Identifying and classifying social prescribing terminology in Wales - A group concept mapping study

Report

October 2023

Simon Newstead [1, 2], Bethan Jenkins [3], Amber Lavans [3], Amrita Jesurasa [3], Carolyn Wallace [1, 2]

1. University of South Wales

2. Wales School for Social Prescribing Research (WSSPR)

3. Public Health Wales

Contents

Introduction & background

Within Wales, social prescribing is defined as 'connecting citizens to community support to better manage their health and wellbeing' (Rees et al., 2019). Wales has developed a cross-sectional model of social prescribing that is integrated with existing community and statutory services (Wallace et al., 2021; PHW, 2018) that aligns with the Social Services and Wellbeing (Wales) Act (WG, 2014) and the Wellbeing and Future Generations (Wales) Act (WG, 2015) This model moves away from the medicalised model of care, instead focussing on holistic and person-centred methods to improve wellbeing (Pringle & Jesurasa, 2022).

Social prescribing has seen a period of growth and development (Wallace et al, 2021; Bertotti et al., 2018; Morse et al., 2022; Rempel et al., 2017) which has produced 32diverse terminology (Wallace et al., 2021; Rempel et al., 2017; Newstead et al., 2023) that causes confusion, impairs effective communication and creates barriers to engagement. Through consultation, the Wales Social Prescribing Research Network (WSPRN) identified the need for a reference tool to help address these issues (Wallace et al., 2018, 2021). To address this need, the Wales School for Social Prescribing Research (WSSPR) and Public Health Wales (PHW) committed to the development of a glossary of terms for social prescribing in Wales (Wallace et al., 2018).

The first step of this process was a scoping review (Newstead et al., 2023) to capture the social prescribing terminology used within the UK peer-reviewed journal articles and Welsh grey literature. The scoping review identified 373 terms associated with social prescribing, many of which described or were related to the same few aspects of social prescribing. Here we report on the second stage of the glossary development, a group concept mapping to help identify and categorise social prescribing terminology in Wales.

Method

Group concept mapping (GCM) is a mixed-methods consensus-generating approach that uses structured qualitative and quantitative methods to engage participants throughout the research process (Kane & Rosas, 2018, Kane & Trochim, 2007; Rosas & Kane, 2012). This approach provides researchers with a means to capture and organise the ideas of a group on a topic of interest and create a meaningful visual conceptualisation of the results (Kane & Rosas, 2017; Kane & Trochim, 2007). The results reflect the perceptions and values of the participants and, although the results may not necessarily provide a definitive answer, they do provide an evidence-based means of facilitating discussion around a topic of interest.

GCM involves three stages of participant engagement, depicted in figure 1 and described in more detail in the subsections below: 1) a brainstorming activity; 2) a sorting activity; and 3) two rating tasks. Building on the findings from our scoping review (Newstead et al., 2023), the brainstorming task was used to capture social prescribing terminology used by professionals in Wales who work in or with social prescribing, that was not captured during the scoping process. Following the removal of duplicates, terms captured during the scoping process and the brainstorming task of the GCM study were fed forward for consultation with members of the Social Prescribing Coordinating group established by Public Health Wales, members of the WSSPR steering group (including PPI members) and social prescribing professionals from or associated with the WSPRN and communities of practice in Wales. These groups and networks consisted of individuals who worked in or with social prescribing in various capacities, including social prescribing practitioners, health and social care professionals and representatives of professional bodies. Consultation was used to identify missing terms, refine the inclusion/exclusion criteria of terms and subcategorise the terms into two groups: core social prescribing terms and non-core social prescribing terms. The sorting and rating tasks used terms from the group of core terms only. The groupwisdom™ software limits the data points for sorting and rating to 125. Consequently, the sorting and rating tasks used 125 terms derived from the list of core terms. The appendices contain a description of the criteria for categorisation as a core term (table 1) and a list of the 125 terms used in the sorting and rating task (table 3).
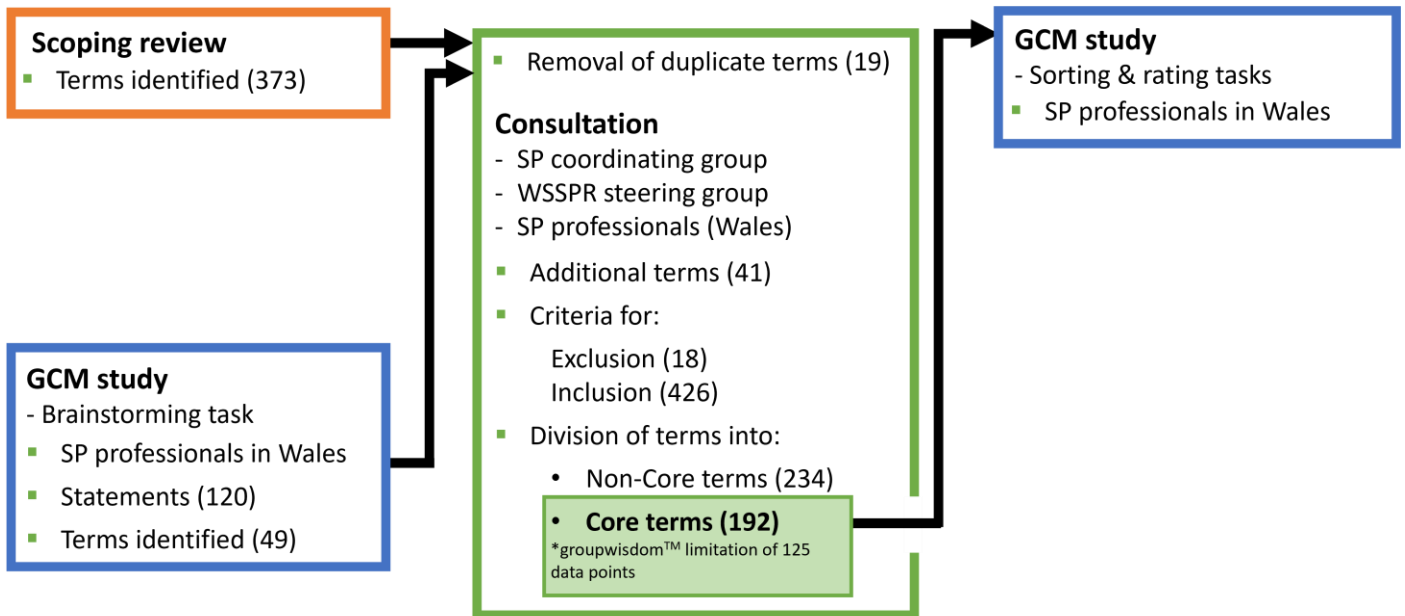
Figure 1. Process flow chart for group concept mapping study

Purposeful and snowballing (Patton, 2014) methods of recruitment were employed to recruit participants from social prescribing communities of practice, Connect Wales, research networks associated with WSSPR and the PHW social prescribing coordinating group. The recruitment invitation included a link to an online consent form which, once completed, provided a link to the GCM tasks using groupwisdom™ software. Participants registered on the groupwisdom™ software using their email addresses as their usernames and a unique password of their choosing. Registration granted participants access to the demographic questions and online tasks.

Demographic questions

Before completing the tasks, participants were asked four multiple-choice demographic questions to aid with the categorisation and interpretation of the data:

1. In which Welsh local authority do you work? (listing a choice of all 22 Local Authorities).

2. Under which category does your current professional role fall?

- Academic/researcher
- Social prescribing/community connector professional
- Healthcare professional (not SP)
- Social care professional (not SP)

- Community or voluntary services professional (not SP)
- Manager/commissioner/policy maker

3. How long have you been working in/with social prescribing? (five answers from 'Startup/no experience' to '73 month plus').

4. How would you rate your level of knowledge for social prescribing? (five answers from 'Very poor' to 'Extremely good').

Brainstorming task

The task used the written prompt "A term or phrase used within the social prescribing pathway is..." for which participants were required to generate statements. Statements were subsequently refined to produce a list of individual terms. This process involved the division of compound statements into two or more terms, as well as the removal of duplicate terms. The terms identified in the brainstorming task were combined with those identified in the scoping review and submitted for consultation.

