



National  
Academy  
for Social  
Prescribing

Starting Soon...

# International Social Prescribing Showcase

*Insights from over 20 countries leading global change. Hosted  
by NASP with the International Social Prescribing Collaborative.*



**International  
Social Prescribing  
Collaborative**

# Welcome



**Charlotte Osborn-Forde**  
*CEO, NASP*



**Dr Michael Dixon**  
*Co-chair, College of Medicine*

# Housekeeping

Please note we are **recording** this webinar.

You will be sent the slides and the link to the recording, and they will be on NASP's website too.

Please submit questions via the **Q&A function**. We will try to answer these during the webinar and will follow up with a response to those we don't get to.

Use the **chat function** for introducing yourself and networking. If you have any technical issues, please raise these in the chat, and a member of the NASP team will assist.

**Closed Captions** are available (turn these on at the bottom of your screen).

There will be a short poll at the end asking you for your feedback about the webinar.

# Agenda

13:00 | OPENING REMARKS

13:05 | ISPC ROUND ROBIN: VOICES FROM EVERYWHERE

13:35 | BRIDGING BORDERS: COMMUNITY HEALTH WORKERS & SOCIAL PRESCRIBING

13:55 | SOCIAL PRESCRIBING IN LOWER-MIDDLE INCOME COUNTRIES

14:15 | MAJOR INTERNATIONAL RESEARCH: SP-EU

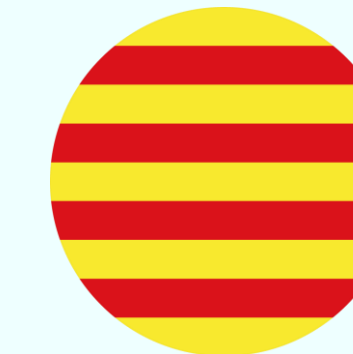
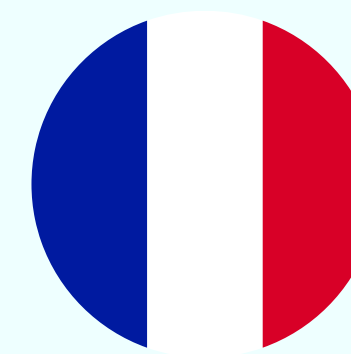
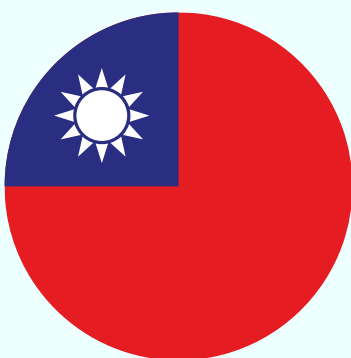
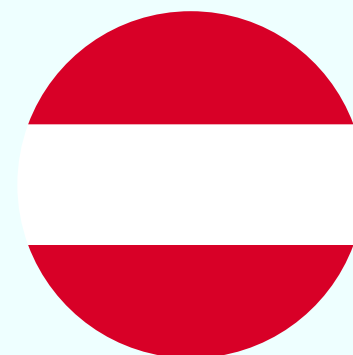
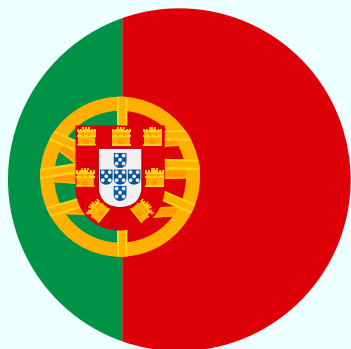
14:35 | FUTURE DIRECTIONS OF SOCIAL PRESCRIBING GLOBALLY

14:55 | CLOSING REMARKS



# Round Robin

Headline updates around the world from International Social Prescribing Collaborative members.



# Australia

Dr JR Baker

Chair, Australian Social Prescribing Institute for Research and Education (ASPIRE)

- Social prescribing delivered in GP clinics, Primary Health Networks (PHN) programs, hospitals, and community centres.
- Federated model driven by national health strategies; **services commissioned by PHNs and states.**
- Roles are health-qualified (social work, mental health, peer); **workforce standards set by national Delphi study.**
- Focus on integration within existing health systems and practical delivery across all need levels.

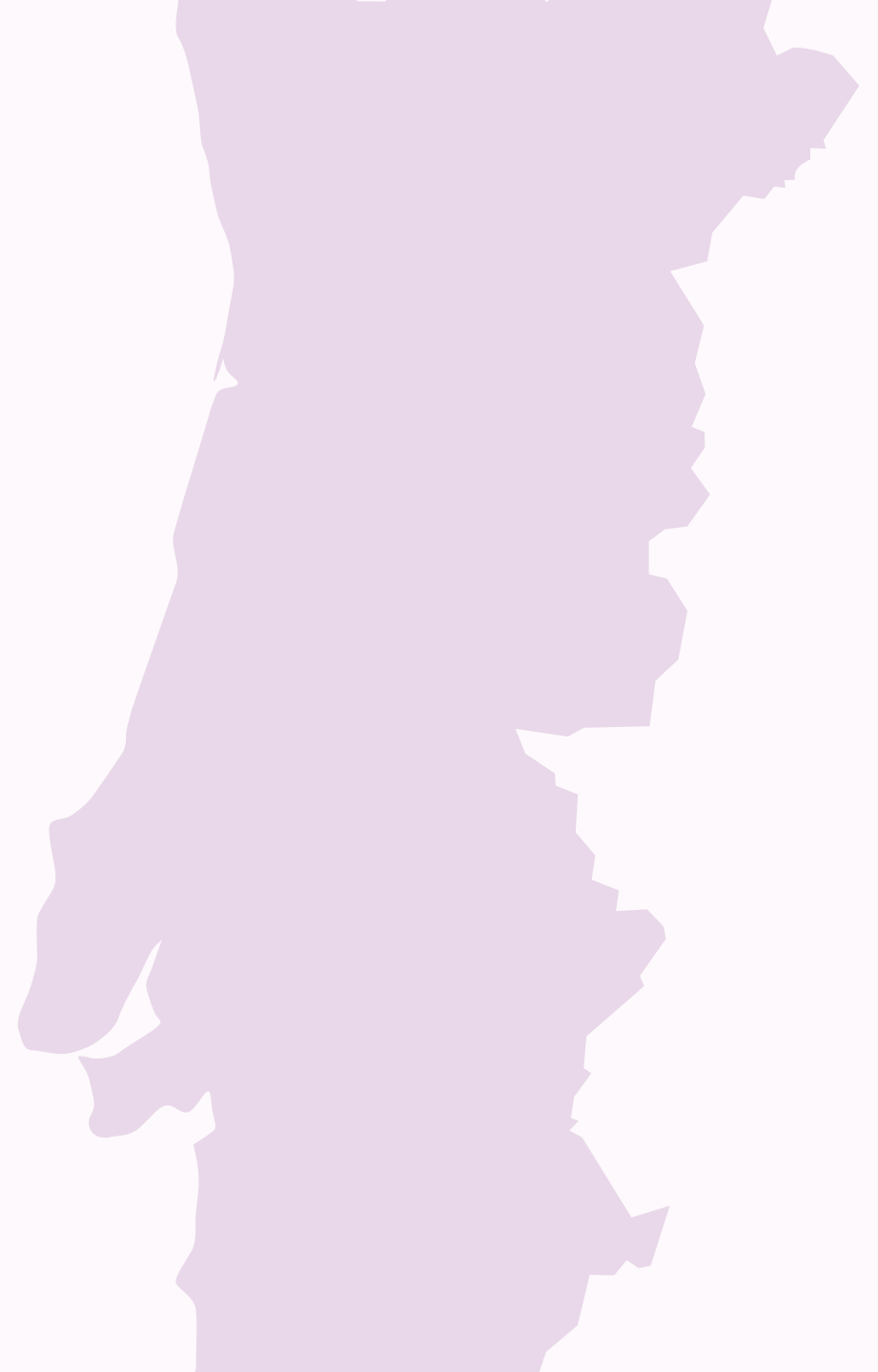


# Portugal

Prof. Sónia Dias

Dean, NOVA National School of Public Health

- First social prescribing pilot launched in Lisbon in 2018, with social workers as link workers in two primary healthcare units.
- NOVA National School of Public Health supports planning, implementation, and evaluation of SP initiatives.
- Experience from 10 local pilots, each adapted to local governance, needs, and resources.
- Developed the first national manual and online short course for social prescribing.



# Ireland

Dr. Deirdre Connolly,  
Professor (Trinity College Dublin), Co-Chair of All  
Ireland Social Prescribing Network Research and  
Evaluation Group

- Social prescribing began in 2010, with major expansion since 2017; now ~80 services in the South and 6 in the North.
- Delivered mainly through Family Resource Centres (South) and Healthy Living Centres (North), plus hospitals and GP practices.
- **103 registered link workers** support delivery, connected through the National Peer Link Worker Network.
- Supported by national health policies and a dedicated funding stream from the Health Service Executive.



# Spain-Catalonia

Dr Juan Mendive, MD, PhD

Family Physician, Catalan Institute for Health

- Social Prescribing mainly organised through Primary Care (GPs, nurses and social workers).
- Most Primary Care Centres have a Community Oriented Group led by a health professional (nurse, GP or wellbeing coach)
- SP is **registered and evaluated through the same PC electronic medical record (PROM questionnaires)**
- Community Oriented Primary Care and SP is a national policy. Training for all health professionals on **SP is provided from Public Health Authorities**



# England

Hamaad Ahmad Khan  
International Development Associate, NASP

- **3,500+ social prescribing link workers are active** across England as of 2025.
- NHS link worker referrals surpassed 2.5 million, exceeding original targets.
- Largest-ever study (NIHR, 2024) found **national rollout improved outcomes** for people with long-term conditions and mental health needs.
- Social prescribing is now embedded in **50+ UK university healthcare curricula**.
- **Policy momentum:** new National Centre for Social Prescribing Data & Analysis launched; £1 billion Social Prescribing Fund proposed for long-term investment.





# Austria

Daniela Rojatz (Mag.<sup>a</sup> Dr.<sup>in</sup>)

Senior Health Expert, Department of Health, Society, and Equity

- Social prescribing is being piloted in primary care, paediatric care, and facilities for uninsured people.
- Link worker roles are taken by social workers, nurses, and other healthcare professionals.
- Gaining national attention since 2019, with 24 facilities funded for development and expansion.
- Supported by the **Ministry of Health's "Agenda Health Promotion"**; new funding call in preparation.

# Wales

Christopher Bristow  
Senior Policy Manager, Welsh Government

- 26% increase in people accessing social prescribing services.
- **National Framework for Social Prescribing developed as a key government commitment.**
- Published 'Splossary' and Competence Framework to standardise language and practitioner skills.
- Regional Social Prescribing Champions established; ongoing work on data, community assets, and training.







# Canada

**Safiya Clarke-Mendes**


Education and Learning Specialist, Canadian Institute for Social Prescribing (CISP)

- Social prescribing is led by both health and community sectors, delivered in primary care teams, community health centres, and community organisations.
- **Delivery models vary**, but collaboration among healthcare providers, link workers, and community groups is standard.
- Programmes range from local pilots to large regional initiatives, **funded by government and philanthropy**.
- Positive impacts seen for individuals, communities, and health systems; scaling and sustainability are national goals.

