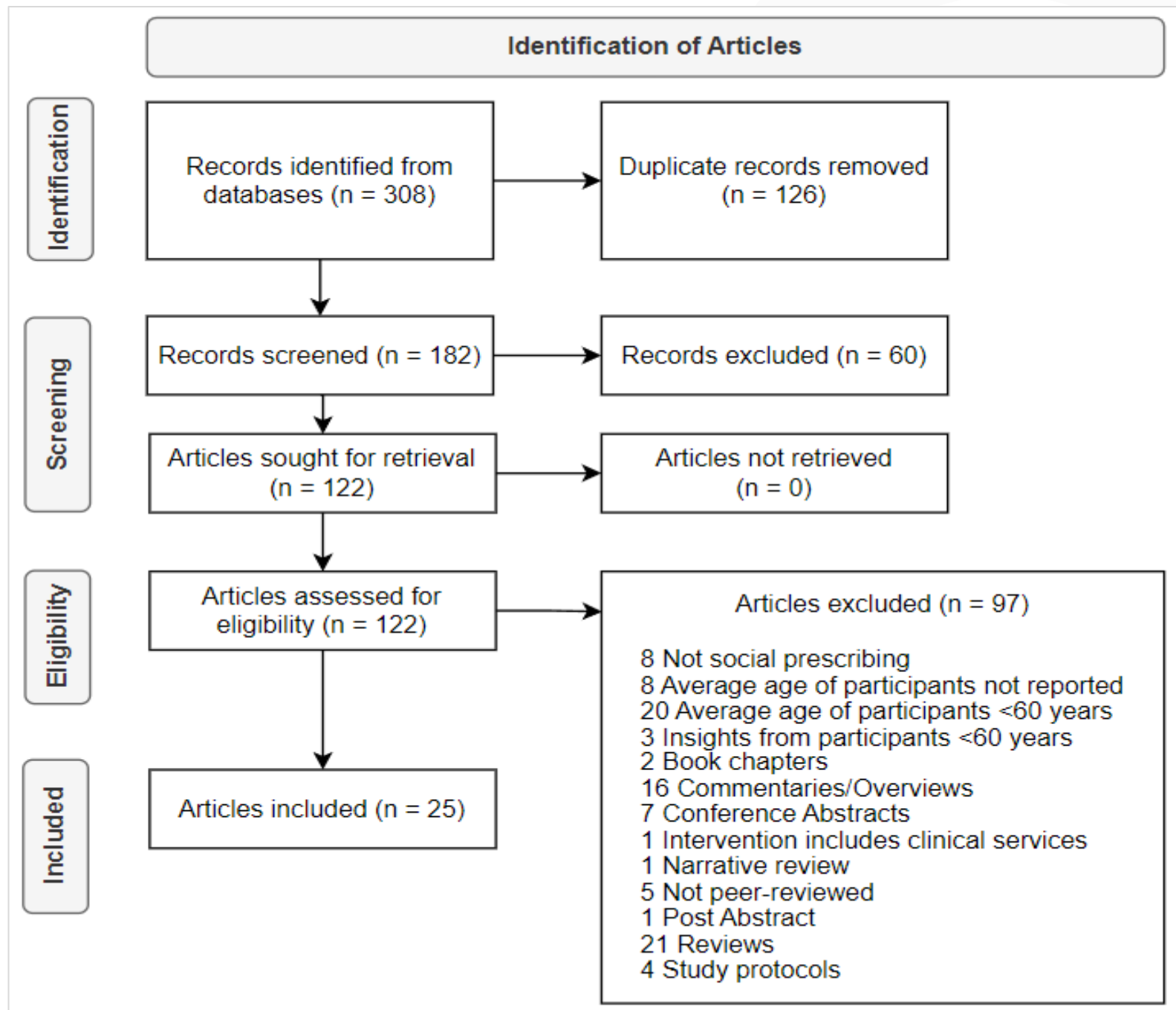
Information must be relevant for older adults (60+)

Exclusion Criteria

Exclude: Book chapters, reviews, editorials, commentaries, letters, theses, and protocols