Sorting task

In the sorting task, participants were instructed to sort the core social prescribing terms "into piles in a way that makes sense to you" and to "group the terms by how similar in meaning they are to one another by sorting each one into a pile as you create your own version of how these ideas are related". They were also asked to "give each pile a name that describes its theme or content". Participants could move terms from one pile to another and alter the names of piles as their concept of the relationship between terms grew.

The groupwisdom^{TM} software applies a multidimensional scaling algorithm to the data to produce a point map in which each point on the map represents one of the 125 core terms used in the sorting and rating tasks. The relative position of the points on the map is determined by the frequency with which participants grouped terms together in the sorting task. Items frequently sorted together appear closer together and items less frequently sorted together are plotted further from each other.

The software then uses these points to gather the terms together into clusters and generate a number of cluster maps. The position of the points does not change in relation to each other, but different boundaries are drawn around the points and the conceptual relationship between clusters is shown by the distance between them. The closer the clusters, the stronger the relationship they have. The software provides a range of 4 – 15 cluster solutions.

The software also generates a bridging value (0 –1) for each point on the map. Points with lower values are considered anchors and are typically located within, and bridged with, a cluster of statements. Points with higher values have a more dispersed bridging, suggestive of a broader relationship across the map.

Rating task

In the rating activity participants were asked to rate each of the 125 terms against two, four-point Likert scales, for usefulness and relevance. In the usefulness rating task participants were asked to "rate the usefulness of this term in your everyday practice", ranging from "not at all, I never use it" to "extremely useful, I use it very frequently". In the relevance rating task participants were asked to "rate how relevant you think the term is to social prescribing", ranging from "has nothing to do with social prescribing" to "It is central to the social prescribing process".

Pattern matching was used to allow us to compare clusters by the average ratings of the terms contained within them for usefulness and relevance. Go-zone analysis was used to allow us to collectively view how individual statements were rated for usefulness and relevance on a quadrant that depicts agreement or divergence between the two scales. Table 3 in the appendices shows how each term was individually rated for relevance and usefulness.

Findings

Demographics

Forty-three participants signed up for the study, of which 28 participants completed the tasks and produced usable data. One participant had no experience of working in/with social prescribing and identified as having a poor level of social prescribing knowledge and was subsequently removed from analysis to prevent skewing the data. One other participant had less than 12 months of experience but had a good level of SP knowledge and so was retained in the analysis. Demographic information for the 27 participants whose data was included in the analysis is described below in Table 1.

Table 1. Demographics of participants included in analysis

Demographic category	Criteria	Participants
Region of Wales	South Wales	13
	West Wales	8
	North Wales	3
	Central Wales	3
Current professional role	Academic/researcher	5
	Social prescribing professionals	9
	Healthcare professional (not SP)	3
	Social care professional (not SP)	1
	Manager/commissioner/policy maker	7
Knowledge of social prescribing	Quite good	11
	Very good	13
	Excellent	3
Experience working in/with social prescribing	≤ 12 months	1
	13-36 months	10
	37-72 months	10
	≥ 73 months	6

Brainstorming task

Participants produced 120 statements (Appendices, Table 2) which were subsequently refined to 49 individual terms (Table 2).

Table 2. Terms identified in the brainstorming task

Terms	
Action plan / action planning	Non-clinical intervention
Activity Provider	Non-medical interventions
Allied Health Professional (AHP)	Non-medical needs
Alternative Care Pathway	Non-medical support in the community
Blue Prescribing	Onward referral
Citizen	Open referral
Client-led	Outdoor health
Community assets	Participant led
Community connectors	Person-centred approach
Community co-ordinator	Person-centred intervention
Community navigator	Person-led
Community-based services	Prescription / prescribing
Community-based support	Referral
Connector	Referral organisation
Co-produce / co-production	Signposting
Demedicalising	Social prescribing
Empowering	Strengths-based approach
Green Prescribing	Supported referral
Health and wellbeing outcomes	Third sector
Holistic	Volunteering
Link worker	Wellbeing Coordinator
Multi-disciplinary team	Wellbeing Links Advisor
Nature-based health & wellbeing	What matters conversation
Nature prescription / nature prescribing	What matters to me conversation
Non- pharmaceutical intervention	

Comparison with the list of 337 terms identified in the scoping review (Newstead et al., 2023) revealed that 30 terms from the brainstorming task were not identified in the scoping review of social prescribing literature.

Sorting task

The sorting and rating tasks used a list of 125 core terms that had been identified during the scoping review and brainstorming task (Appendices, Table 3).

The stress value of the point map (Figure 2) indicates how often ideas were sorted together and is considered to be similar to reliability. It is compared to the average stress value of 0.28, which has been calculated from pooled GCM study analyses (Rosas & Kane, 2012). Typically, projects with stress values within the range of .10 to .35 yield results that are interpretable. A stress value lower than the calculated average verifies that the participants sorted the statements in a similar manner, with lower stress values indicating greater reliability

(Rosas & Kane, 2012). The point map dataset had a final stress value of 0.1744 and was therefore considered to be a reliable fit.
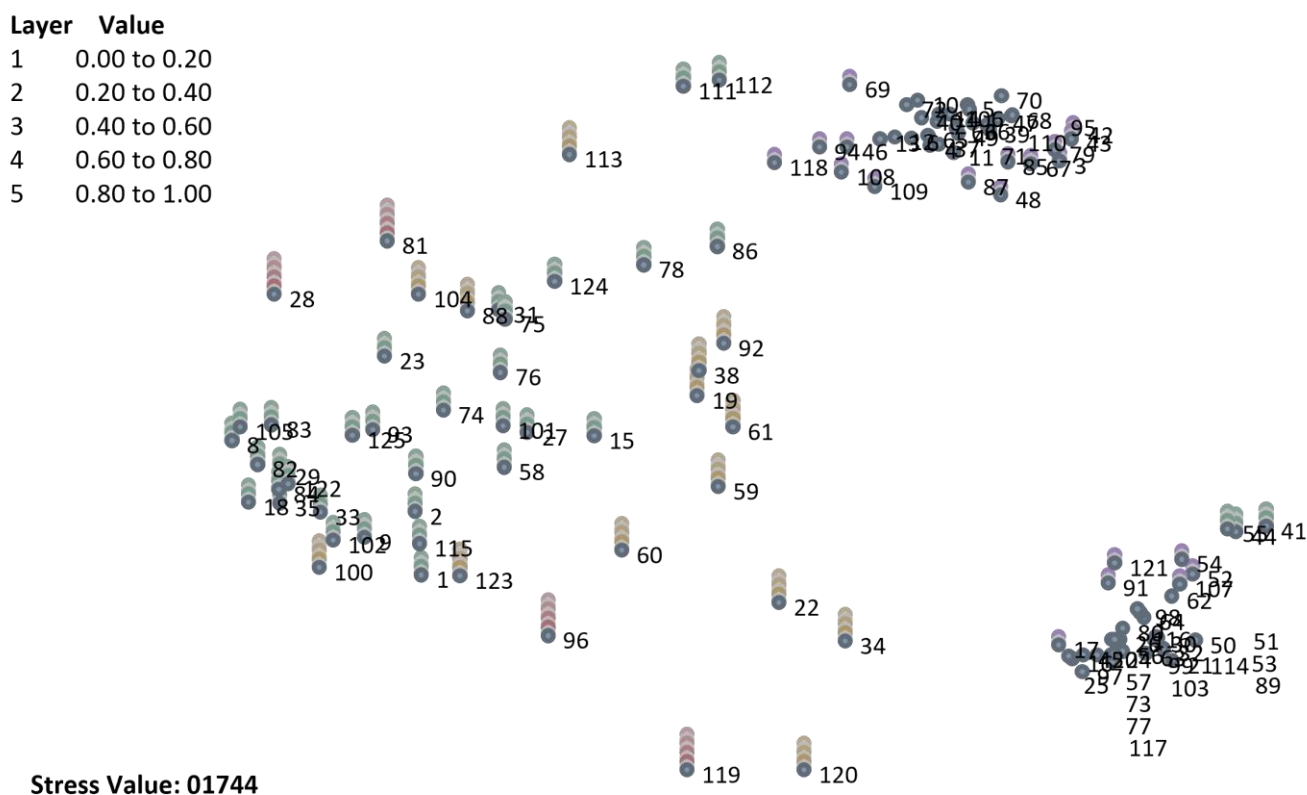

Figure 2. Point and bridging map of social prescribing terms.