# Taiwan

Dr. Samuel Shih-Chih Wang

Professor, Department of Health and Welfare, University of Taipei

- 
- Social prescribing is emerging through grassroots efforts, piloted in various community settings.
  - Led by collaborations among local hospitals, NGOs, charities, and a unique coalition with a municipal university and VCSE partners.
  - Focus on training future link workers and co-developing culturally adapted prescriptions.
  - Innovative local trials target people with dementia and caregivers, offering museum visits, arts, gardening, and music therapy.
  - No national policy yet, but multiple local initiatives are underway.

# Scotland

Alison Leitch

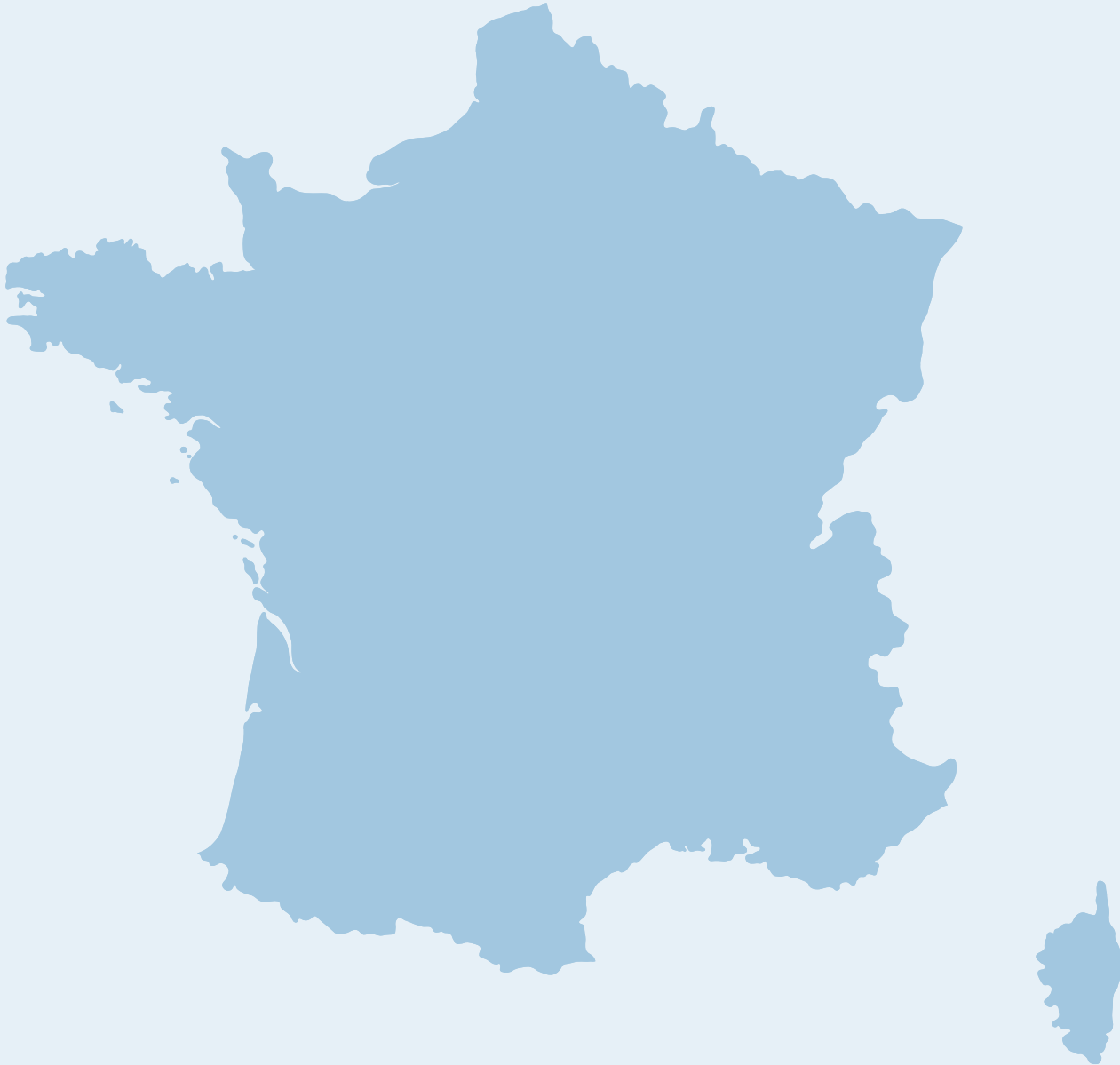
Lead, Scottish Social Prescribing Network

- Over 320 GP-based Community Link Workers as of March 2024; around **80% of GPs have access to a link worker**.
- 13 out of 14 health boards have a social prescribing or link worker programme.
- Social prescribing is a Ministerial responsibility whilst a **National CLW Advisory Group** is looking at skills, funding and evaluation
- Public Health Scotland is **developing a Population Health Framework** with a focus on social prescribing.



# France

Jean-Christophe Celestin  
General Director, Health United



- Health United leads social prescribing, representing the Social Prescribing Network nationally.
- Territorial networks **established across 15 regions**, including overseas territories, **with thematic groups on chronic disease, mental health, and arts**.
- Connects healthcare providers with community resources, facilitating referrals to non-medical activities
- Fosters professional development through mentorship and promotes high standards via partnerships like the Human First Standard.

# USA

Dr Alan Siegel

Co-founder, Social Prescribing USA

- Social prescribing occurs in Federally Qualified Health Centres, mental health practices, primary care clinics, county health hubs, and veterans' services.
- Driven mostly by grassroots and nonprofit pilot programs, with growing coordination on social drivers of health.
- Recent years have seen local convenings and efforts to develop a formal national action agenda.
- Movement is supported by philanthropy and partnerships, with the first U.S. **National Conference planned for 2025.**

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## SESSION INTRO

# Bridging Borders: CHWs and Social Prescribing

*Learn how community health workers (CHWs) are transforming care across communities and continents. Lessons from Brazil's model, its bold adaptation in England, and supporting social prescribing.*



**Dr Matthew Harris,**  
**Imperial College London**

# IMPERIAL



# Community Health and Wellbeing Workers

## A radical solution for the NHS?

**Matthew Harris DPhil MBBS MSc SFHEA FFPH**

Clinical Reader in Public Health Innovation

Hon Consultant in Public Health

NIHR ARC Theme lead in Innovation and Evaluation

Director, Post-graduate Taught Programmes



# Media interest



The image is a screenshot of the Mail Online website. At the top, the 'Mail Online' logo is displayed in a large, bold, black serif font. To the right of the logo is a light blue graphic of a stylized bird or wing. Below the logo is a horizontal navigation bar with links: Home, News (highlighted in blue), Royals, U.S., Sport, TV, Showbiz, Femail, Health, Science, Money, and T. Below this is a second navigation bar with links: Latest Headlines, Australia, Video, University Guide, Deep Dive, China, Debate, Meghan Markle, and Prince. Below the navigation bars is an 'ADVERTISEMENT' section. It features a large, empty rectangular area with a small left-pointing arrow in the top left corner. To the right of this area, the text 'Ads by Google' is visible, along with two buttons: 'Stop seeing this ad' (in blue) and 'Why this ad?' (in grey). Below the advertisement section is a large, bold, black headline that reads: 'Wes Streeting's 'radical' plans to tackle Britain's sickness crisis by sending NHS health workers door-to-door once a month'.

**Mail Online**

Home | **News** | Royals | U.S. | Sport | TV | Showbiz | Femail | Health | Science | Money | T

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**Wes Streeting's 'radical' plans to tackle Britain's sickness crisis by sending NHS health workers door-to-door once a month**

# Policy interest

- Fuller Stocktake report 2022
- Debated in House of Lords 2022
- House of Lords report 2023
- Shortlisted for RCGP QI award, Finalist in MJ awards 2023
- Shortlisted for HSJ award 2024
- Reform thinktank ‘Prescription for Prevention’ report 2024

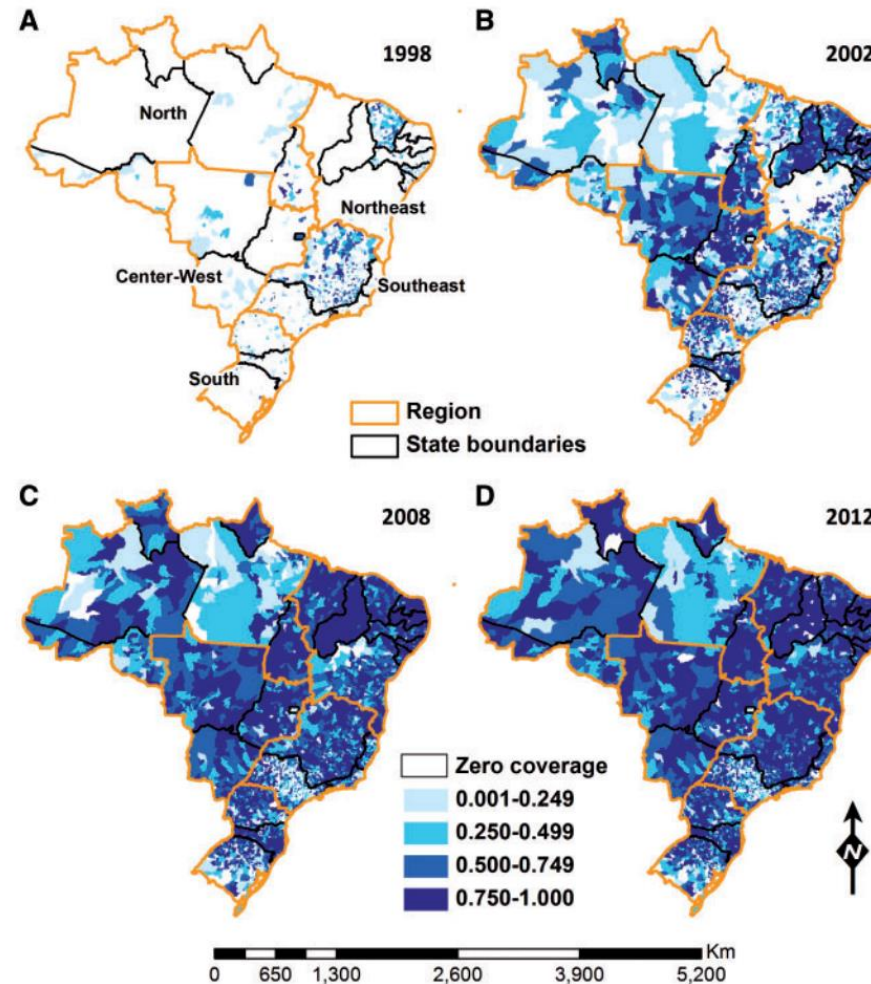
# The CHU-I principles (Comprehensive, Hyperlocal, Universal, Integrated)

**Table 1:** The CHU-I principles of the CHWW role based on experience from Brazil

<b>Comprehensive</b>	Life-course approach, not defined by socio-demographic characteristics, clinical need or risk profile, providing light touch bio-psycho-social support for all ages and all residents, with a focus on prevention, health promotion and service navigation.
<b>Hyperlocal</b>	Geographical, covering well-defined neighbourhoods or postcodes, of between 100-150 households per CHWW. CHWWs are recruited from the local area, have connections to or are very familiar with that area, live within a thirty-minute walk from the area where they work.
<b>Universal</b>	All households within the geographical area are visited once per month, or more frequently if there is a need to do so (proportionate universalism). No referral needed, no discharge unless residents move out of the area, all residents' needs are supported.
<b>Integrated</b>	Paid, fulltime (or close to fulltime), with NHS honorary contracts, NHS email, and access to Electronic Patient Records after appropriate training and approvals. Weekly Multidisciplinary Team Meetings or training within primary care. Clear links into Voluntary and Community Services organizations, local authorities and allied health and social care professionals. Identified CHWW on patient record and defined geographies with CHWW contact details available to all staff.