Exclude: Feasibility studies conducted outside of Canada

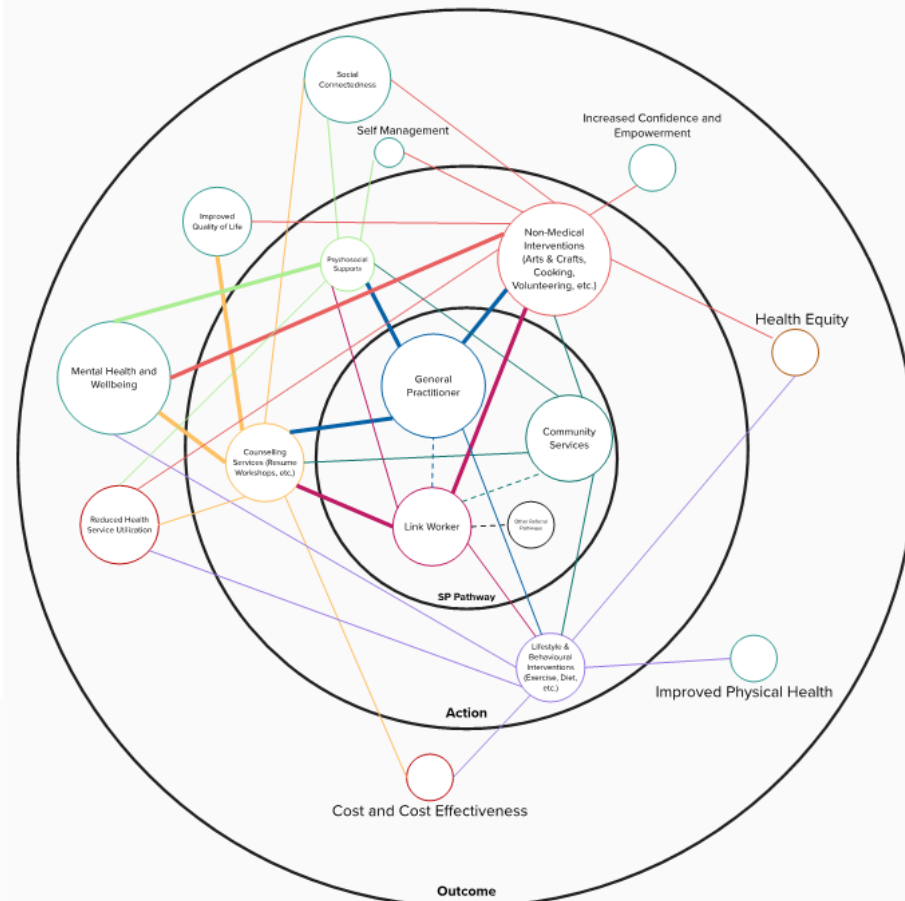
Exclude: Papers that are not peer-reviewed



Key Findings

Outcomes of Social Prescribing

A Visual Representation of Pathways, Activities, and **Ideal** Outcomes.








(Napierala et al., 2022; Kiely et al., 2022; Cooper et al., 2022; Griffiths, Hina, & Jiang, 2022)

A Visual Representation of Pathways, Activities, and **Effective** Outcomes.



(Napierala et al., 2022; Kiely et al., 2022)

-  Person-Level Outcomes
-  Community Level Outcomes
-  Healthcare System Outcomes
-  Strength of Connections
-  Frequency of Element

Implementing Social Prescribing

Implementing Social Prescribing

Target Population

Inclusion Criteria

- Psychosocial issues (e.g., social isolation, loneliness, housing, or debt needs).
- Common mental disorders with unmet social/physical health needs.
- Long-term physical conditions, disabilities, or mobility issues.
- Frequent general practice attendees.
- Polypharmacy.
- Middle-aged and older adults.

Exclusion Criteria

- Receiving mental health or psychiatric services.
- Behavioral issues, suicidal ideation, acute psychoses, crisis, or housebound.

Referral Pathways

- Primary Care Referrals
- Self-Referrals
- Non-Primary Care Organizations (Specialist Centers, Hospitals, Community Organizations, Mental Health Teams, etc.)

Referral Tools

- Patient Facing Information Sheets/Leaflets
- IT-Based Referral System
- Referral Forms

Recommendations

Target Population and Referral Pathways

- Assemble an interdisciplinary team of healthcare providers to review inclusion and exclusion criteria for social programming, ensuring they meet community needs. Continuously update criteria based on feedback and health trends.
- Establish partnerships with local healthcare providers for direct patient referrals to the community center. Enable self-referral via online forms, calls, or in-person visits. Collaborate with hospitals and community organizations to expand referral sources. Engage volunteers and community leaders, supported by link workers, to identify potential candidates for social prescribing.
- Provide clear materials to primary care staff and community organizations about social prescribing and referral procedures. Integrate referrals into existing EHRs for seamless communication. Use standardized referral forms to streamline the process. Train healthcare and community staff on identifying candidates and the referral process. Establish a feedback system to improve referral outcomes.