From the cluster solution options generated by the groupwisdom[TM] software, the terms were determined to be most effectively grouped as six clusters (Figure 3, Table 3). The number of terms and examples of terms within each cluster are included in Table 3. Automatic cluster labels were generated by the software based on cluster labels given by participants. However, for several clusters, it was not felt that these provided accurate descriptions of the cluster content. Based on the terms contained within each cluster, the final cluster labels produced were:

- Roles in social prescribing
- Environmental & arts social prescribing assets
- Connecting to the community
- Principles underpinning social prescribing systems
- Names for social prescribing systems
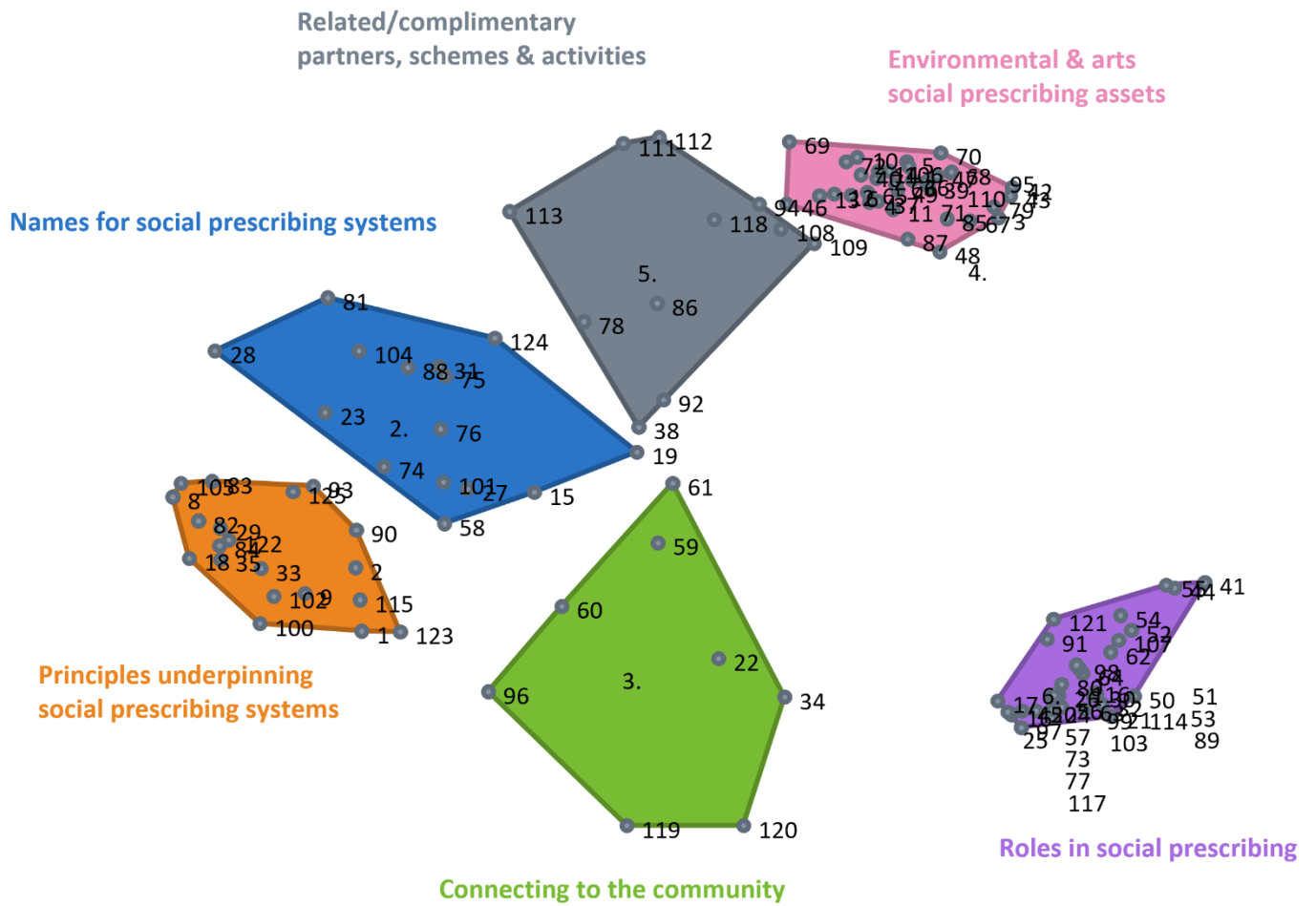- Related/complimentary partners, schemes & activities

10

Figure 3. Cluster and point map of core social prescribing terms.

Table 3. Term numbers, examples and average bridging value within clusters.

Cluster label	Terms in cluster	Example terms	Average bridging value
Roles in social prescribing	37	Community connector, community navigator, exercise referral practitioner, link coordinator, link worker, health facilitator.	0.13
Environmental & arts social prescribing assets	34	Arts-based interventions, green health referral, nature-based interventions, physical activity referral schemes, therapeutic horticulture.	0.15
Connecting to the community	8	Co-producers of change, linkage, social prescribing beneficiaries, wellbeing star	0.74
Principles underpinning social prescribing systems	20	Action planning, asset mapping, compassionate communities, co-production, person-centred, what matters conversation.	0.52
Names for social prescribing systems	15	Care navigation, community connection, community referral, non-clinical referral, non-medical prescribing.	0.62
Related/complimentary partners, schemes & activities	11	Digital social prescribing, remote social prescribing, social cafes, time credits, wellbeing services.	0.52

The point and bridging map (Figure 2) indicated that many of the terms had a high bridging value (3-5 layers / 0.40-1.00) with dispersed bridging across the map, indicating high connectivity to a variety of other terms across the map. On average, terms within the cluster, 'Connecting to the Community' had the highest bridging values. The greatest number of terms were found within the clusters 'Roles in social prescribing' and 'Environmental & arts social prescribing assets' and these clusters also had the lowest average bridging values (1-2 layers / 0.00-0.40), indicating lower levels of connectivity with a variety of terms across the map and comparatively higher internal connectivity of terms within the clusters. In both of these clusters, there was a trend for many of the terms with higher bridging values to be associated with exercise e.g., health trainer, wellness coach, national exercise referral scheme, physical activity referral scheme.

Rating task

For pattern matching, there was a strong positive correlation (r = .99) between the average cluster ratings for usefulness and relevance.

