

# SOCIAL PRESCRIBING: FREQUENTLY ASKED QUESTIONS



## GENERAL QUESTIONS

### What is social prescribing?

Social prescribing is a holistic approach to healthcare that bridges the gap between medical and social care services. Through this approach, healthcare professionals refer patients to community-based programs to improve their health and enhance their quality of life.

Social prescribing is “a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription – a non-medical prescription, to improve health and well-being and to strengthen community connections.”<sup>1</sup>

### Who can make a social prescription?

Any regulated healthcare professional can make a social prescription. This includes doctors, nurse practitioners, nurses, dietitians and pharmacists. If a healthcare professional notices that a patient has non-medical, health-related social needs, they can make a social prescription to a Link Worker (see the Link Workers section below).

### How does a healthcare professional make a social prescription?

If a healthcare professional determines that a patient has a non-medical need that is affecting their health and well-being, they can write a social prescription by completing a referral form. For access to referral forms, please contact **[linkworker@unisonalberta.com](mailto:linkworker@unisonalberta.com)**. Please ensure patient consent before making a submission.

## What happens after a social prescription is made?

Once referral is received for a social prescription the Link worker connects with the patient to work together to identify a patient's social needs. If a client has complex needs or requires long-term support, the Link Worker will refer them to alternative appropriate supports.

## Are there any risks associated with social prescribing?

One social prescribing risk is that a client may feel their healthcare provider is not taking their health problems seriously. As a result, it is critical to emphasize that social prescribing is meant to complement one's overall healthcare. Some people may also find social prescribing intrusive, as it involves lifestyle changes to meet their non-medical needs. In these instances, it is important for the Link Worker to emphasize that social prescribing is a co-produced process in which the client's goals are prioritized, and the care plan is designed to go at their own pace.

## What evidence is there to support the effectiveness of social prescribing?

There is a growing body of evidence that shows the impact of social prescribing. In 2017, the University of Westminster published an evidence summary that identified 28% fewer primary care consultations and 24% fewer emergency room visits for people receiving social prescribing support.<sup>2</sup> Healthy Aging Alberta is building out an evaluation framework to continue to grow the evidence base for social prescribing in a Canadian context.

## LINK WORKERS

### What is a Link Worker?

Link Workers are non-clinical professionals employed by community-based, seniors-serving organizations. They help clients to develop and achieve a personalized set of goals by accessing community resources. Link Workers do not replace the role of healthcare providers. Rather, they complement a client's medical care by providing additional support. Link workers also refer more complex issues to social workers who are a part of the social prescribing network in the community.

## Are Link Workers employed by the health system?

No, Link Workers are not employed by the health system. By working within community based, seniors-serving organizations, Link Workers serve as a single point of contact for accessing a range of community-based programs and services. Through their work, they become embedded into informal communities of practice. As a result, Link Workers often have more flexibility than if they were employed by the health system.

## What qualifications are needed to become a Link Worker?

There is no standard set of qualifications required to become a Link Worker. Those serving as Link Workers come from a range of backgrounds and often have experience in a variety of settings. Healthy Aging Alberta has recently developed a five-module training curriculum to better support Link Workers in their practice.

## What types of non-clinical support can Link Workers assist with?

Link Workers connect clients to recreational and social programs, assist with accessing financial benefits and provide referrals to assisted transportation programs. They also connect clients to in-home support services, such as housekeeping and snow removal.

# COMMUNITY ORGANIZATIONS & HEALTHCARE PROFESSIONALS

## What organizations are involved in social prescribing programs?

Social prescribing programs require a network of community-based, seniors-serving organizations to provide holistic, wrap-around support to clients. In each community, multiple organizations with different services and expertise have partnered together to best meet the needs of clients.

## Who is funding these social prescribing programs?

Unison at Veiner Centre facilitates social prescribing programs through its Social Prescribing for Older Adults Program. This program is funded by an anonymous

trust committed to advancing social prescribing across Canada. In addition to this funding, each program is supported by additional grant funding from either the Government of Alberta or the local municipality's Family and Community Support Services (FCSS) program. Unison at Veiner Centre's program is funded by the Government of Alberta.