National Association of Primary Care. CHWW Standard Operating Manual. Oct 2024

# A masterclass in national expansion since 1994



**Figure 1.** Proportion of the population covered by the FHS in each Brazilian municipality—1998, 2002, 2008 and 2012. Maps indicate the boundaries of states (federal units) and regions in Brazil

Andrade et al. Brazil's Family Health Strategy: factors associated with programme uptake and coverage expansion over 15 years (1998–2012) *Health Policy and Planning*, 33, 2018, 368–380

# Decrease in hospitalizations for ambulatory-care sensitive conditions

## Adjusted prevalence ratio

Quintile of municipalities by enrolment	Adjusted prevalence ratio compared to quintile 1 (lowest enrolment)
Quintile 2	0.96
Quintile 3	0.92
Quintile 4	0.89
Quintile 5 (highest enrolment)	0.87

(All significant at  $p < 0.001$ )

Macinko et al Health Affairs 2010, 29, no.12 (2010):2149-2160

# Decrease in cerebrovascular and cardiovascular disease mortality

Table 3| Fixed effect negative binomial models for adjusted association\* between standardised mortality rates and average coverage of Family Health Program (FHP) in 1622 selected municipalities in Brazil, 2000-09

Variables	Adjusted rate ratio (95% CI)		
	Cerebrovascular diseases mortality rate	Heart diseases mortality rate	Accidents mortality rate
Average FHP population coverage in past 8 years:			
No coverage	1	1	1
Incipient (>0 to <30%)	0.89 (0.86 to 0.92)	0.89 (0.85 to 0.93)	1.00 (0.97 to 1.03)
Intermediate (≥30% to <70%)	0.81 (0.78 to 0.84)	0.78 (0.75 to 0.83)	1.01 (0.97 to 1.04)
Consolidated (≥70%)	0.69 (0.66 to 0.73)	0.64 (0.59 to 0.68)	1.02 (0.98 to 1.07)
No of observations	16 220	16 150	16 220
No of municipalities	1622	1615	1622
*Models adjusted for percentage of population below poverty line, per capita income (monthly), percentage of population having basic household appliances, percentage in households with inadequate sanitation, percentage illiteracy among >15 year olds, presence of local hospital beds, number of physicians per 1000 inhabitants, urbanisation rate, percentage highly educated among >25 year olds, and presence of tomography and ultrasonography in the municipality.			

Rasella et al. Impact of primary health care on mortality from heart and cerebrovascular diseases in Brazil: a nationwide analysis of longitudinal data. BMJ 2014

# What if....?



110,585 CHWs, would provide:

- 753,592 new cervical cancer screenings per annum
- 365,166 new breast cancer screenings per annum
- 482,924 bowel cancer screenings per annum
- 16,398 additional children would receive their MMR1
- 24,716 additional children would receive their MMR2

Hayhoe B et al. Integrating community health workers in primary care: a solution to the workforce crisis? Journal of the Royal Society of Medicine 2018



# UK piloting and scaling



Cornwall	60
Westminster (South)	14
Westminster (North)	15
London - South West	13
Oxfordshire	8
Harrow	5
Calderdale	4
Hounslow	4
Plymouth/ Wolsley	4
Selby - North Yorkshire	5
Torrige (Devon)	4
Bridgewater	3
Frimley	3
Hammersmith and Fulham	3
Norfolk and Waveney	2
Sutton	2
Luton	2



# Evidence from Westminster pilot

**CRCI** - number of preventative services received as a proportion of service eligibility

**Intervention** – households visited

**Control** – households not yet visited

	Intervention group			Control group		
	Individuals	Households	CRCI (mean +/- SD))	Individuals	Households	CRCI (mean +/- SD)
Immunisations	608	160	<b>0.22 (+/- 0.16)</b>	1643	502	<b>0.15 (+/- 0.18)</b>
Screenings + Health Checks	178	120	<b>0.20 (+/- 0.32)</b>	480	304	<b>0.11 (+/- 0.26)</b>
Overall	608	160	<b>0.21 (+/- 0.15)</b>	1643	502	<b>0.15 (+/- 0.19)</b>

Junghans, C., Antonacci, G., Williams, A. et al. Learning from the universal, proactive outreach of the Brazilian Community Health Worker model: impact of a Community Health and Wellbeing Worker initiative on vaccination, cancer screening and NHS health check uptake in a deprived community in the UK. BMC Health Serv Res 23, 1092 (2023)

# MyCAW findings

MYCaW©	Baseline score (±SD)	Follow-up score (±SD)	Score change (±SD)	P value	% minimal positive important difference	% minimal negative important difference
Concern 1 (n=147)	5.4 (±0.8)	2.8 (±1.5)	-2.6 (±1.6)	≤0.001	91%	1%
Concern 2 (n=130)	5.3 (±0.8)	2.9 (±1.5)	-2.4 (±1.5)	≤0.001	88%	3%
Wellbeing (n=148)	4.8 (±1.1)	3.0 (±1.2)	-1.8 (±1.3)	≤0.001	90%	4%

***Table 2. Summary of the MYCaW scores and changes over time. A negative score change denotes an improvement.***

Polley M, Elnaschie S, Seers H, (2024). Demonstrator project report of Measure Yourself Concerns and Wellbeing®, demographic data and outcome measures analysis for the CHWW project - year one. Meaningful Measures Ltd, England.

# How's it done?

- Recruitment
- Training
- Supervision
- Funding
- Teamwork
- Uniforms



# How's it done?

- Recruitment
- Training
- Supervision
- Funding
- Teamwork
- Uniforms
- Boundary-setting
- Data collection
- Integration with Patient Records

The screenshot shows a web application interface for managing households. On the left is a sidebar with the 'Community Health and Wellbeing' logo, the user name 'Jessica Ellis', and navigation links: 'Dashboard' (with a grid icon), 'Households' (with a building icon), 'Add' (with a person icon), 'Manage' (with a gear icon), 'Profile' (with a person icon), 'feedback' (with a speech bubble icon), and a 'Logout' button. The main content area is titled 'Households' and features a search bar with the placeholder text 'enter postcode/household, status, id, resident name or GP...'. Below the search bar is a list of four household entries, each in a yellow box. Each entry includes a green status dot, the address, the resident's name and status, the last visit date, the GP's name, and the last outreach dates.

Household Address	Resident Name & Status	Last Visit	GP	Last Outreach	Last Successful Outreach
Flat 13, Lesley Court, 23-33 Strutton Ground, SW1P 2HZ	Isabel Hanna - Active visit	Last Visit: 46 days	GP: MMC	5/17/2025 (2 days ago)	N/A
Flat 16, B Block, Peabody Trust, SW1P 2LF	Marleigh Murray - Active contact	Last Visit: N/A	GP: MMC	5/15/2025 (4 days ago)	5/15/2025 (4 days ago)
Flat 2, B Block, Peabody Trust, SW1P 2LL	Hakeem Buck - Active visit	Last Visit: 19 days	GP: PH@TM	N/A	N/A
Flat 7, C Block, Peabody Trust, SW1P 2LN	Alexandria Estes - Active contact	Last Visit: N/A	GP: MMC	5/10/2025 (9 days ago)	5/10/2025 (9 days ago)

# How's it done?

- Recruitment
- Training
- Supervision
- Funding
- Teamwork
- Uniforms
- Boundary-setting
- Data collection
- Integration with Patient Record
- Integration with other services
- Community of Practice

## Translating the Brazilian model of Community Health and Wellbeing Workers into Primary Care in the UK



### Operational guide

In partnership with



**IMPERIAL**



# Next steps

- Cluster randomized study for robust formal evaluation
- Study of impact on community cohesion and resilience, addressing health equity
- Health economic evaluation for sustainable funding business case
- DHSC engagement re 10 year plan

# Health Editor of the Daily Telegraph, Camaragibe, Pernambuco, Brazil



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## SESSION INTRO

# Social Prescribing in LMICs: Lessons to Learn

*Real stories and breakthrough solutions from social prescribing leaders in low- and middle-income countries (Nigeria, India and Columbia) — and what the global community can learn from them.*



Dr. Ifeoma Monye,  
President Africa Lifestyle Medicine  
Council (Nigeria)



Dr. Malvika Neeraj,  
Founder of Gulley Clinic (India)



Camila Ronderos Bernal,  
Exec. Director Fundacion Keralty  
(Columbia)

# **Social Prescribing in Nigeria: Innovating Community Care at the Brookfield Centre for Lifestyle Medicine**

**Dr Ifeoma Monye**  
**FRCGP FACLM FBSLM**  
**Founder/CEO**

## Social Prescribing as a holistic health approach for practical and emotional support





Social prescribing recognizes that our environment and social connections play a huge role in influencing our health behaviors





## Brookfield Isagani Gardens



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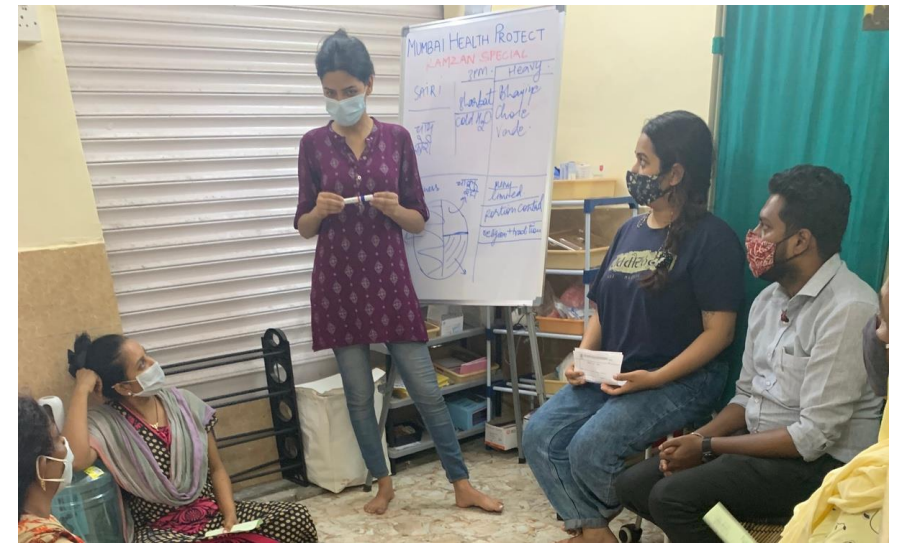