Implementing Social Prescribing

Link Worker Role

Meeting Patients:

- Individual meetings, in-person settings: General practice, patient's home, community organizations
- Some use phone, text, or email communication
- Intensity varies: Single visits to multiple, flexible duration

Patient-Facing Activities:

- Outreach, initial assessment, support, referrals, follow-up

Non-Patient Facing Activities:

- Community outreach, resource curation
- Clinical liaison: Promoting the program, guiding practice staff, attending meetings
- Peer learning and collaboration
- Advertising and awareness promotion: Expanding programs, creating logos and leaflets, community signposting

Implementing Social Prescribing

Link Worker Role

Tools and Assessments

- Local resource directories or asset maps to facilitate connections to community services (e.g., internally developed or publicly available tools)
- Tools for goal setting and progress tracking assessments
- Electronic medical records for charting and notes

Recommendation

Link Worker Role

- Define clear roles for link workers focused on older adults, emphasizing empathy, active listening, and understanding of aging-related challenges. Ensure link workers are trained in goal setting, motivational interviewing, and behavior change techniques tailored for older adults.
- Recruit link workers with backgrounds in healthcare, social work, etc., with experience in community engagement and support for seniors. Consider a mix of full-time and part-time link workers based on community needs and caseload demands. Implement a team approach with volunteers to support link workers, especially in outreach and engagement activities.
- Foster strong partnerships with local healthcare providers, including GPs and community health teams, to facilitate referrals and collaborative care planning. Develop protocols for communication and information sharing between link workers and healthcare professionals to ensure holistic care for older adults.

Implementing Social Prescribing

Prescribed Services and Activities

- Link workers utilized local directories or asset maps to connect patients with community services.
- Services referred included:
 - Basic, material, or legal needs (e.g., food banks, financial advice)
 - Health behaviors (e.g., exercise classes, smoking cessation)
 - Social connectedness and well-being (e.g., arts programs, befriending schemes)
 - Physical health (e.g., chronic disease management)
 - Mental health (e.g., psychological counseling)
 - Special populations (e.g., falls prevention, caregiver support)

Recommendations

Prescribed Services and Activities

- Establish partnerships with local community organizations, senior centers, and cultural institutions to identify existing programs and activities. Utilize existing and/or create asset maps or directories of local resources, including recreational facilities, parks, libraries, and cultural centers.
- Inventory existing facilities and resources within the community to determine available spaces for activities. Develop activities based on identified needs such as physical fitness, social engagement, cognitive stimulation, and emotional well-being.

Implementing Social Prescribing

Outcome Measurement

- The NHS Common Outcomes Framework for Social Prescribing is used to measure outcomes in social prescribing activities.
 - Impact on the person, health and care system, and community groups.
- The most common measures related to impacts on individuals are **wellbeing and quality of life**.
- The most common measures related to impacts on health and care systems are **primary care utilization, non-primary care services utilization, and prescription medication utilization**.
- From the articles analyzed, there was **limited study** on the impact on community outcomes
 - Opportunity to explore community level outcomes.

Recommendations

Outcome Measurement

Measuring Person Level Outcomes

- Depression and Anxiety:
 - Patient Health Questionnaire (PHQ-9)
 - Mood Disorder Questionnaire (MDQ)
 - Generalized Anxiety Disorder Scale (GAD-7)
- Well-being:
 - Warwick-Edinburgh Mental Health and Well-being Scale (WEMWBS)
- Quality of Life:
 - Patient Reported Outcomes (PROMS): EQ-5D-5L
- Loneliness and Social Connectedness:
 - UCLA Loneliness Scale
- Frailty:
 - Clinical Frailty Scale
 - Pictorial Fit-Frail Scale
 - Reported Edmonton Frail Scale.
- Data Collection: Assessment Tools, Surveys, Health Records.

Measuring Health and Care System-Level Outcomes

- Primary Care Utilization:
 - Number of visits to primary care services
- Non-Primary Care Utilization:
 - Number of out-patient visits
 - Number of in-patient visits and length of stay
 - Number of visits with community services
- Cost of health care utilization:
 - Cost of prescriptions
 - Cost of in-patient stays
 - Cost of out-patient visits
 - Cost of visits with community services
- Data Collection: ICD Codes, DAD and NACRS, Health Records.

Recommendations

Outcome Measurement

Measuring Community-Level Outcomes

- Community Engagement and Participation
 - Number of community members engaged in social prescribing activities
 - Participation rates in different programs and activities offered.
- Service Availability
 - Number of current clients served
 - Average wait times for new clients
 - Availability of appointments
- Partnership and Stakeholder Engagement
 - Number of new partnerships or collaborations formed through social prescribing initiatives.
- Effectiveness of Activities
 - Feedback Surveys or Interviews
 - Success Stories

Data Collection: Health Records, Surveys, Interviews.

Ethical Considerations for Social Prescribing Programming

- **Equity and Fairness:** Identifying the target population for social prescribing involves setting inclusion and exclusion criteria based on demographic, socioeconomic, and health factors. Assessing their needs, including mental health support, social services, and health advice, is crucial, as is understanding community challenges, cultural attitudes, and digital literacy for potential technology integration.
- **Evaluation and Continuous Improvement:** Implement mechanisms for ongoing evaluation of social prescribing programs to assess effectiveness, identify areas for improvement, and ensure accountability.
- **Cultural Sensitivity and Diversity:** Respect cultural diversity and ensure that interventions are culturally sensitive and appropriate for diverse populations served by social prescribing programs.



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