Absolute pattern matching (Figure 4) presents the cluster averages on a fixed, absolute scale. Absolute pattern matching indicated that, on average, the terms within all clusters were thought of as more relevant to social prescribing in general than useful in everyday practice.
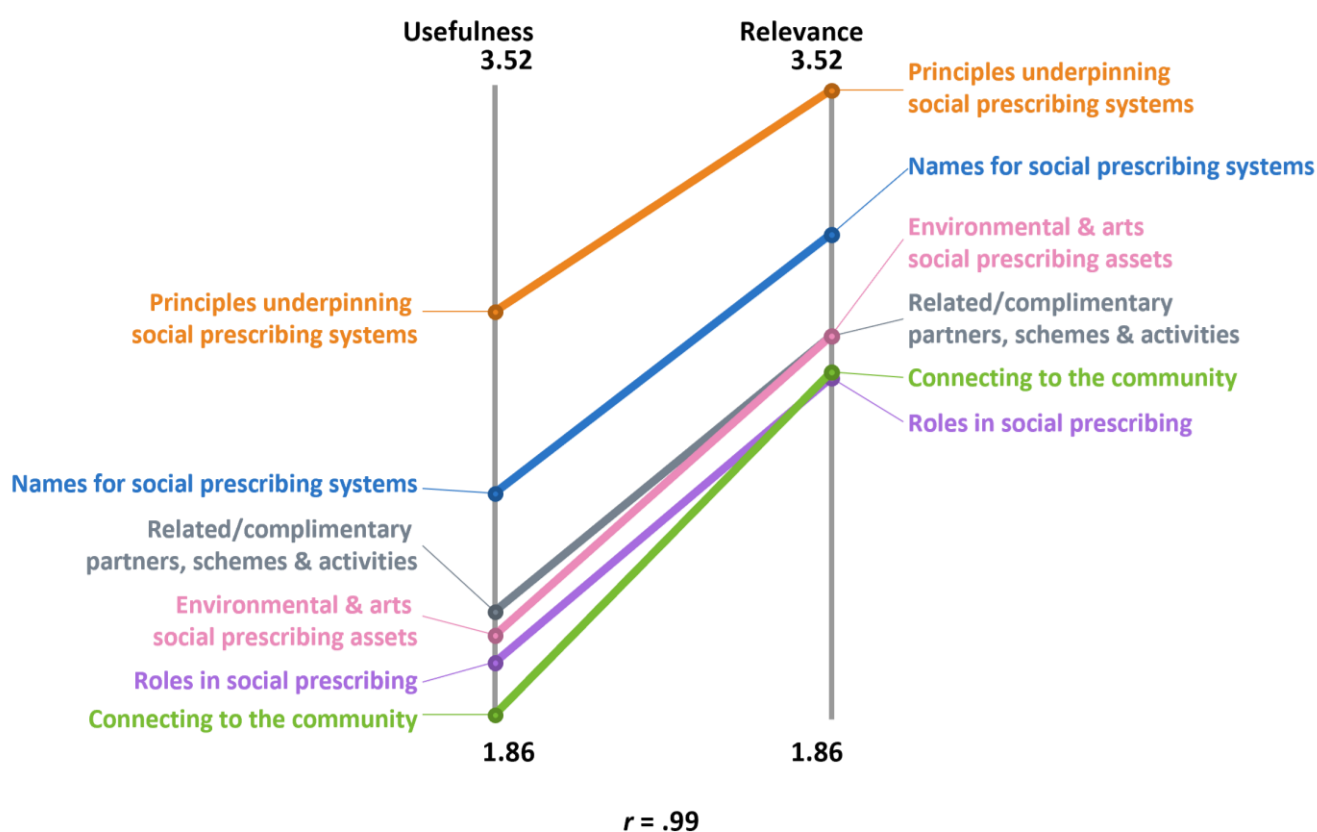
Figure 4. Absolute pattern match of the average ratings of terms by cluster.

A relative pattern match (Figure 5) presents the cluster averages within the range of ratings for each scale, rather than on a fixed, absolute scale. The relative pattern match enables the researcher to compare multiple measurements to establish a trend (Kamat, 2019). As the rating scales measure different concepts (i.e. usefulness and relevance), it can sometimes be more useful to compare the ranking of clusters on the different scales, as opposed to the absolute numbers, which may not be directly comparable.

The highest rating clusters, for both usefulness and relevance, were 'principles underpinning social prescribing systems' and 'names for social prescribing systems', respectively. The clusters 'connecting to the community' and 'roles in social prescribing' were rated as the lowest for usefulness and relevance. The cluster 'principles underpinning social prescribing systems' was rated the highest for both usefulness and relevance.
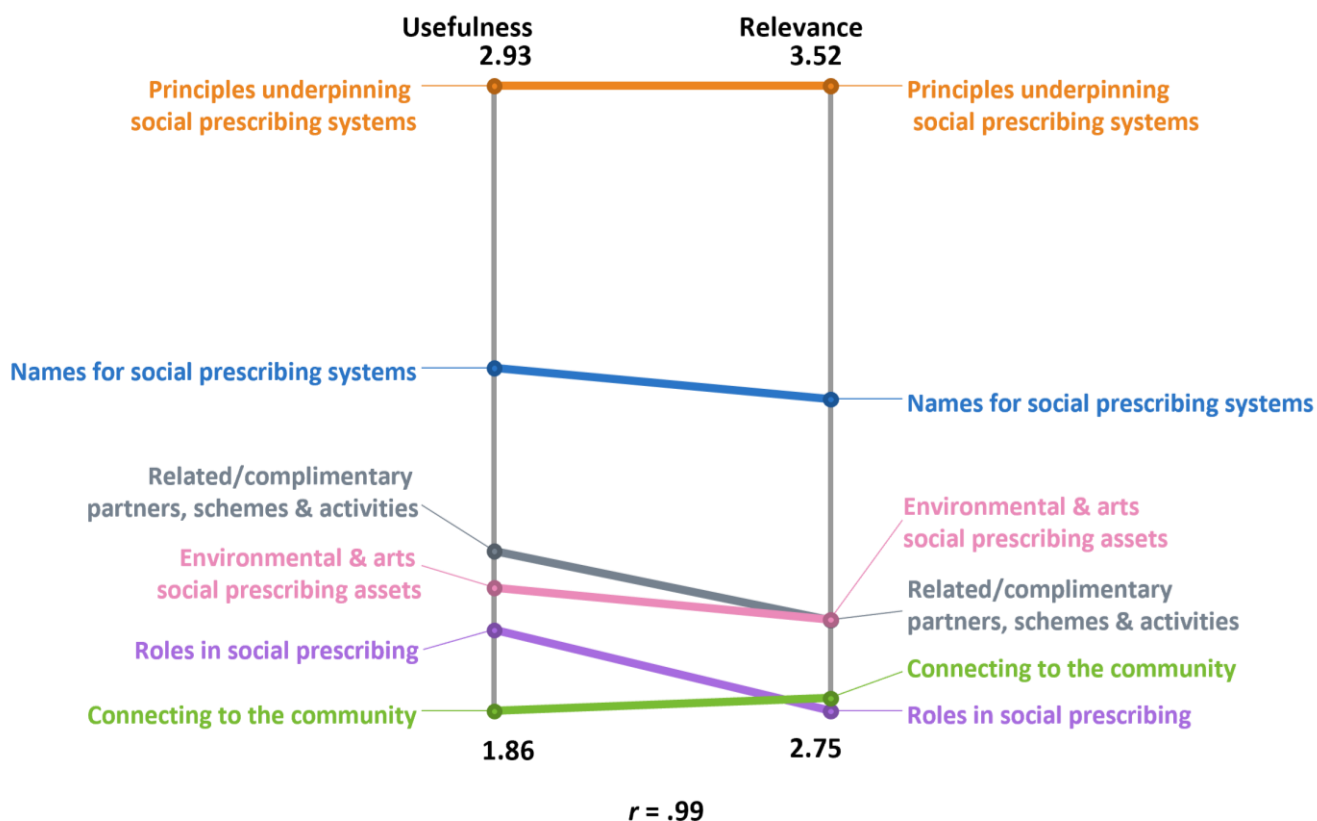

Figure 4. Relative pattern match of the average ratings of terms by cluster.