Camila Ronderos Bernal,  
Exec. Director Fundacion Keralty  
(Columbia)



# GULLY CLINIC

A YOUNG DOCTORS' PHILANTHROPIC COLLECTIVE SINCE 2020



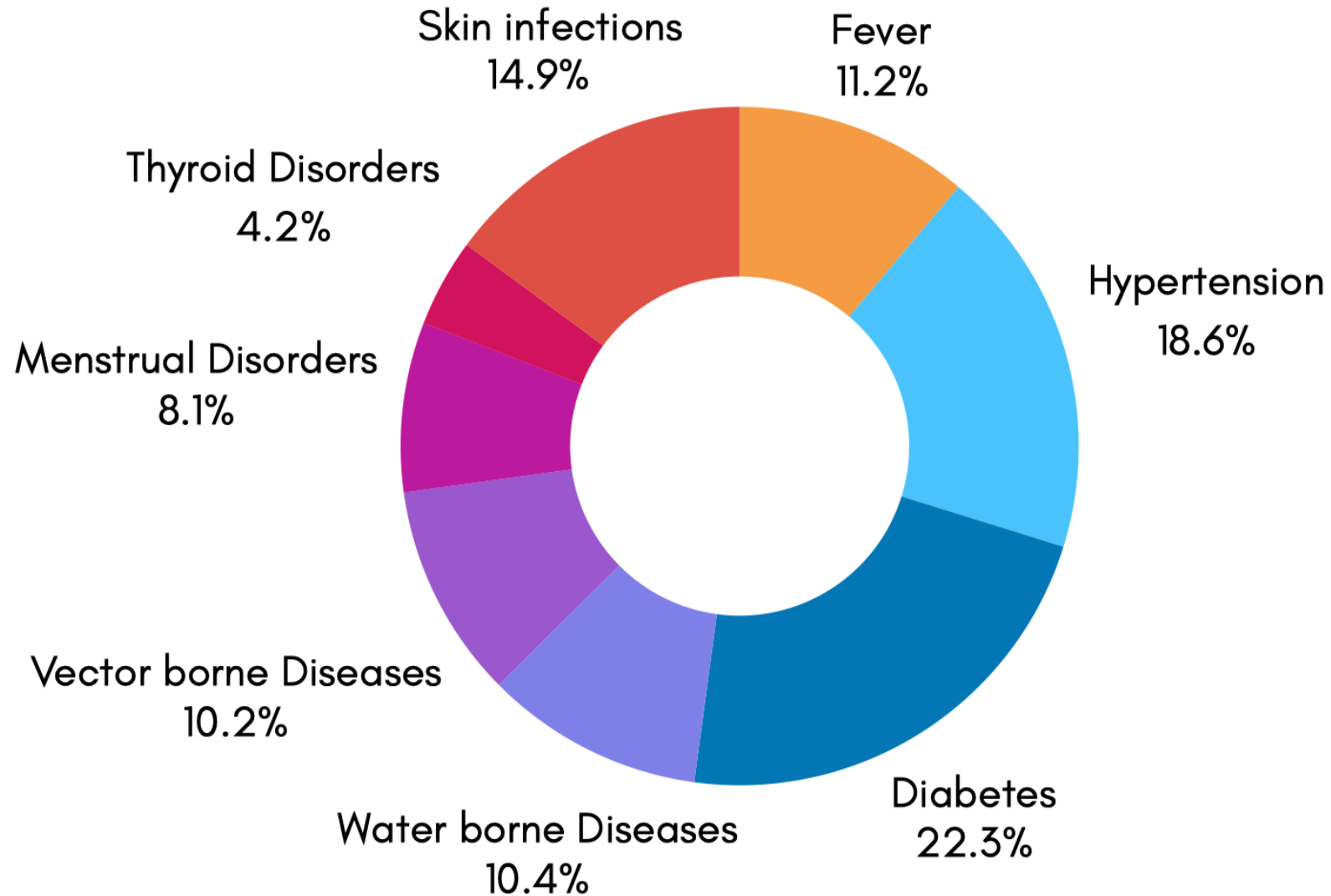




**"They bear until it's too late."  
9 MILLION OF THEM.**



# DISEASE BURDEN PROFILING



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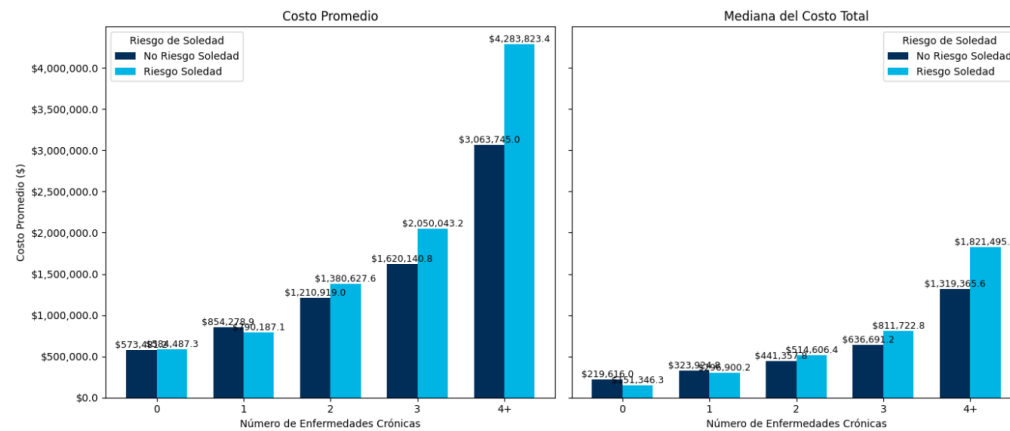
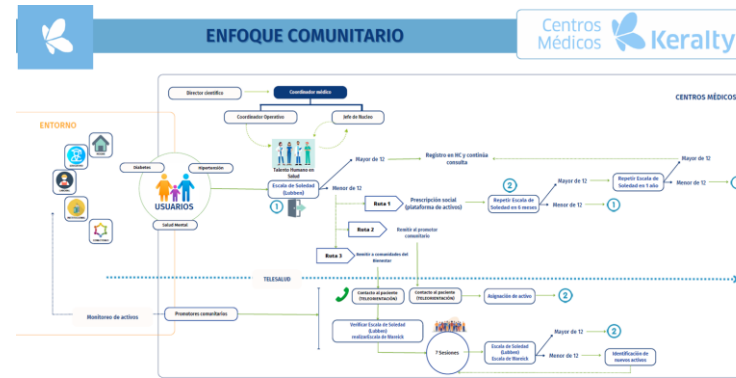
Camila Ronderos Bernal,  
Exec. Director Fundacion Keralty  
(Columbia)

**Camila Ronderos  
Executive Director  
Fundación Keralty**



# SOCIAL PRESCRIBING IN KERALT COLOMBIA





# Social prescribing in the health care context

**EPS Sanitas**  
Nuestro compromiso es contigo

EPS Sanitas Centro Medico Norte  
NIT 800251440

**PRESCRIPCIÓN SOCIAL MODELO DE SALUD COMUNITARIA**

Identificación: CC 93451848  
Fecha nacimiento: 1976-12-30 00:00:00  
Ciudad residencia: BOGOTÁ D.C.  
Dirección: CALLE 175 N 76 80\*  
Edad: 45 Años  
Nombre responsable: JAIBER CARDENAS RAMIREZ  
Teléfono responsable: 3102178517  
Fecha atención: 2022-02-25 06:05:45.86

Nombre: JAIBER CARDENAS RAMIREZ  
Sexo: Masculino  
Localidad: SUBA  
Teléfono residencia: 6740974  
Email: jaber241276@hotmail.com  
Contrato: 10-299106-1-1  
Parentesco responsable: Paciente  
Dirección responsable: CALLE 175 N 76 80\*

**PRESCRIPCIÓN SOCIAL**

Joya Principal Prescrita: [ ]  
Movimiento (Actividad física): [ ]  
Movimiento (Actividad física): [ ]





**Social prescribing in the community context**



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## SESSION INTRO

# Major International Research: SP-EU

*Hear insights, lessons, aims and goals of Europe's new SP-EU research, a 6-country collaboration to advance social prescribing for vulnerable groups accessing primary care and community health.*



**Prof. Dr. Wolfram Herrmann,  
Charité - Universitätsmedizin Berlin**



# Social Prescribing to promote and improve access to health and care services for people in vulnerable situations in Europe (SP-EU)



**Wolfram Herrmann**

**Charité – Universitätsmedizin Berlin**

**International Social Prescribing Showcase 2025**



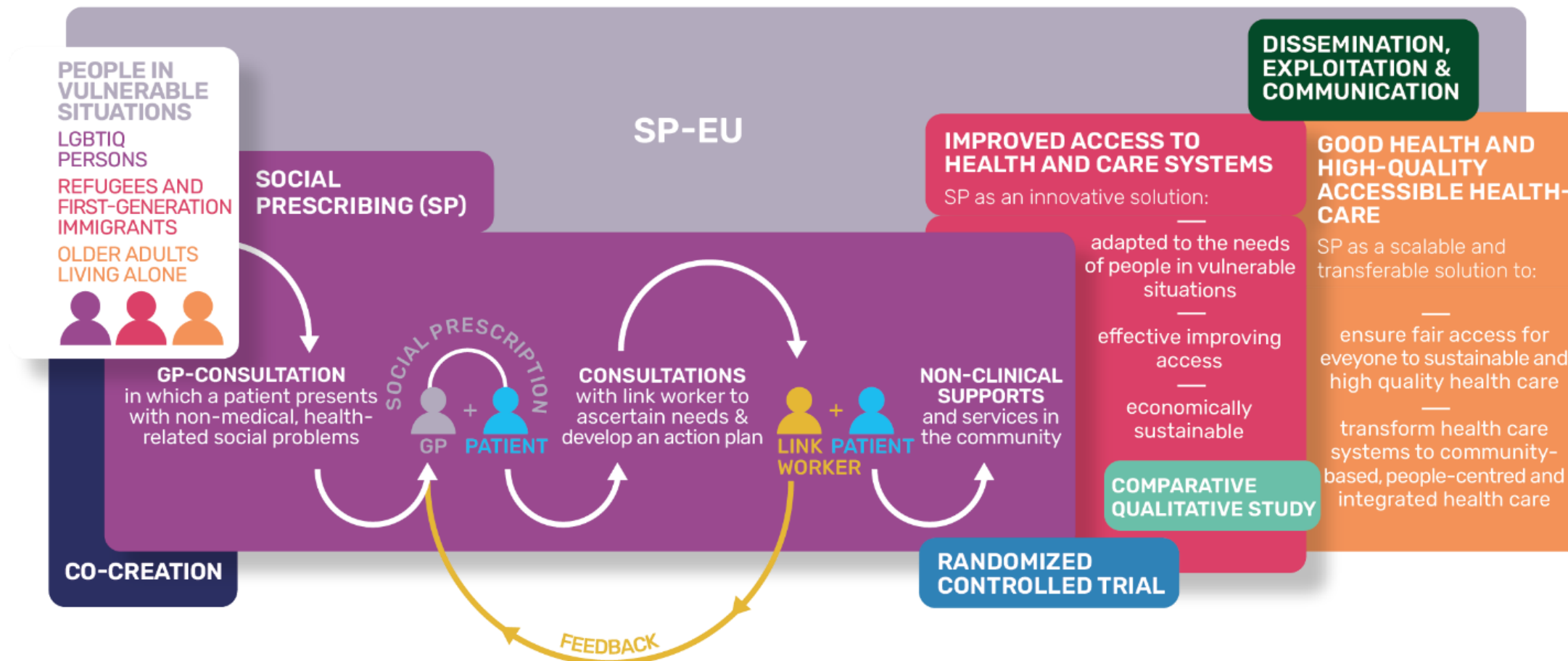
# Starting Point: Evidence gaps in Social Prescribing research



