

Overview

Within the updated Programme for Government¹ is a pledge to: “*Introduce an all-Wales framework to roll out social prescribing to tackle isolation*”. Social prescribing is a key component of universal personalised care where patients are in control of their care package – and, as a recent Senedd Research Service briefing² noted, social prescribing aligns with the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2014, both of which are founded upon models that recognise the impact of social aspects on health and wellbeing.

Yet despite this acceptance of social prescribing’s important role for wellbeing, an evaluation of social prescribing interventions concluded that “*social prescribing is being widely advocated and implemented but current evidence fails to provide sufficient detail to judge either success or value for money*”³. This missing detail consists of unwritten lived experiences and knowledge that creative professionals and participants have.

Furthermore, although social prescribing has been cited for its efficacy in reducing psychosocial problems stemming from social isolation in an estimated 20% of GP referrals^{4,5}, there is a lack of systematised evidence for its impact⁶. There are also concerns that uptake is too often from people who are already engaging well with services and are culturally active⁷.

To help redress this balance, an innovation and research partnership between Arts Council of Wales, Nesta and Cardiff University called [Health, Arts, Research & People \(HARP\)](#) is testing new ideas and approaches in arts and health. The research team, based within Cardiff University’s public services innovation lab for Wales ([Y Lab](#)), recently carried out a series of in-depth interviews on the process of embedding the arts within health and social care systems. As part of this research, participants were asked about their views on social prescribing and how their projects engaged with link workers⁸.

Research findings

Drawing on observations, interviews and questionnaires with 44 participants in 17 arts and health projects (seven completed, ten ongoing) that form part of the HARP innovation programme, it was clear that formalised social prescribing has not reached its full potential in Wales as there are many organisations delivering creative interventions tailored to specific service user groups which are not widely engaged and/or do not know how to engage with social prescribing structures. Nevertheless, these organisations are very well known and widely used among service user groups in the community. This indicates the operation of a well-established arts and health network that is not connected to formalised social prescribing which however shares the similar principles and engages similar service user groups. It would be recommended to consider increasing the capacity of link workers to undertake developmental work in reaching out to these organisations and identifying barriers in the referral process.

¹ Welsh Government (2021) [Programme for Government: update](#). Cardiff: Welsh Government: p3.

² Lugonja, B. (2021) [Social Prescribing: research briefing](#). Cardiff: Senedd Research Service: p13.

³ Bickerdike L, Booth A, Wilson PM, Farley K, Wright K. (2017) [Social Prescribing: less rhetoric and more reality. A systematic review of the evidence](#). *BMJ Open*. 7(4):e013384-e.

⁴ Husk K, Blockley K, Lovell R, et al. (2020) [What approaches to social prescribing work, for whom, and in what circumstances? A realist review](#). *Health & Social Care in the Community*. 28(2):309-24.

⁵ Kellezi B, Wakefield JRH, Stevenson C, et al. (2019) [The social cure of social prescribing: a mixed-methods study on the benefits of social connectedness on quality and effectiveness of care provision](#). *BMJ Open*. 9(11):e033137-e.

⁶ Hazeldine E, Gowan G, Wigglesworth R, Pollard J, Asthana S, Husk K. (2021) [Link worker perspectives of early implementation of social prescribing: a ‘Researcher-in-Residence’ study](#). *Health & Social Care in the Community*. 29(6):1844-51.

⁷ Healthwatch Shropshire. (2019) [Social Prescribing: exploring barriers engagement report](#). Shropshire: Healthwatch Shropshire.

⁸ Social prescribing link workers are based in GP surgeries and connect people with local community activities and services that can help improve their health and wellbeing.

The following themes were identified in the participant narratives:

- **Access:** There was lack of clarity on how to approach link workers and get on 'the list'. Where link workers were approached, there were delays on receiving responses. There was awareness that they are overworked and underpaid and they couldn't do much more than they already do.
- **Definition:** Many participants felt that they did was social prescribing without having any formal links with a GP surgery or a link worker. One organisation has links with a specialised clinic and patients were referred informally as the consultant had received very positive feedback from other patients about the creative work undertaken by this organisation.
- **Community arts vs tailored services:** The specification of arts being tailored/available only to the service users with a specific condition or demographic is perceived as counter-productive and counter-cultural to the way some community arts organisations have been operating inclusive creative spaces where therapy and rehabilitation is achieved through the integration of the afflicted individual into a diverse and safe environment.
- **Measuring impact:** Most creative professionals were very aware of the importance of interpersonal trust and connection in their practice, and aimed to achieve high quality of both interaction and creative practice. They were weary of collecting too much demographic and wellbeing data from service users and reported limitations and discomfort in evaluation practice. They had developed their own locally-accepted and meaningful ways of collecting data.
- **Referral pathways:** Participants mentioned at times being ignored by link workers as were told that they were focussed on taking referrals from primary care and mental health and referring service users to long-term projects in the community. This caused frustration as most funding for community arts is project-based and therefore short-term. It was also felt that patients in rehabilitation wards and those about to be discharged from hospitals were ideal candidates for social prescribing.

These findings show that the pathways to social prescribing are not always clear to creative professionals working in applied healthcare. There are many organisations delivering arts and health interventions that would fall within the social prescribing remit that currently operate outside the formal 'system'. Methodological and epistemological barriers were reported in measuring the impact of engagement in creative activity on health and wellbeing. This means that formalised social prescribing could potentially not be reaching its potential as really valuable organisations are not included in the referral system, link worker capacity limits the engagement of relevant organisations and evaluation capacity limits evidence-based practice.

Recommendations

As Welsh Government develops its policy to introduce an all-Wales framework on social prescribing to tackle isolation, we recommend that the following steps are taken so that lessons can be learnt from existing social prescribing interventions:

- 1) Collect data systematically on the breadth and the reach of social prescribing in Wales.
- 2) Collate evidence of existing impact and understand the variety of local practices in collecting impact data and which methods have been found work for which service user group.
- 3) Assess the capacity of link workers to undertake developmental work and increase the number of organisations they refer people to, including those running relevant short-term projects.
- 4) Organise virtual tailored consultation sessions with creative professionals working on specific health conditions so that they can meet commissioners and link workers in person.
- 5) Engage and include community arts organisations which foster inclusive spaces for diverse groups of people to come together and engage in creativity.
- 6) Explore the potential of Health Boards and secondary care as referral areas.

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