Go-zone analysis of the individual terms (Figure 6) had a strong positive correlation ($r = .84$) between ratings of usefulness and relevance. The Go-zone is split into four quadrants based on the average rating for all statements for each of the two scales. The quadrant depicts agreement or divergence between the two scales. The green and grey quadrants represent agreement on the two scales, i.e. a statement rated as high in usefulness and high in relevance will be situated in the green quadrant and a statement rated as low in usefulness and low in relevance will be found in the grey quadrant. The orange and yellow quadrants represent the divergence between the two scales. Terms rated as having high relevance but low usefulness are found in the orange quadrant and terms rated as having low relevance but high usefulness are located in the yellow quadrant. Ratings for individual statements were identified, the top 10 of which are displayed in Table 3.
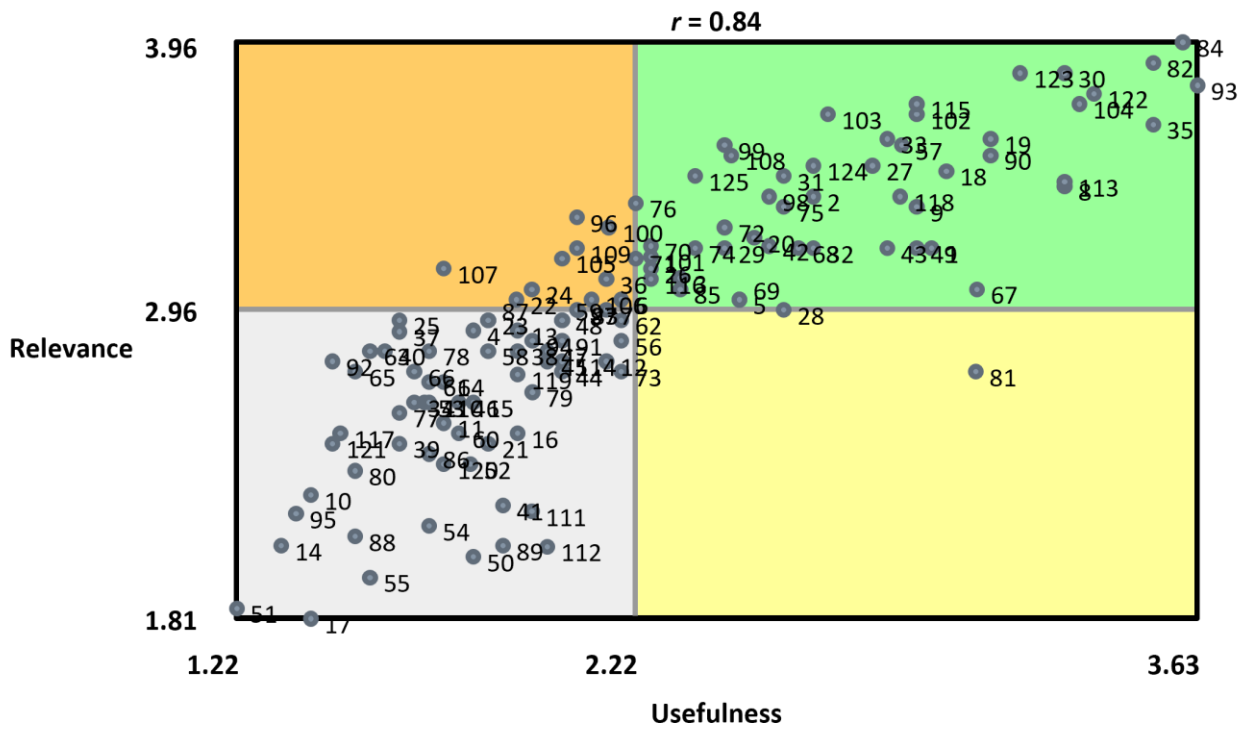
Figure 6. Go-zone analysis of all terms rated by usefulness and relevance

Table 3. Top ten terms by rating scores for usefulness and relevance

Usefulness	Relevance
Signposting	Person-Centred
Person-Centred	Person-Centred Approach / Intervention
Person-Centred Approach / Intervention	Connector / Community Connector
Co-production	What Matters to Me Conversation
What Matters Conversation	Signposting
Social Prescribing Service / Intervention / Scheme	What Matters Conversation
Asset-Based Approach	Social Prescribing Service / Intervention / Scheme
Connector / Community Connector	Wellbeing Conversation
Community & Voluntary Sector Organisations	Social Prescribing Pathway
What Matters to Me Conversation	Social Prescribing Practitioner

Examination of the ratings of terms by profession revealed some sector-specific preferences for terms. For the cluster 'roles in social prescribing', 'community co-ordinator' was identified as the highest-rated term by those working in social care, 'link worker' was identified as the highest-rated term by those working within healthcare and 'community connector' was identified as the highest rated term by those working in the third sector.

For the cluster 'environmental & arts social prescribing assets' the terms 'national exercise referral schemes', 'nature-based activities', 'arts-based interventions' and 'arts on prescription' were the highest rated terms by those working in the third sector. For those working within healthcare the terms 'exercise on prescription', 'physical activity intervention', 'nature-based intervention' and 'arts for health interventions' were the highest rated. The term 'green prescribing' was highly rated by those participants working in the third sector and healthcare. For those working within social care, the terms 'exercise on prescription', 'physical activity referral schemes' and 'arts-based interventions' were the highest rated. Terms associated with outdoor activities and interventions were generally rated as high in relevance but low in usefulness by those working in social care.

For the cluster 'principles underpinning social prescribing systems' all sectors rated the terms 'person-centred', 'signposting', 'co-production', 'what matters conversation', and 'referral' highly. The third sector and social care also rated the term 'asset-based approach' highly, but those working in healthcare did not. Those working in healthcare and social care rated the term 'social prescribing outcome principles' highly, but those from the third sector did not.

Conclusion

The GCM study aimed to:

- Identify social prescribing terminology that may not have been captured by the scoping review.

- Categorise and explore the relationships between terms.

- Identify which terms may be perceived as the most useful and/or relevant.

- Examine sector-specific preferences for terms within categories.

Three tasks were used within the GCM study: the brainstorming task was used to help identify social prescribing terminology used by the social prescribing workforce within Wales; the sorting task provided information on the relationships between terms and how terms might collectively sit together within groups; and the rating task provided contextual information on the perceived usefulness and relevance of terms, as a group and singularly.

The brainstorming element of the GCM study produced 49 terms, 30 of which had not been identified in the scoping review of social prescribing literature (Newstead et al., 2023) indicating a potentially inadequate representation of the terminology used by the social prescribing workforce within the social prescribing literature, which within Wales primarily sits within the 3rd sector (Elliot et al., 2021). There could be several reasons for this. The social prescribing literature is currently dominated by peer-reviewed articles produced within England and authored from the perspective of health and/or social care (Newstead et al., 2023). This may, in part, be reflective of a systematic bias for publication from these sectors. Research indicates that due to barriers such as a lack of financial resources, expertise and internal capacity, and a mismatch between the requirements of those funding the service and what the CVSOs perceive to be appropriate evaluation goals (Bach-Mortensen & Montgomery, 2018), many third sector organisations struggle to evidence their activities within the peer-reviewed literature (Breckell et al., 2010; Despard, 2016; Ellis & Gregory, 2008; Mitchell & Berlan, 2016).

The sorting task led to terms being grouped into 6 clusters. The vast majority of terms occurred within the clusters 'roles in social prescribing' and 'environmental & arts social prescribing assets', which also had the lowest average bridging values, indicating comparatively high internal connectivity of terms within the clusters. The highest average bridging values were found within the clusters 'connecting to the community' and 'names

for social prescribing systems' and high average bridging values were also present in the clusters 'principles underpinning social prescribing systems' and 'related/complimentary partners, schemes & activities'. Clusters with low bridging values contained terms that relate to a few distinct aspects of social prescribing (e.g., nature-based interventions, therapeutic horticulture and green health referral) whereas clusters with higher bridging values contained terms that either describe a fundamental principle or aspect of social prescribing (e.g., 'community connection', 'action plan', 'person-centred' and 'what matters conversation') or those that were more broadly associated with social prescribing and community-based activities and services (e.g., 'social cafes' and 'time credits').

The rating task indicated that collectively the terms within the cluster 'principles underpinning social prescribing systems' were the most useful and relevant to social prescribing. This cluster contained an array of terms that were used to describe multiple and distinct aspects of social prescribing. In contrast, the clusters 'connecting to the community', 'roles in social prescribing' and environmental & arts social prescribing assets' were collectively rated as low in usefulness and relevance. Within each of these clusters, many terms were used to describe the same aspect or principle of social prescribing. Only a few of the terms for each aspect scored highly for usefulness and/or relevance (e.g., community connection, community connector, link worker, social prescribing practitioner, green prescribing, arts on prescription, exercise referral), while the synonyms for each aspect or principle were rated lower.

Limitations

There are several limitations to the GCM study that need to be considered. The first is that the software prevents the upload of more than 125 statements. Therefore, some statements from the list of core terms had to either be combined (e.g., connector/community connector, exercise referral / exercise referral schemes) or omitted. We endeavoured to include statements that had been identified in the brainstorming element of the GCM study and/or appeared to have prevalence within the social prescribing literature. However, as this was reliant on judgment and interpretation of the data it is possible that terms that could have scored highly for relevance and usefulness were unwittingly omitted.

