

# The problem with the definition of ‘social prescribing’: Exploring the language used, and key roles within the concept

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**Context:** It is evident that the social prescribing ‘journey’ varies hugely between individuals. There is a lack of clarity regarding what social prescribing describes the roles within it, and it is unclear as to the stage at which the social prescription occurs. As a result, definitions often encompass multiple stages of the ‘journey’ into the single term (Husk et al., 2019, Skivington et al., 2018, Wildman et al., 2019); consequently, definitions do not differentiate between the healthcare professional making a referral and the subsequent social intervention. Issues have not only been raised with the definition of SP, also the term itself. For example, the term ‘social prescribing’ has medical connotations and it does not imply that services work with service users, instead it suggests that things are done to or for them (Alliance Scotland, 2018). It is imperative that social prescribing is fully understood as a fundamental requirement for adopting a new concept is a well-defined articulation of its assumptions and manifestations (Emanuel et al, 2008).

**Aim:** The aim of this study was To examine SP in practice with a view to producing a novel definition of the concept.

**Method:** Semi-structured interviews and focus groups were conducted with key stakeholders. Eighteen GPs from 16 general practices undertook individual interviews. Fifteen link workers from seven social prescribing organisations undertook face-to-face focus groups. Eighteen service users participated in face-to-face or telephone interviews. Data were analysed using inductive thematic analysis. Non-thematic data present in interviews were analysed categorically.

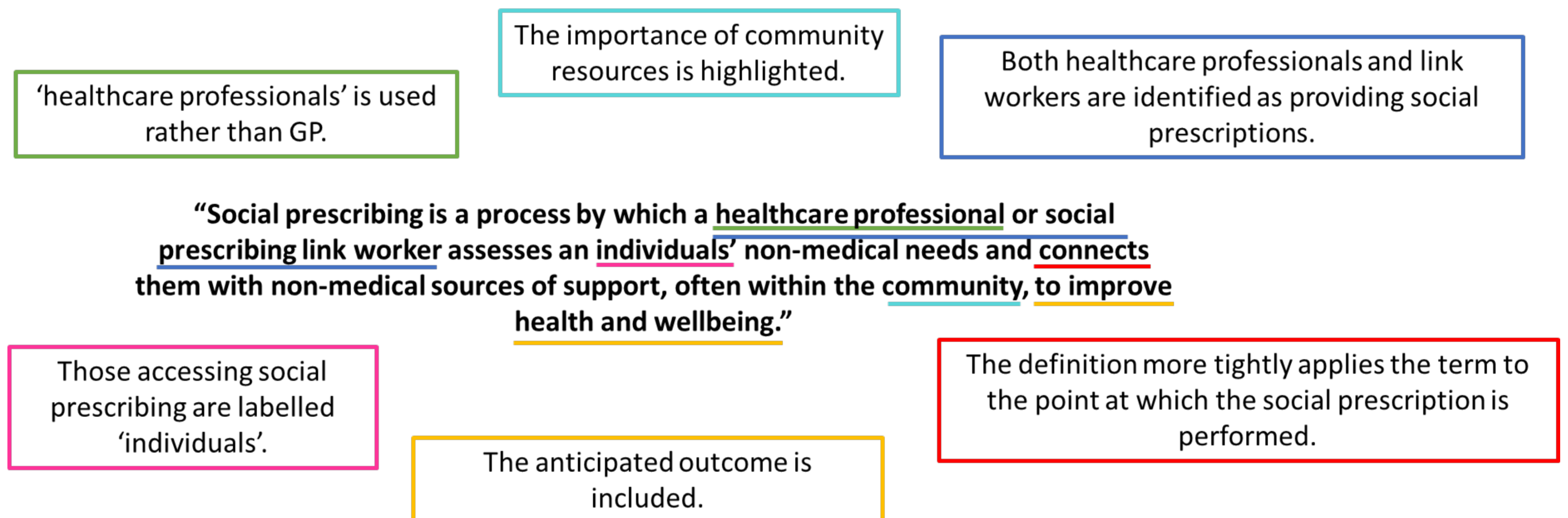


Figure 1: The new definition of social prescribing

**Key findings:** Three overarching themes were identified: discrepancies in knowledge and understanding, mismatch of expectations, and reliance on medical language and processes. Participants described the typical SP ‘journey’; descriptions varied dependent upon the involvement of a social prescribing service (figure 2). The type of ‘journey’ most described related to social prescribing light and signposting. Descriptions of holistic social prescribing were given by a few GPs and service users but were provided by all link workers. A new definition was developed from the findings, displayed in figure 1. This differs from those pre-existing in the ways highlighted in the coloured boxes in figure 1.