- Lack of rigorous randomized-controlled trials (RCTs)
- Evidence mainly from UK-based studies
- No multinational trials to date
- Limited understanding of Social Prescribing for people in vulnerable situations



# Main concept of SP-EU



## OBJECTIVES

Our vision is that **SP improves access to health and care services for people in vulnerable situations** and thus **contributes as a scalable and transferable innovative solution to the transformation of health care systems towards community-based, people-centred and integrated health care.**





The **overall objective** of SP-EU is to **assess the potential of SP to promote and improve access to health and care services** (in a broader notion) **for people in vulnerable situations**, focusing on three primary target groups:

-  **LGBTIQ PERSONS**
-  **REFUGEES AND FIRST-GENERATION IMMIGRANTS**
-  **OLDER ADULTS LIVING ALONE**

## Four Objectives:

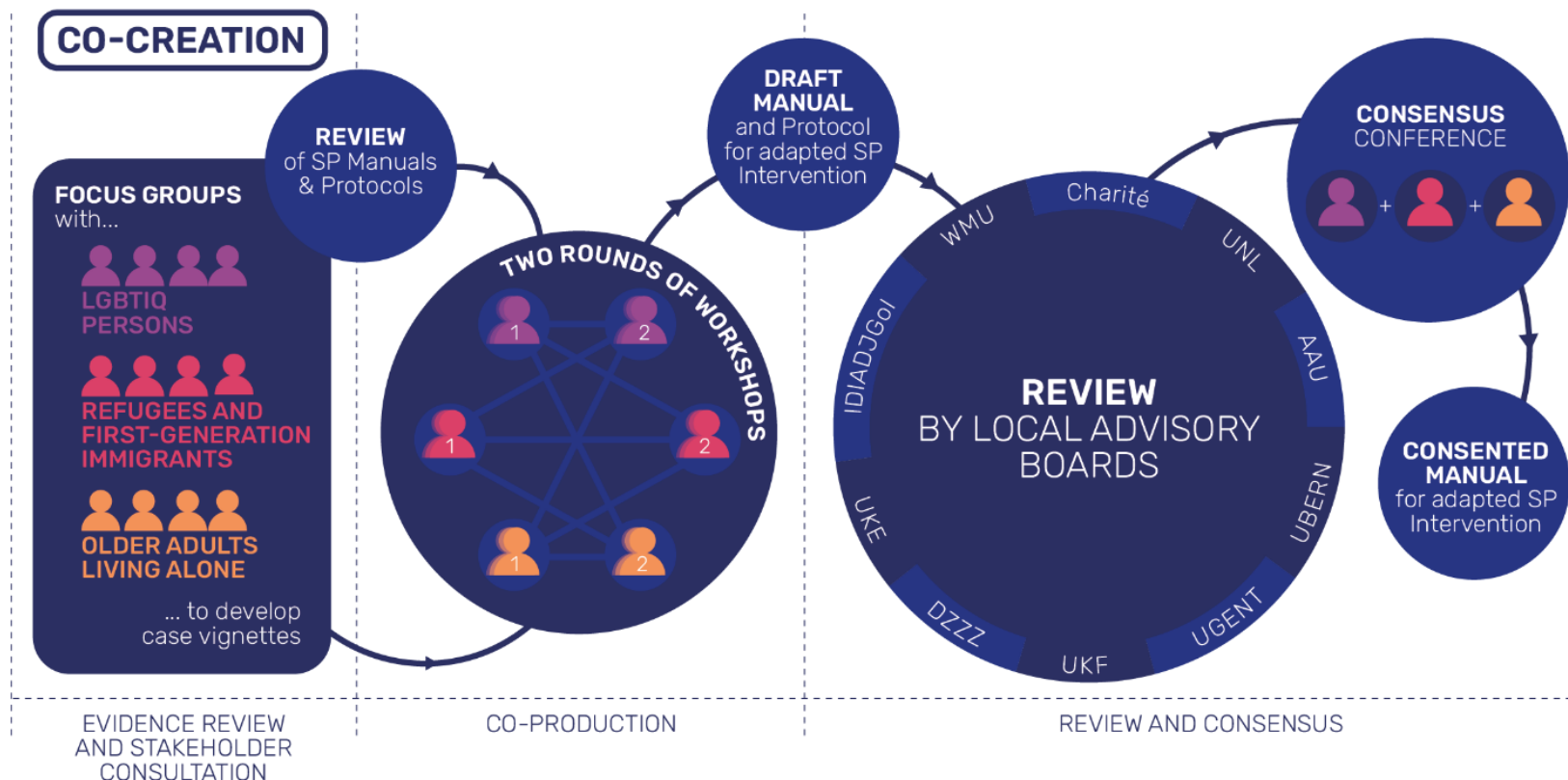
- (1) Co-Creation:** Design and implement SP to their needs and social context
- (2) Effectiveness Evaluation of tailored SP:** Pragmatic, multinational, RCT
- (3) Barriers and facilitators to the implementation of SP:** Qualitative Comparative Study
- (4) Dissemination, exploitation & communication:** Ensure wide reach via website, social media channels, policy roundtables



-  **Co-Creation + RCT**
-  **Qualitative Analysis**
-  **Co-Creation + RCT + Qualitative Analysis**
-  **Implementation Board**



# (1) Co-Creation: Design and implement SP to the needs and social context of vulnerable groups

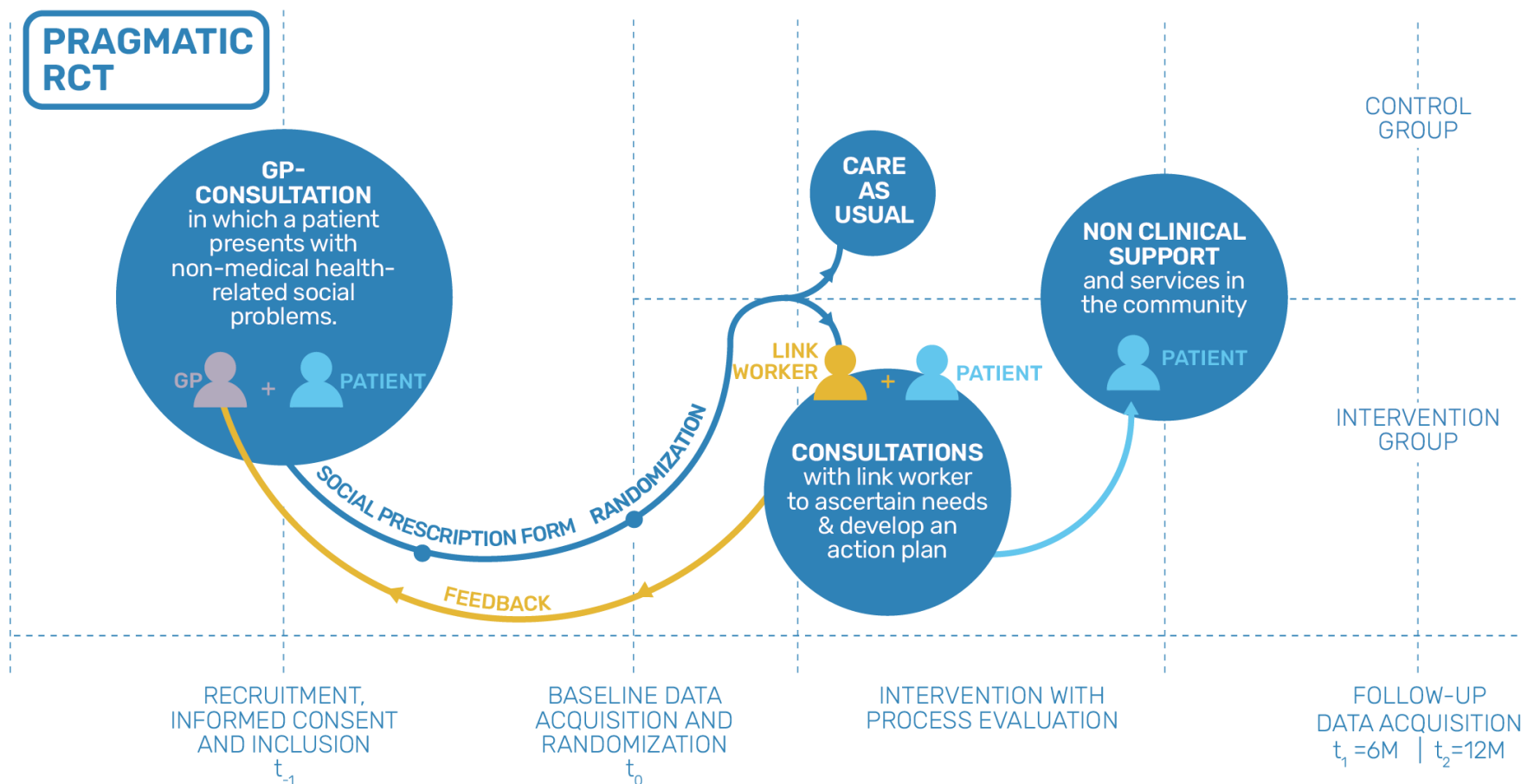


# Impressions from Co-Creation

Aarhus, Denmark, 3 June 2025



## (2) Effectiveness Evaluation of tailored SP: pragmatic, multinational, multicenter RCT (N=1,776)







## (2) Effectiveness Evaluation of tailored SP: pragmatic, multinational, multicenter RCT (N=1,776)

- **Design:** Three independent sub-trials (basket trial), n=592 per sub-trial
- **Locations:** 10 hubs, each including 5-10 GP practices
- **Intervention:** Adapted SP intervention with link working software
- **Endpoints**
  - *Primary:* Access/utilization to health-related social care support and services over 6 months
  - *Secondary:* HRQoL, healthcare utilization, self-efficacy, sick leave status, costs, and health economic evaluation at 6 and 12 months
- **Study Arms:** SP + Care As Usual vs. Care As Usual alone
- **Analysis:** Intention-to-treat (ITT) principle