Some sector-specific preferences for terms were identified. However, the largest professional representation was from participants from the third sector. It is possible that a more even distribution of participants across sectors would have produced different results, both generally and with regard to sector-specific preferences.

References

Bertotti M., Frostick C., Hutt P., Sohanpal R., Carnes D. (2018). A realist evaluation of social prescribing: an exploration into the context and mechanisms underpinning a pathway linking primary care with the voluntary sector. Primary Health Care Research & Development (Cambridge University Press / UK) 19(3):232–45. Available from: http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=130854506&site=ehost-live

Bach-Mortensen A.M., Montgomery, P. (2018). What are the barriers and facilitators for third sector organisations (non-profits) to evaluate their services? A systematic review. *Syst Rev* 7. https://doi.org/10.1186/s13643-018-0681-1

Breckell P., Harrison K., Robert N. (2010). Impact reporting in the UK charity sector http://www.cfg.org.uk/resources/~/media/Files/Resources/Impact%20Reporting%20in%20the%20UK%20Charity%20Sector.ashx

Despard M. R. (2016). Challenges in implementing evidence-based practices and programs in nonprofit human service organizations. *J Evidence-Informed Soc Work,* 13:505-22. https://doi.org/10.1080/23761407.2015.1086719.

Elliott M., Davies M., Davie, J., Wallace C. (2021) What works when evaluating social prescribing: A realist review report. The ACCORD study: Wales School for Social Prescribing Research. Commissioned by Health and Care Research Wales. Funded by Welsh Government.

Ellis J., Gregory T. (2008). Accountability and learning: developing monitoring and evaluation in the third sector. *CES Research Report*. http://www.juconicomparte.org/recursos/cesresearchpaper-accountabilityandlearning-540-548_MZZ1.pdf.

Kamat P. V. (2019) Absolute, Arbitrary, Relative, or Normalized Scale? How to Get the Scale Right. *ACS Energy Lett*; 4, 8

Kane M. M. A., Kane M., & Rosas S. (2017). *Conversations about group concept mapping: Applications, examples, and enhancements*. SAGE publications.

Kane M, Trochim W.M.K. (2007). Concept mapping for planning and evaluation. Sage, California; ISBN 1-4129-4028-1

Mitchell G. & Berlan D. (2018) Evaluation in Nonprofit Organizations: An Empirical Analysis, *Public Performance & Management Review, 41:2*, 415-437, DOI: 10.1080/15309576.2017.1400985

Morse D.F., Sandhu S., Mulligan K., Tierney S., Polley M., Giurca B.C., Slade S., Dias S., Mahtani K.R., Wells L. and Wang, H., Global developments in social prescribing. BMJ Glob Health [Internet]. 2022 May [cited 2022 Aug 30];7(5):e008524. Available from: https://pubmed.ncbi.nlm.nih.gov/35577392/

Newstead S., Elliott M., Cavanagh D., Tetlow S., Wallace C. (In Press). Speaking the same language: A scoping review to identify the language associated with social prescribing. Primary Health Care Research & Development (Cambridge University Press / UK)

Patton M. Q. (2014). Qualitative research & evaluation methods: Integrating theory and practice (4th ed.). Thousand Oaks, CA: Sage

Pringle A., Jesurasa A. (2022). Social Prescribing Interfaces. Public Health Wales.

Public Health Wales (2018). Social Prescribing in Wales.

Rees S., Thomas S., Elliott M., Wallace C. (2019). Creating sustainable community assets/social capital within the context of social prescribing: Findings from the workshop held 17/07/19. WCVA, Cwm Taf Morgannwg University Health Board, University of South Wales.

Rempel E.S., Wilson E.N., Durrant H., Barnett J. (2017) Preparing the prescription: A review of the aim and measurement of social referral programmes. BMJ Open 7(10). Available from: https://www.embase.com/search/results?subaction=viewrecord&id=L618734047&from=export

Rosas S. R., & Kane M. (2012). Quality and rigor of the concept mapping methodology: a pooled study analysis. *Evaluation and program planning*, *35*(2), 236–245. https://doi.org/10.1016/j.evalprogplan.2011.10.003

Wallace C., Stone J., Beeckman L., Davies E., Davies F., Evans R., Griffiths M., Kenkre J., Llewellyn M., Lynch M., Pontin D., Powell D., Roberts G., Rees S., Smith S., Thomas S., Vinnicombe S., & Wallace S. (2018). Final Report on the All Wales Social Prescribing Research Network: Setting its Research Priorities for Wales. https://doi.org/10.60485/084h-2231

Wallace C., Davies M., Elliot M., LLewellyn M., Randall H., Owens J., Philips, J., Teichner L., Sullivan S., Hannah V., Jenkins B., Jesurasa A. (2021). Understanding Social Prescribing in Wales: A Mixed Methods Study. Wales School for Social Prescribing Research, PRIME Centre Wales, Data Cymru, Public Health Wales.

Welsh Government. Social Services and Well-being (Wales) Act . 2014.

Welsh Government. Well-being of Future Generations (Wales) Act 2015 [Internet] (2015). Available from: https://www.gov.wales/sites/default/files/pdf-versions/2023/2/2/1676979458/well-being-future-generations-act-essentials.pdf

Appendices

Table 1. Core and non-core social prescribing definitions and inclusion/exclusion criteria

	Core social prescribing terms	Non-core social prescribing terms
Definition	A term used in everyday language in social prescribing by social prescribing practitioners, professionals and people who engage with social prescribing, that specifically relates to and/or describes an essential part of the social prescribing process.	A term used across health and social care/ statutory/ non-statutory service delivery, that is associated with social prescribing but that does not relate to and/or describe an essential part of the social prescribing process.
Inclusion criteria	A term that specifically relates to and/or describes an essential part of the social prescribing process. The term is used in communications to improve individual physical, mental and social health and wellbeing throughout the social prescribing process and/or when improving the wider determinants of health for individuals throughout the social prescribing process.	A term that is not a core social prescribing term but one that is used in communications to improve individual physical, mental and social health and wellbeing throughout the social prescribing process and/or when improving the wider determinants of health for individuals throughout the social prescribing process.
Exclusion criteria	A term commonly used across health and social care/ statutory/ non-statutory service delivery BUT that does not relate to and/or describe a central and/or essential part of the social prescribing process.	A common term used across health and social care/ statutory/ non-statutory service delivery but is one that is not specifically associated with social prescribing.

Table 2. Statements produced in the brainstorming task

Statements

A model of working with people; seamless continuum encompassing signposting, advice and support, through to occupational therapists working with those who have complexity of needs in order for them to be able to engage with social prescribing options

A pathway that reduces reliance on a medical model

A positive interaction that improves wellbeing

A system or connector / link worker that offers alternatives to medical prescribing

Action plan

Action planning

Activity provider

Allied Health Professional

alternative pathway - identifying interventions outside of statutory provision that will benefit someone who has presented to statutory health or care services

Best delivered in a partnership approach through the third sector

can work alongside any health intervention to reinforce and strengthen the individuals needs in their local community.

Citizen

Client led

Community Assets

Community connector

Community connector - a social, holistic approach that places the person at the centre and considers the impact of social, economic, environmental and political factors on the person's resilience to realise positive wellbeing.

Community connector - someone with thorough local knowledge and personal contacts relating to groups and activities that may benefit an individual

Community connectors

Community Connectors as a role.

Community Coordinator - someone who signposts or refers people in need to a service, activity or organisation for practical, physical, emotional, or mental health support.

Community Navigator

Connecting people to support and activities to improve their wellbeing

Co-produced action plan

Co-production

De-medicalising - People may feel anxious or stressed due to a range of social and environmental factors and these can often be overcome without medical intervention.

Do not "clinical, medicalise" the referral pathway, make it clear that social prescribing can be accessed outside of NHS/Social Services

Empowering people to be the change they want

Ensuring that a person's medical needs are seen in the context of her social environment

Follow up - having another appointment to review the client's progress

Giving people knowledge of and access to services and support based in their community.