## **How can social prescribing help social service professionals already practicing within healthcare settings?**

Link Workers and community-based social workers can provide outreach interventions that are required outside of the clinic. Together, they work in a team-based environment to navigate the variety of programs and services available in the community. The Link Worker can also collaborate with healthcare professionals to streamline service delivery for the client.

## **How does a social prescription parallel a medical prescription or treatment plan?**

About 80% of a person's health depends on social determinants of health like adequate food, housing, income and relationships with others.<sup>3</sup> A Link Worker will do an assessment of a client's social determinant of health needs to determine which programs and services can best meet these needs. A social prescription to community-based programs and services that meet these non-medical needs can improve mental and physical health and well-being. This includes improvements in blood pressure, weight loss, reduced cholesterol, and sugar levels, as well as health-related behaviours such as increased physical activity, reductions in alcohol, drug consumption and intake of unhealthy foods.<sup>4</sup>

## **How does social prescribing fit with existing community resource programs?**

There are many other community programs that offer navigation, information and referral, or "Active signposting". This is a light touch approach where staff provide information to signpost people to community programs and services. This approach often works best for people who are confident and skilled enough to find their own way to these programs and services after a brief intervention. Social prescribing offers a more engaged approach for people who may require additional knowledge and support to get involved in these programs and services.

## Why does social prescribing place such an emphasis on referrals from healthcare providers? If someone doesn't have a family physician, how do they access a social prescribing program?

Social prescribing is not the only approach to addressing the wider determinants of health for older adults. There are many other programs that help to address some of the broader issues impacting their health. However, we must be pragmatic in facilitating the connection between health and community services. Many older adults go to their doctor or healthcare provider because it is a familiar route to seek help.

Social prescribing provides a way for healthcare providers to refer older adults to community-based services when they have more than just a medical need. If someone doesn't have a family physician, another regulated healthcare professional could make a social prescription to a Link Worker. Alternatively, if someone doesn't have a connection to a health professional.

They can contact 587-770-2388 and ask to be connected to a Link Worker.

## What is the difference between a Link Worker and a social worker/outreach worker or a LINC worker?

A Link Worker may or may not be a social worker. A social worker holds a Registered Social Worker designation and is trained to practice professional social work. The Alberta College of Social Workers outlines standards of practice for social workers. In a social prescribing program, social workers assist Link Workers with more complex case management needs.

This can include areas like mental health support, elder abuse concerns, and assisting with complex system navigation where a client is experiencing multiple barriers to accessing a particular program or service. Alternatively, a Link Worker offers short-term, non-medical supports that are not complex in nature.

An outreach worker may or may not be a social worker, and may fill a similar role as a Link Worker. The key difference is that a Link Worker is specifically working with clients who have been given a social prescription by a healthcare professional. A LINC worker is a Language Instruction for Newcomers instructor in an immigration-funded program. This role is not to be confused with a Link Worker in a social prescribing model.

## Is social prescribing driven by the health sector or the social sector?

Social prescribing is a collaborative approach that bridges the health and social sectors.

Unison at Veiner Centre's Social Prescribing for Older Adults program is led by community-based organizations, which allows the program to respond to specific needs within the community.

1. Muhl, C., Mulligan, K., Bayoumi, I., Ashcroft, R., & Godfrey, C. (2023). *Establishing Internationally Accepted Conceptual and Operational Definitions of Social Prescribing Through Expert Consensus: A Delphi Study Protocol. International Journal of Integrated Care, 23(1)*.
2. <https://www.shu.ac.uk/centre-regional-economic-social-research/publications/social-prescribing-and-the-value-of-small-providers-evidence>
3. Hood CM, Gennuso KP, Swain GR, et al. *County health rankings: relationships between determinant factors and health outcomes. Am J Prev Med* 2016;50:129–35.doi:10.1016/j.amepre.2015.08.024
4. Pescheny, J. V., Randhawa, G., & Pappas, Y. (2020). *The impact of social prescribing services on service users: a systematic review of the evidence. European journal of public health, 30(4), 664-673.*

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Supported by funding from:



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