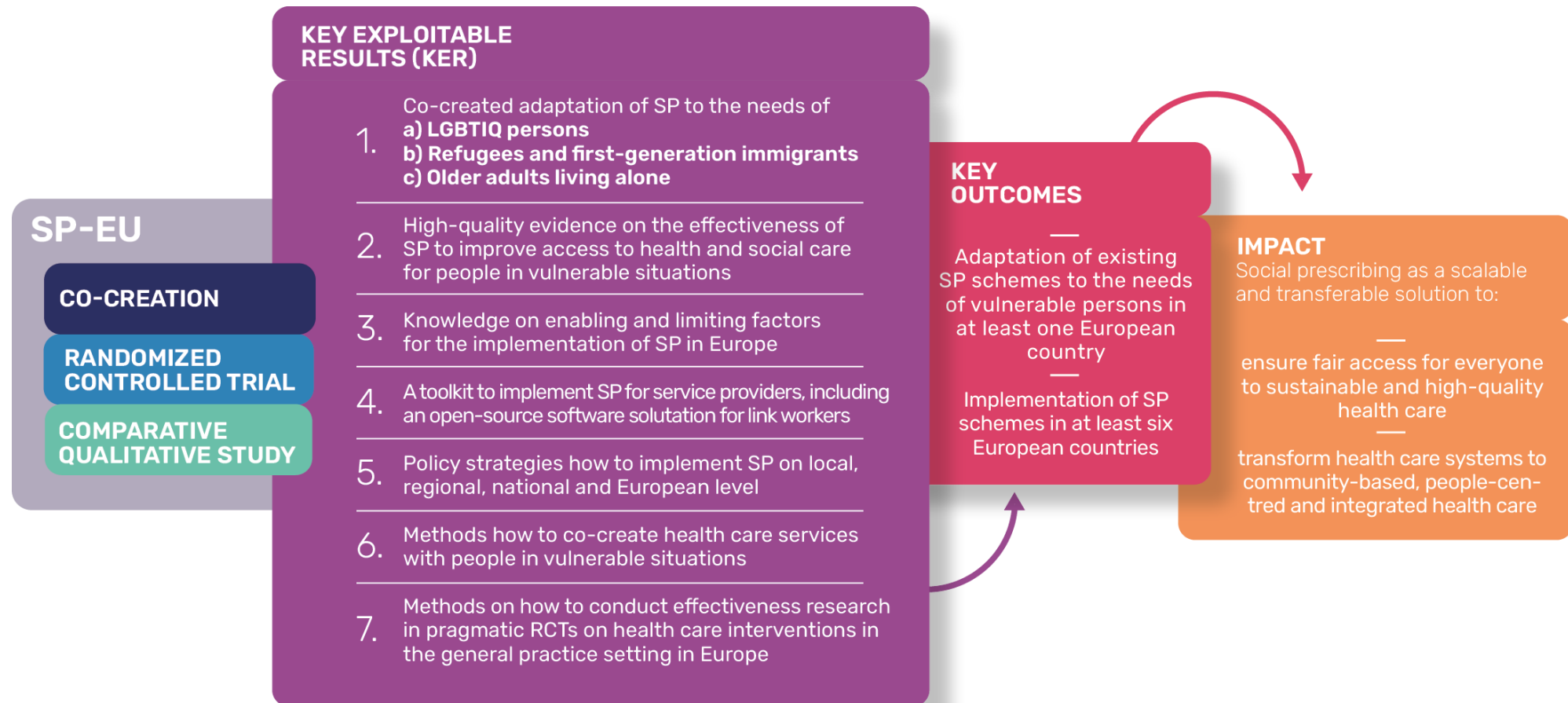
### (3) Barriers and facilitators to the implementation of SP

#### COMPARATIVE QUALITATIVE STUDY

COUNTRIES INVOLVED	SAMPLING	DATA COLLECTION	DATA ANALYSIS	FINAL OUTPUT
selected to vary in social prescribing implementation and healthcare delivery	a purposive approach will be used when selecting individual interviews	semi-structured interviews-audio recorded and transcribed	based on framework analysis	academic and beyond
AUSTRIA	Each of the sites will recruit <b>20 participants</b> to take part in a semi-structured interview ( <b>100 in total</b> )  This will include <b>healthcare professionals and patient representatives</b> from the three groups focused on in the study:  	A <b>topic guide</b> will be developed for the project to be <b>used across sites</b> - it will be informed by the co-creation work package	Each country will <b>code data independently</b> and come-together to discuss what the data are saying	A <b>chart</b> summarising data across each country that others can access
GERMANY		The topic guide will ask about <b>enabling and limiting factors</b> to implementing social prescribing in each country	A <b>shared thematic framework</b> will be developed by the team to be used across their dataset (once analysed independently by each group)	At least one academic <b>paper and conference</b> presentation
POLAND				
PORTUGAL				
UNITED KINGDOM				
Interviews will primarily be <b>conducted remotely</b> , using Teams or Zoom				
This thematic framework will be used to develop charts to <b>compare and contrast</b> findings across countries				
An <b>infographic</b> aimed at a lay audience, developed with included groups in study:  				
Throughout this work package, researchers from each country will <b>meet on a bi-monthly</b> basis to discuss progress, revisions to the topic guide, and data emerging from the interviews				

LGBTIQ PERSONS | REFUGEES AND FIRST-GENERATION IMMIGRANTS | OLDER ADULTS LIVING ALONE

## (4) Dissemination, exploitation & communication: Exploitable results and wider impact beyond SP-EU





Learn more about our work: [www.social-prescribing.eu](http://www.social-prescribing.eu)



First SP-EU General Assembly in Berlin, 19-21 March 2025



# Agenda

13:00 | OPENING REMARKS

13:05 | ISPC ROUND ROBIN: VOICES FROM EVERYWHERE

13:35 | BRIDGING BORDERS: COMMUNITY HEALTH WORKERS & SOCIAL PRESCRIBING

13:55 | SOCIAL PRESCRIBING IN LOWER-MIDDLE INCOME COUNTRIES

14:15 | MAJOR INTERNATIONAL RESEARCH: SP-EU

14:35 | FUTURE DIRECTIONS OF SOCIAL PRESCRIBING GLOBALLY

14:55 | CLOSING REMARKS

## SESSION INTRO

# Future Directions of Social Prescribing Globally

*Join the conversation on next steps for social prescribing. Explore bold ideas, new partnerships, and the risks worth taking to make community-powered health the norm worldwide.*



Siân Slade,  
Enterprise Fellow at University of  
Melbourne (Australia)



Adeline Kwan,  
Asst. Director at SingHealth  
Community Hospitals (Singapore)

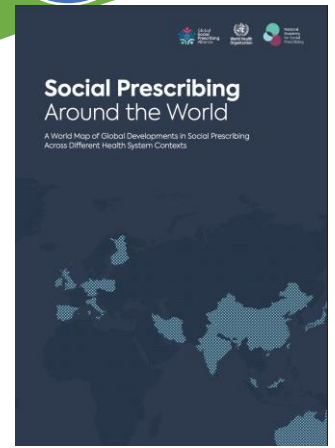
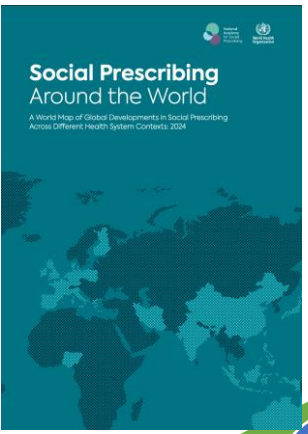
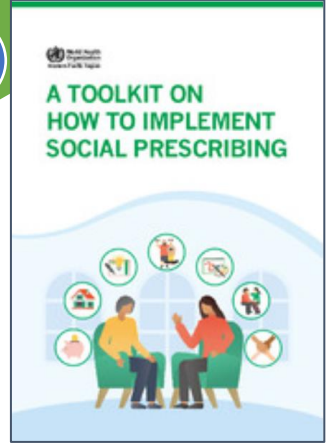
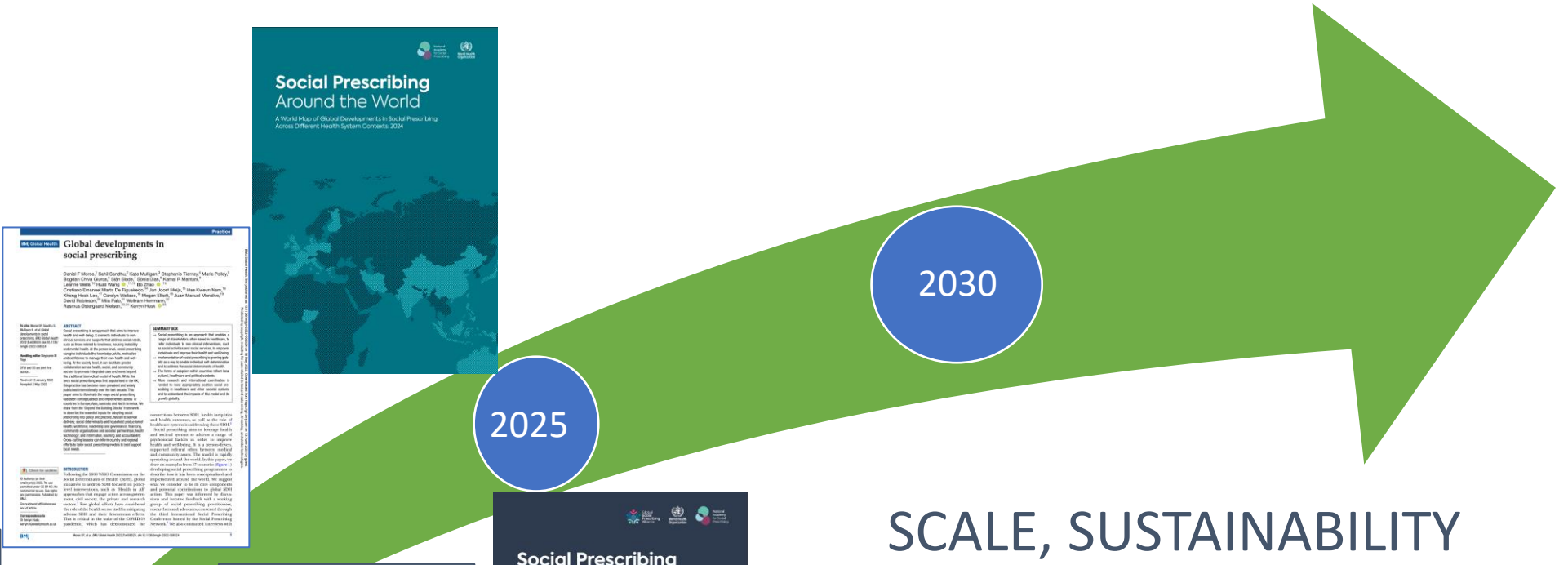
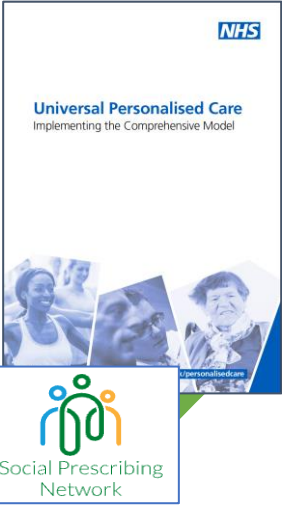