Green Prescribing

Green Prescribing - referrals to outdoor activities Blue Prescribing - referrals to water based activities

Green social prescribing

Helping people to feel part of their community

Helping people with depression, anxiety to ask GP for referral to social activity e.g garden club, art + craft workshop, visits to museums + art galleries, walking groups, appreciation of nature rambles instead of prescribing anti-depressants

Holistic

Holistic approach

identifying health and wellbeing needs

Improve health and wellbeing

Increasing wellbeing for the service user, understanding her as a person with many and different needs and aspirations

Intrinsically motivating for the individual

Is person led and aids with signposting to deliver the relevant support and information

it is a non clinical intervention

It is a whole person centred approach

it is designed to support early intervention and prevention approaches

it is not just signposting - depending on the individual it may require supported referrals into other activity/services

it is strengths based and person centred

It promotes early intervention with the person

Link worker

Making meaningful connections with services reducing loneliness and isolation supporting and understanding services

Many terms to describe people whose sole job role is to provide social prescribing e.g. community navigator, wellbeing coordinator, link worker, social prescribing

Multi disciplinary team

Nature prescribing

Nature-based health and wellbeing

Needs the person providing support to embed themselves in the community to be able to meaningfully signpost and engage with people. not just a list of things to do.

Non-clinical intervention

Non-medical intervention

Non-medical needs

Non-medical support in the community

Not just focussing on medical needs, but also understanding the person as a social being

Onward referral

Open referral

Outdoor health

Participant led

Pathway to wellbeing

Person centred

Person centred

Person centred

Person centred approach - being completely led by the individual and what their goals are

Person led

Personal journey

Person-centred intervention

Positive health and wellbeing outcomes

Prescribing - an authoritative recommendation for action

Prescription: A suggested course of action for someone who is in need of physical, emotional or mental health support

Professional referral to appropriate services

Reducing isolation

Referral - introducing a person to the social prescribing service

Referral organisation

Re-focussing on community needs; Redirecting community needs from statutory services

Seeing the person as a whole

Sign posting to relevant services.

Signposting

Signposting or referring

signposting or referring to activities, organisations and charities

Signposting people into the community to help their mental wellbeing.

Signposting to appropriate services

Signposting to community based services/activities

Signposting to relevant services from a trained social prescriber.

Signposting to relevant third sector services from a health professional. Community groups do not see themselves as social prescribing services.

Signposting to the right community or 3rd sector support at the right time to address the identified needs of the client

Social Activity

Social prescribing connects people to a wealth of community assets

Social prescribing is a holistic approach to supporting an individual to improve their health and wellbeing

Social prescribing is for a person who has a non medical need. A more holistic approach is used to help the person

Social Prescribing is the term I've heard a lot more than others in the Vale.

Social prescribing pathways include community connectors, link workers

Social Prescription: non- pharmaceutical intervention

SP pathways can connect people in statutory systems to third sector/community based support

Supporting/signposting people to access services and support to increase their wellbeing in the area that they live

The chance to refer a person to multi disciplinary teams without having to go back to the doctors each time

The Wales Social Wellbeing Acts 2014 + 2015 allow referrals from GPs/ Link workers for patients suffering from isolation to join initiatives that promote health and wellbeing such as music, arts and crafts, gardening, walking to curtail medication.

The word used to describe the person using the service e.g. client, service user, individual, patient

Third sector - the variety of community based provision by voluntary and community organisations

To gain consent to work with individual patients to help them to improve their health.

To help someone access programmes, activities and/or help, places that they would previously have not be aware of.

To improve a persons well being, to define the problem then refer on to the appropriate agency or third sector organisation

To work alongside patients to encourage and improve their health

To work in association with/ co work with medical practitioners and voluntary sector organisations

Using activities purposeful to the individual to support their health and wellbeing

Utilising assets already in the community "people" utilising their skill set, experiences and knowledge to enable people to work with other people together and coproduce what the actually community want to live independently and feel part of society

Volunteering - one option is to signpost someone to make an active contribution in their community, for the benefit of their own health and wellbeing

Warm introductions to activities and opportunities which help people live a good life

Ways of referring 'patients' with mental health conditions to holistic activities such as "creativeness-in-the-Community" initiatives to wean patients off medication for their health and wellbeing

Wellbeing Coordinator

Wellbeing Links Advisors - Having 'What matters' conversations with individuals and providing information and introductions to appropriate opportunities and/or support.

What matters

What matters conversation

What Matters to you?

Working in collaboration with GPs and voluntary sector

Table 3. Sorted and rated terms and their bridging and rating values

Cluster	Term #	Term	Bridging value	Usefulness	Relevance
Connecting to the community	22	Community link	0.677	1.9231	3
Connecting to the community	34	Co-producers of change	0.651	1.6667	2.6154
Connecting to the community	59	Link worker programme	0.642	2.037	2.9231
Connecting to the community	60	Linkage	0.676	1.7778	2.5
Connecting to the community	61	Linking schemes	0.622	1.7037	2.6923
Connecting to the community	96	Social prescribing beneficiaries	1	2.0741	3.3077
Connecting to the community	119	Wellbeing star	0.994	1.9259	2.72
Connecting to the community	120	Wellness star	0.691	1.7407	2.3846
Environmental & arts social prescribing assets	70	Nature-based interventions	0.047	2.2593	3.2
Environmental & arts social prescribing assets	5	Arts-based interventions / approaches	0.05	2.4815	3
Environmental & arts social prescribing assets	106	Social prescription arts programmes	0.063	2.1111	3
Environmental & arts social prescribing assets	68	Nature-based activities	0.064	2.6296	3.1923
Environmental & arts social prescribing assets	95	Social farming	0.065	1.3704	2.2

Environmental & arts social prescribing assets	47	Green gyms	0.068	2	2.8077
Environmental & arts social prescribing assets	110	Therapeutic horticulture	0.069	1.7037	2.6154
Environmental & arts social prescribing assets	49	Green prescribing / green prescription	0.072	2.9259	3.1923
Environmental & arts social prescribing assets	36	Creative Arts in Social Prescribing	0.084	2.1481	3.0769
Environmental & arts social prescribing assets	39	Ecotherapy	0.084	1.6296	2.4615
Environmental & arts social prescribing assets	66	Museums on Prescription	0.084	1.6667	2.7308
Environmental & arts social prescribing assets	71	Nature prescribing / prescription	0.09	2.2222	3.1538
Environmental & arts social prescribing assets	7	Arts on Referral	0.1	2.1481	2.9615
Environmental & arts social prescribing assets	14	Care farming	0.105	1.3333	2.08
Environmental & arts social prescribing assets	10	Bibliotherapy	0.113	1.4074	2.2692
Environmental & arts social prescribing assets	65	Museum-based social prescribing scheme	0.116	1.5185	2.7308
Environmental & arts social prescribing assets	37	Creative green prescription	0.122	1.6296	2.88
Environmental & arts social prescribing assets	72	Nature-Based Health and Wellbeing	0.123	2.4444	3.2692
Environmental & arts social prescribing assets	40	Education on Prescription	0.13	1.5926	2.8077

Environmental & arts social prescribing assets	11	Blue gyms	0.132	1.7407	2.5385
Environmental & arts social prescribing assets	4	Arts as Healthcare	0.141	1.8148	2.8846
Environmental & arts social prescribing assets	6	Arts for Health Interventions	0.155	2.1852	3
Environmental & arts social prescribing assets	12	Blue prescribing	0.168	2.1481	2.7692
Environmental & arts social prescribing assets	13	Books on prescription	0.186	1.9259	2.8846
Environmental & arts social prescribing assets	42	Exercise on prescription / exercise on prescription schemes	0.214	2.5556	3.2
Environmental & arts social prescribing assets	43	Exercise referral / exercise referral schemes	0.224	2.8519	3.1923
Environmental & arts social prescribing assets	85	Physical activity intervention / initiatives	0.23	2.3333	3.0385
Environmental & arts social prescribing assets	79	Patient-referral schemes for supervised exercise sessions	0.24	1.963	2.6538
Environmental & arts social prescribing assets	67	National exercise referral scheme	0.246	3.0769	3.0385
Environmental & arts social prescribing assets	46	Green care / green care services	0.261	1.7778	2.6154
Environmental & arts social prescribing assets	87	Physical activity referral schemes	0.274	1.8519	2.9231
Environmental & arts social prescribing assets	3	Art on Prescription	0.284	2.3333	3.08
Environmental & arts social prescribing assets	69	Nature based organisations	0.304	2.4815	3