**Conclusions:** The use of a single term to encompass the entirety of the social prescribing “journey” is not appropriate. The term should instead describe the action of a health professional or link worker (both of which can provide social prescriptions) assessing an individual’s needs and referring them to support (figure 2). The services available, and the journey undertaken by the individual to achieve outcomes should be described using a different term. The act of a GP referring a service user to a social prescribing service, should simply be termed a “referral”. Definitions influence service implementation and delivery as individuals deliver a service which aligns with their understanding of a concept. Consequently, this new definition could support consistent delivery and enable stakeholders to articulate the mechanisms involved, and the anticipated outcomes.

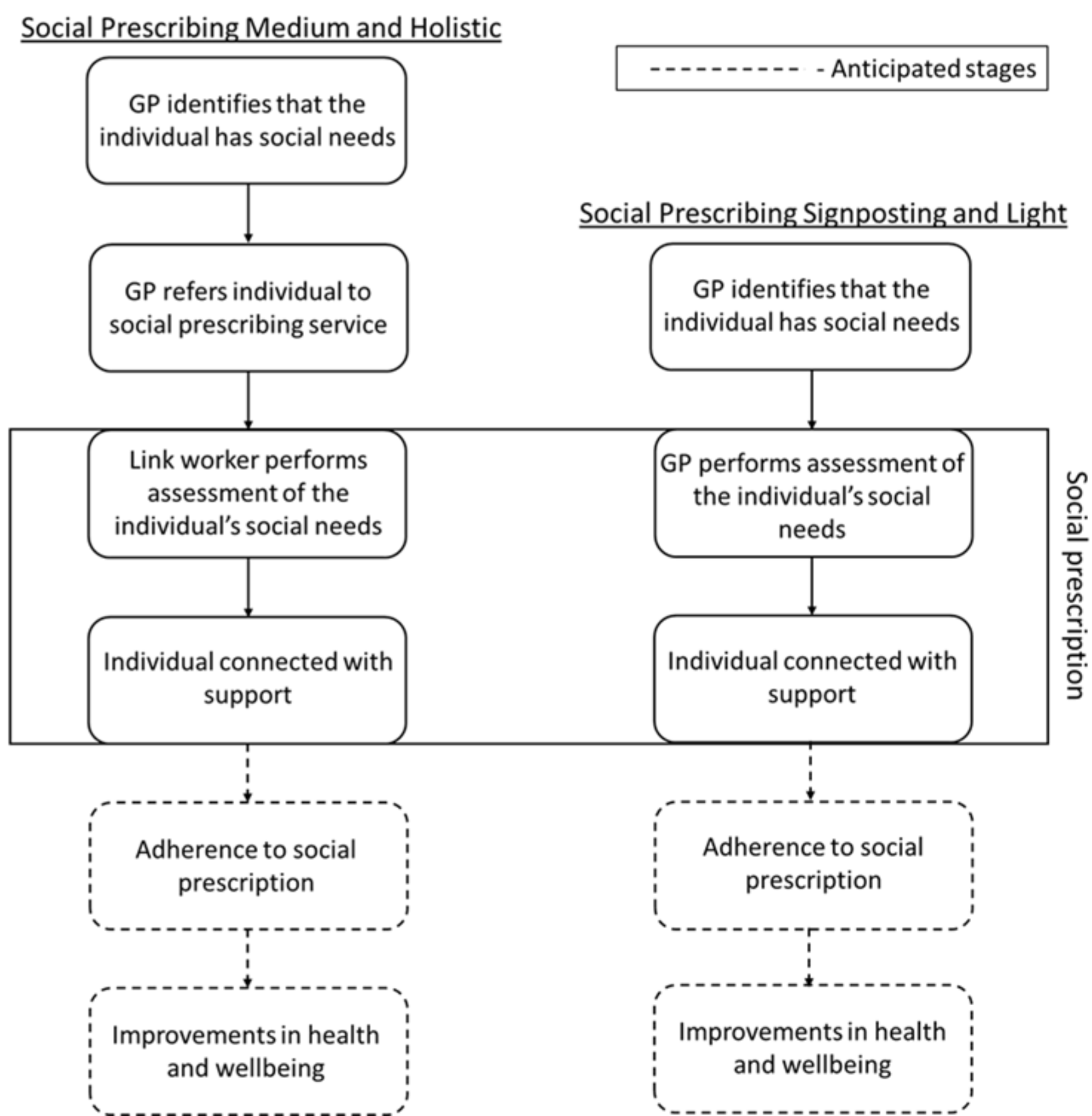


Figure 2: The social prescribing “journey”

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