April Siwon Lee,  
Technical Officer at WHO WPRO (South Korea)





START



SCALE, SUSTAINABILITY



Social prescribing student champion scheme: a novel peer-assisted-learning approach to teaching social prescribing and social determinants of health [Bogdan Chiva Giurca](#)

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# Inaugural Asia Pacific Social Prescribing Conference, 29 November 2022



**1<sup>ST</sup> ASIA PACIFIC SOCIAL PRESCRIBING CONFERENCE**

SOCIAL PRESCRIBING & ITS IMPACT ON POPULATION HEALTH

**GUEST-OF-HONOUR**  
**MR DESMOND LEE**  
MINISTER FOR NATIONAL DEVELOPMENT &  
MINISTER-IN-CHARGE OF SOCIAL SERVICES INTEGRATION

29 November 2022, Tuesday 9.00 AM - 5.30 PM  
Ngee Ann Kongsi Auditorium, Academia

**Keynote Speakers**

 <b>Prof Sir Michael Marmot</b> Professor of Epidemiology at University College London; Director of the UCL Institute of Health Equity; First President of the World Medical Association	 <b>Dr Hiro Okuyasu</b> Director, Healthy Environments & Populations, World Health Organization Western Pacific	 <b>Mr James Sanderson</b> Director of Personalized Care at NHS England and NHS Improvement; CEO of the National Academy of Social Prescribing	 <b>Dr Van Nguyen</b> MD, MPH Clinical Lead, Public and Population Health - Google	 <b>Asst Prof Kate Mulligan</b> Assistant Professor, Social and Behavioural Health Science, Dalhousie School of Public Health, Canada Board Member, Toronto Board of Health, Canada Co-Chair, National Collaborating Centre for the Development of Health Canada	 <b>Prof Lee Chien Carn</b> Deputy Group Chief Executive Officer, Singapore National Health System	 <b>Ms Margaret Lee</b> Chief Executive Officer, Singapore Healthcare Community Hospital; Deputy Group Chief Financial Officer, Regional Health System & Strategic Finance, Singapore
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**Breakout Session Speakers**

 <b>Dr David Robinson</b> MD, TCF, MSc Canadian Geriatrics, Queen's Hospital, Queen's, Ireland	 <b>A/Prof Janet Gertzel</b> Director, Duke-Margoli Center for Health Policy Health Services Associate Professor and Researcher at Duke University	 <b>Prof Naoki Kondo</b> Professor of Social Epidemiology, University of Kyoto	 <b>Prof Phan Chansou</b> MD, PhD Psychology, Royal University of Phnom Penh, Cambodia	 <b>Ms Siân Stelfox</b> Academic, PhD Researcher in Global Health Systems WPH, MSc, GACC Chair, National Social Prescribing Community of Practice	 <b>Dr Chong Poh Hong</b> Medical Director, HCA
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**1,162**  
**Participants**  
(326 on site and  
836 online)



# Continuing the momentum of growth of social prescribing



## SOCIAL PRESCRIBING MASTERCLASS WITH INTERNATIONAL EXPERTS

**22 & 23 AUGUST 2023,  
9.00AM - 5.30PM  
LIFELONG LEARNING  
INSTITUTE @  
PAYA LEBAR**

✕ BREAKFAST FROM 9 TO 10AM

**PUBLIC: \$50**

**SCHOOL ALUMNI: \$20\***

\*SCHOOL Alumni refers to individuals who have attended and completed courses organised and taught by SCH Office of Learning (SCHOL). Community Care Organisations can seek reimbursement from the Community Care Training Grant (CCTG). Approval is subject to prevailing conditions.

\*CME and CPE points will be awarded, subject to approval



**Dr Bogdan Chiva Giurca**  
*Lead, Global Social Prescribing Alliance  
Clinical Lead, National Academy for Social Prescribing*

Bogdan is a medical doctor, currently working as Clinical Champion Lead at the National Academy for Social Prescribing (NASP), and Lead for the Global Social Prescribing Alliance. He is also an Honorary Lecturer at University College London, and leads the Social Prescribing Module at Imperial College London Medical School, is a Collaborator for the Harvard Global Health Institute at Harvard University, and has recently been nominated as part of the HSJ100: Most influential people in health within the United Kingdom (2022).



**Ms Najnin Islam**  
*Head of Workforce & Infrastructure,  
National Academy for Social Prescribing*

Najnin Islam is the Head of Workforce and Infrastructure at National Academy for Social Prescribing (NASP) where she leads on strategic support and development of the social prescribing workforce and healthcare integration of social prescribing at a national level. She is also a key contributor to the international workforce support offer through NASP's Global Social Prescribing Alliance. Najnin is passionate about addressing health inequalities through social prescribing and supporting the equity of access to provision that can help people live a purposeful and meaningful life.

**WHY YOU SHOULD ATTEND**

- Interactive workshops
- Case discussions led by experts
- Lessons to apply from UK's social prescribing
- Meet like-minded peers and practitioners
- Find out how to join our **Community of Practice in Social Prescribing!**

**WHO SHOULD ATTEND**

- GPs
- Active Ageing Centre colleagues
- Healthcare colleagues
- SCHOOL Learners/ Alumni
- Anyone involved in Healthier SG
- Anyone interested in using arts and heritage to enhance wellbeing

**REGISTER BY 11 AUGUST 2023!**



FOR.SG/SPM2023PUBLIC

SCAN THE QR CODE TO REGISTER TODAY!

THIS EVENT IS ORGANISED BY:



Please visit <https://for.sg/SPM2023> to find out more about Social Prescribing Masterclass 2023



## *Inaugural Social Prescribing Masterclass*

**22 – 23 Aug 2023**

- A series of panel discussions and case discussions led by international and local SP experts

- Launched the Singapore Community of Practice for Social Prescribing

[www.socialprescribing.sg](http://www.socialprescribing.sg)

**> 1,500 members**

**28 – 29**  
**NOV 2024**

**Academia**  
Singapore General Hospital Campus  
20 College Rd, Singapore 169856



World Health  
Organization

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Newsroom ▾

Emergencies ▾

# WHO designates SingHealth Community Hospitals as the world's first Collaborating Centre for social prescribing

13 December 2024

Historic partnership on social prescribing



*SingHealth Community Hospitals (SCH) becomes the world's first WHO Collaborating Centre for Social Prescribing*



## SESSION INTRO

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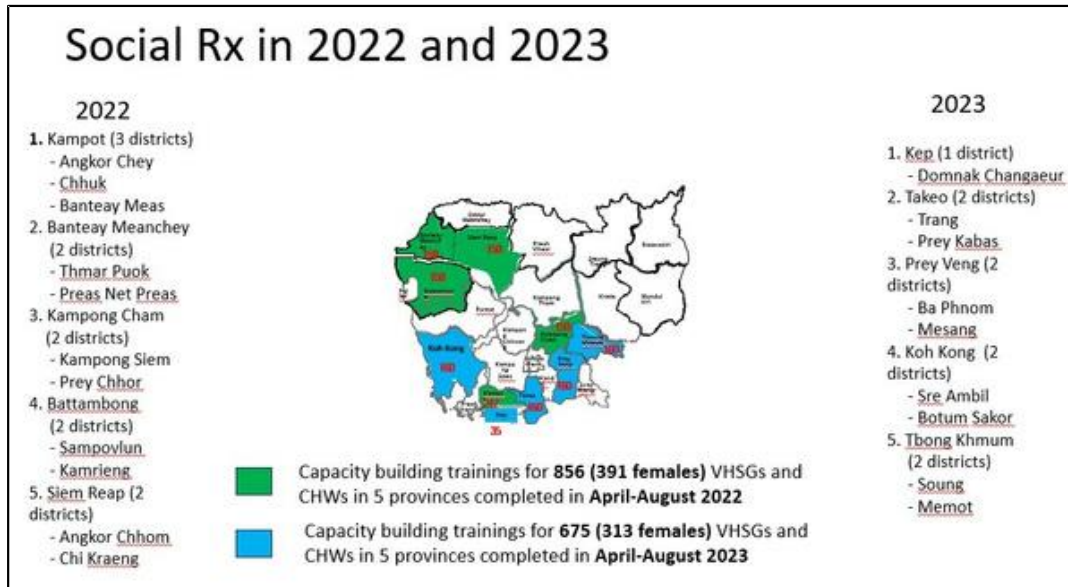
# Social prescribing in the Western Pacific

April Siwon Lee  
Division of Healthy Environment and Population  
WHO Western Pacific Regional Office  
June 16, 2025



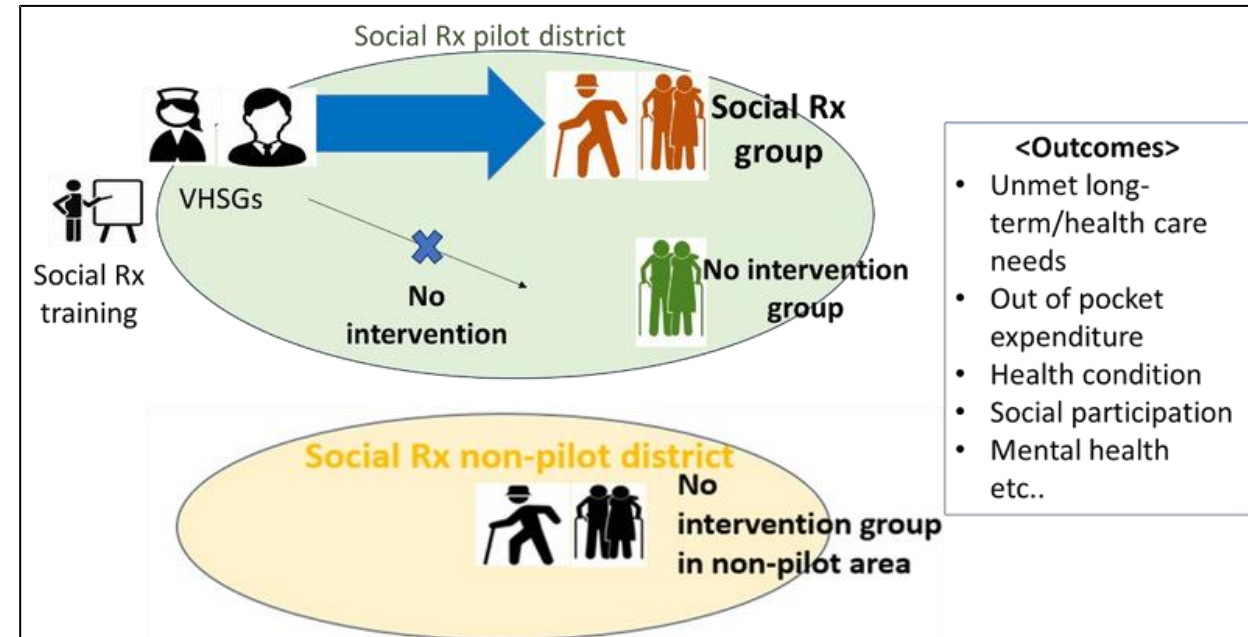
# Social prescribing in Cambodia

In **2022–2023**, **1,531 link workers** trained across **10 provinces** to lead social prescribing in the community.