Environmental & arts social prescribing assets	48	Green health referral / partnerships	0.352	2.037	2.9231
Names for social prescribing systems	15	Care navigation	0.582	1.8148	2.6154
Names for social prescribing systems	19	Community connection	0.671	3.1111	3.6
Names for social prescribing systems	23	Community linking scheme	0.583	1.8519	2.9231
Names for social prescribing systems	27	Community referral / community-based referral	0.574	2.8148	3.5
Names for social prescribing systems	28	Compassionate communities	0.902	2.5926	2.9615
Names for social prescribing systems	31	Connector schemes / services	0.571	2.5926	3.4615
Names for social prescribing systems	58	Link worker-based models	0.559	1.8519	2.8077
Names for social prescribing systems	74	Non-clinical referral	0.496	2.3704	3.1923
Names for social prescribing systems	75	Non-medical interventions / support	0.523	2.5926	3.3462
Names for social prescribing systems	76	Non-medical prescribing / referral	0.539	2.2222	3.36
Names for social prescribing systems	81	Peer support	0.942	3.0741	2.7308
Names for social prescribing systems	88	Practice-managed schemes.	0.636	1.5185	2.1154
Names for social prescribing systems	101	Social prescribing package	0.544	2.2593	3.16
Names for social prescribing systems	104	Social prescribing service / intervention / scheme	0.609	3.3333	3.7308
Names for social prescribing systems	124	Non-clinical interventions / support	0.57	2.6667	3.5
Principles underpinning social prescribing systems	1	Action planning	0.561	2.963	3.1923
Principles underpinning social prescribing systems	2	Active signposting	0.46	2.6667	3.3846
Principles underpinning social prescribing systems	8	Asset-based approach	0.533	3.2963	3.4231
Principles underpinning social prescribing systems	9	Asset mapping	0.583	2.9259	3.3462

Principles underpinning social prescribing systems	18	Co-design	0.497	3	3.48
Principles underpinning social prescribing systems	29	Compassionate conversation	0.514	2.4444	3.1923
Principles underpinning social prescribing systems	33	Co-produced action plan	0.471	2.8519	3.6
Principles underpinning social prescribing systems	35	Co-production	0.44	3.5185	3.6538
Principles underpinning social prescribing systems	82	Person centred approach / intervention	0.403	3.5185	3.8846
Principles underpinning social prescribing systems	83	Personalised care model	0.515	2.0769	2.96
Principles underpinning social prescribing systems	84	Person-centred	0.431	3.5926	3.9615
Principles underpinning social prescribing systems	90	Referral / supported referral	0.492	3.1111	3.5385
Principles underpinning social prescribing systems	93	Signposting	0.539	3.6296	3.8
Principles underpinning social prescribing systems	100	Social prescribing outcome principles: community / individual / systems/strategic	0.734	2.1538	3.2692
Principles underpinning social prescribing systems	102	Social prescribing pathway	0.56	2.9259	3.6923
Principles underpinning social prescribing systems	105	Social prescription approach: operational/strategic/tactical	0.545	2.037	3.1538
Principles underpinning social prescribing systems	115	Wellbeing Conversation	0.565	2.9259	3.7308
Principles underpinning social prescribing systems	122	What matters conversation	0.501	3.3704	3.7692

Principles underpinning social prescribing systems	123	What Matters to me Conversation	0.632	3.1852	3.8462
Principles underpinning social prescribing systems	125	Social prescribing model: signposting/light/medium/holistic	0.463	2.3704	3.4615
Related/complimentary partners, schemes & activities	38	Digital social prescribing	0.656	1.9259	2.8077
Related/complimentary partners, schemes & activities	78	Non-pharmaceutical intervention	0.55	1.7037	2.8077
Related/complimentary partners, schemes & activities	86	Physical activity promotion models.	0.581	1.7037	2.4231
Related/complimentary partners, schemes & activities	92	Remote social prescribing	0.646	1.4615	2.7692
Related/complimentary partners, schemes & activities	94	Social cafes	0.32	1.963	2.8462
Related/complimentary partners, schemes & activities	108	Socially prescribed activities	0.325	2.4615	3.5385
Related/complimentary partners, schemes & activities	109	Socially prescribed community service	0.322	2.0741	3.1923
Related/complimentary partners, schemes & activities	111	Time credits	0.574	1.9615	2.2083
Related/complimentary partners, schemes & activities	112	Time banks	0.534	2	2.0769
Related/complimentary partners, schemes & activities	113	Community and voluntary service organisations / enterprises	0.794	3.2963	3.44
Related/complimentary partners, schemes & activities	118	Wellbeing Services	0.388	2.8846	3.3846
Roles in social prescribing	24	Community link officer	0	1.9615	3.0385
Roles in social prescribing	57	Link worker / social prescribing link worker	0	2.8889	3.5769

Roles in social prescribing	73	Navigator	0	2.1852	2.7308
Roles in social prescribing	77	Non-medical link worker	0	1.6296	2.5769
Roles in social prescribing	56	Link co-ordinator	0.001	2.1852	2.8462
Roles in social prescribing	117	Wellbeing links advisor	0.001	1.4815	2.5
Roles in social prescribing	32	Co-ordinator / community co-ordinator	0.029	2.6667	3.1923
Roles in social prescribing	114	Wellbeing advisor	0.033	2.037	2.7692
Roles in social prescribing	26	Community navigator	0.036	2.2593	3.1154
Roles in social prescribing	63	Local asset co-ordinator	0.037	1.5556	2.8077
Roles in social prescribing	51	Health broker	0.045	1.2222	1.8462
Roles in social prescribing	53	Health connectors	0.046	1.6923	2.6154
Roles in social prescribing	89	Primary care navigator	0.047	1.8889	2.08
Roles in social prescribing	20	Community co-ordinator	0.053	2.5185	3.2308
Roles in social prescribing	30	Connector / community connector	0.054	3.2963	3.8462
Roles in social prescribing	103	Social prescribing practitioner	0.054	2.7037	3.6923
Roles in social prescribing	45	Facilitator (context: link worker)	0.059	2	2.7692
Roles in social prescribing	99	Social prescribing link worker	0.062	2.4444	3.5769
Roles in social prescribing	50	Health advisor	0.089	1.8148	2.0385
Roles in social prescribing	25	Community links practitioners	0.097	1.6296	2.9231
Roles in social prescribing	16	Care navigator	0.098	1.9259	2.5
Roles in social prescribing	80	Peer navigator	0.102	1.5185	2.36
Roles in social prescribing	64	Managerial social prescriber	0.117	1.7407	2.6923
Roles in social prescribing	98	Social prescribing co-ordinator	0.121	2.5556	3.3846
Roles in social prescribing	116	Wellbeing co-ordinator	0.131	2.2593	3.0769
Roles in social prescribing	21	Community health champion	0.139	1.8519	2.4615

Roles in social prescribing	97	Social prescribing champion	0.154	2.0741	2.9615
Roles in social prescribing	62	Local area co-ordinator	0.181	2.1852	2.9231
Roles in social prescribing	107	Social prescription officer	0.233	1.7407	3.1154
Roles in social prescribing	17	Clinical champion	0.251	1.4074	1.8077
Roles in social prescribing	91	Referral agent / referral worker	0.255	2.037	2.8462
Roles in social prescribing	52	Health coach / health and wellbeing coach	0.276	1.8077	2.3846
Roles in social prescribing	54	Health facilitator	0.315	1.7037	2.1538
Roles in social prescribing	121	Wellness coach	0.355	1.4615	2.4615
Roles in social prescribing	44	Exercise referral practitioner	0.431	2.037	2.7308
Roles in social prescribing	41	Exercise leader	0.469	1.8889	2.2308
Roles in social prescribing	55	Health trainers / mentors	0.477	1.5556	1.9615