## Study objectives:

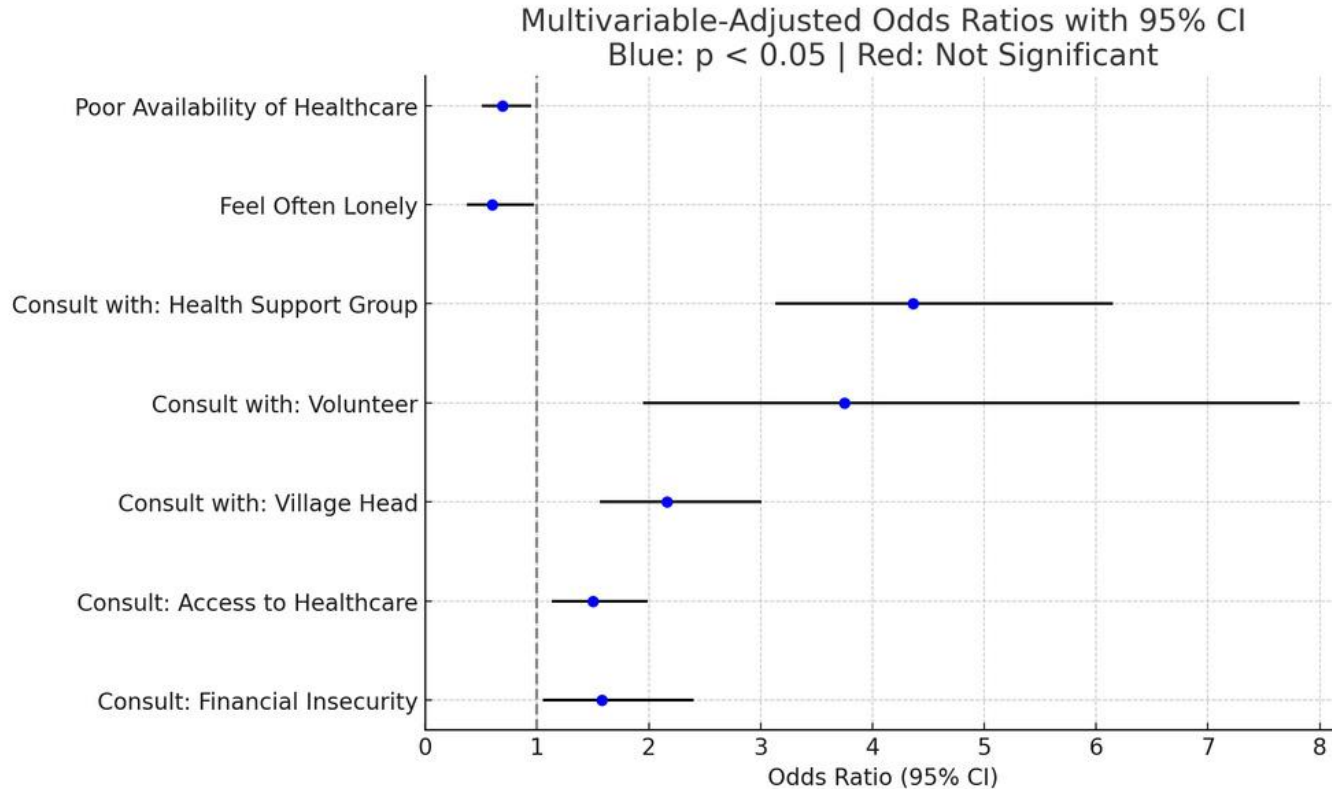
- Conduct **surveys and interviews** with older adults and/or their families.
- Understand:
  - Implementation** of social prescribing for older people
  - Effects** of the programme
  - Feedback** from beneficiaries on service experience



- A cross-sectional mixed-methods study
- 10 Cambodian provinces
- **1,200 older adults aged 60 and above**
- Descriptive and logistic regression analyses (adjusted for age, sex, marital status, education, household size, and ID poor card status) assessed **associations with consultation opportunities, healthcare access, unmet needs, and health status.**
- Qualitative interviews were thematically analyzed.

# Social prescribing in Cambodia

High satisfaction in Group 1 participants: 98.9% reported being satisfied.



Group 2 vs. Group 3

Higher engagement with village heads and health support groups compared to Group 3.

- Social prescribing was associated with lower loneliness and stronger community engagement.
- It may support more age-friendly, resilient communities in low-resource settings.





## Integrated care for older people **handbook**

Guidance for person-centred assessment and pathways in primary care

Second edition



### Key domains of intrinsic capacity

- 5 Cognition | Cognitive decline
- 6 Locomotor capacity | Limited mobility
- 7 Vitality | Malnutrition
- 8 Vision | Vision impairment
- 9 Hearing | Hearing loss
- 10 Psychological capacity | Depressive symptoms

### Key factors in older people's health

- 11 Social care and support
- 12 Carer support
- 13 Urinary incontinence

### Box 11.1 Social prescribing

Social prescribing is a means of connecting people to a range of non-clinical services in the community to improve their health and well-being and can be used as a way to address social care and support needs. It can take various forms and can be adapted in different communities and contexts. For example, health workers at primary care facilities refer an older person to a "case worker" or "care coordinator" who works with an older person to identify their social care and support needs and develops a personalized plan. The case worker or care coordinator also regularly follows up with the older person. Social prescribing can be included as part of a personalized care plan. → 3.3

An important step in social prescribing is mapping local services, associations and organizations in the community to inform possible referrals. This mapping should include services for welfare, legal, financial, housing support and food security; social care services, including mental health and disability support; support for survivors of abuse; social activities; employment services; activities for lifelong learning and education; health care and health promotion services, including physical activity and nutrition; in urban areas, opportunities for spending time outdoors; culture-related activities; and volunteering opportunities.

With appropriate support and supervision from health workers, a member of a civil society organization can act as a case worker or care coordinator working closely with multidisciplinary health workers. Community stakeholders are also often best placed to map available services.

ICOPE 2nd



# WHO products



Seventy-eighth World Health Assembly

Agenda item 13.2

19 May 2025

A78/A/CONF./2

## Fostering social connection for global health: the essential role of social connection in combating loneliness, social isolation and inequities in health

Draft resolution proposed by Chile, Dominican Republic, Ecuador,  
Japan, Kenya, Mexico, Morocco, Panama, Paraguay, Spain,  
Sweden and Vanuatu

The Seventy-eighth World Health Assembly,

(PP1) Having considered the report by the Director-General;<sup>1</sup>

(PP2) Reaffirming the principle set forth in the WHO Constitution, which defines health as a state of complete physical, mental and social well-being, not merely the absence of disease, and recognizing that social well-being is an integral yet often overlooked dimension of overall health;

(PP3) Considering that social connection is a social determinant of health, and can be linked to other social, economic and environmental determinants, creating cumulative impacts on health;

(PP4) Acknowledging that digital technologies have a profound and complex impact on social connection which needs to be better understood and managed to strengthen social connections for health and well-being;

(PP5) Recognizing that social connection is an umbrella term describing how people relate and interact with each other and that social isolation and loneliness, when chronic, are forms of social disconnection that negatively affect physical and mental health, life expectancy, and well-being;

(PP6) Noting that inequalities and social, economic and environmental determinants of health can exacerbate loneliness and social isolation and recognizing that these conditions are not experienced equally by all members of society, with some more likely to be disproportionately affected;



World Health  
Organization



WHO Commission  
on Social Connection

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## Register for the launch of the WHO Commission on Social Connection's flagship report

VIRTUAL LAUNCH ON 30 JUNE 2025, 3PM CET

WHO COMMISSION ON  
SOCIAL CONNECTION  
FLAGSHIP REPORT



DATE: **30 June 2025 (Monday)**

TIME: 15:00–16:30 CET

FORMAT: Virtual (via Zoom)

launch







Thank you!  
alee@who.int



## Seoul Lonely: How a city fights isolation with ramyeon, one bowl at a time

At 'loneliness stores' in community welfare centres, the socially isolated can warm their hearts over a simple meal.



At the 'loneliness store' at South Korea's National Health Service, people can warm their hearts over a simple meal. The store is located in a community welfare center. Photo by Lee Joon-hyun for The Korea Herald.

**Wendy Tan**  
South Korea Correspondent



It's a quiet, dimly lit room in a community welfare center in Seoul. A man in a dark jacket sits at a table, looking down at a bowl of ramen. He is one of many people who come here to eat and talk. The room is called a 'loneliness store' (외로움 없는 서울), a place where people can warm their hearts over a simple meal and find some company.

The concept was born in 2019, when the Seoul Metropolitan Government launched a five-year, 451.3 billion won (\$330 million) effort to combat social isolation. The idea was to create a space where people could find a sense of community and support.

Each store is run by a volunteer, and the menu is designed to be simple and comforting. The stores are located in community welfare centers, which are part of the city's social infrastructure.

The stores have become a popular place for people to go, especially those who are socially isolated. They provide a safe space where people can share their stories and find support.

The Seoul Metropolitan Government is committed to addressing the issue of social isolation. By creating these stores, the city is showing its care for its citizens and its commitment to building a more inclusive community.



Moon Joon-hyun

Subscribe +  
THE STRAITS TIMES

Saturday, May 31, 2025

A Seoul resident who has been living alone for a long time, Moon Joon-hyun, said he often feels lonely. He said he often goes to the 'loneliness store' to eat and talk. He said he feels better when he is there.

The 'loneliness store' is a place where people can find a sense of community and support. It is a place where people can warm their hearts over a simple meal and find some company.

The Seoul Metropolitan Government is committed to addressing the issue of social isolation. By creating these stores, the city is showing its care for its citizens and its commitment to building a more inclusive community.

In Seoul, you can call a city hotline at 3 a.m. just to say you feel lonely. You can walk into a "Maeum (Korean for 'heart') Convenience Store" to eat free ramyeon and talk with someone about the emptiness you've been carrying for months.

These are not gimmicks. They are part of a sweeping five-year, 451.3 billion won (\$330 million) effort by the Seoul Metropolitan Government to confront a crisis few cities have dared to name outright: loneliness.

South Korea is facing a growing epidemic of social isolation, with Seoul at its epicenter. People living alone now make up over 35 percent of all households in the capital. A recent Seoul Institute survey revealed that 62 percent of single-person households reported experiencing loneliness, while 13.6 percent were socially isolated.

A separate study by the city in 2023 estimated that approximately 130,000 young people between the ages of 19 and 39 are living in near-total social withdrawal, a phenomenon also discussed under the Japanese-derived term "hikikomori."

The Seoul Isolation Prevention Center, the first of its kind in South Korea, opened in January to address rising social isolation and prevent lonely deaths. Director Lee Soo-jin (center) and her team are expanding outreach and emotional support services citywide. (Seoul Metropolitan Government)

# Closing Remarks



**Charlotte Osborn-Forde**  
*CEO, NASP*



**Dr Michael Dixon**  
*Co-chair, College of Medicine*





National  
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