



ALL IRELAND  
SOCIAL PRESCRIBING  
NETWORK

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# All Ireland Social Prescribing Conference 23-24 June 2022 City Hotel, Derry

## Conference Report

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with the support of the All Ireland Social Prescribing Network

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### **Acknowledgements:**

The All Ireland Social Prescribing Network (AISP) would like to thank all those who participated in the success of the All Ireland social prescribing conference, in particular, those who have availed of social prescribing services and shared their stores, as well as delegates who contributed in panel discussions which helped to develop specific aims for the AISP going forward.

Thanks are also due to Gray's Communication specialists for their support in the development, delivery and success of the conference, and for their assistance in promoting social prescribing.



(Left – Right) Declan Fanning, Gray's Communication specialist; Jennifer Neff, CEO Access - Elemental Software; Tony Doherty, AISP Co-chair; Emer McDaid, SPRING Social Prescribing Regional Manager NI; Ciaran Lockhart, Communications Officer, Bogside & Brandywell Health Forum; Erin McMonagle, Gray's Communication specialist.



## All Ireland Social Prescribing Conference Report 23-24 June 2022, City Hotel, Derry

# Executive Summary

The All Ireland Social Prescribing Conference provided an opportunity for those involved or interested in social prescribing to gather and consider how this social mechanism could be deepened and widened to benefit more who need it.

### Day 1 Panel discussion

Speakers were invited to join a panel discussion. Following discussions, conclusions were drawn as follows:

- Need for long term funding for social prescribing in order to retain staff and improve services
- Improved contracts, conditions and training are imperative for social prescribers/link workers to stay in role
- Social prescribing/link worker career structure, support and development are needed
- Further discussions required on where social prescribers are best based.
- It is crucial to have an evidence base for the impact of social prescribing to secure continued funding

### Day 2 Workshops and panel discussions

Workshop participants took part in one of five available workshops. After the workshops, representatives from each group delivered the findings of the workshop and put forward recommendations. These were deliberated at a panel discussion.

- **Workshop 1: measuring the success of social prescribing**
- **Workshop 2: Overcoming Challenges to Social Prescribing in Rural Areas**
- **Workshop 3: Learning, Training and Professional Development**
- **Workshop 4: Growing social prescribing**
- **Workshop 5: Creative arts and cultural channels supporting social prescribing**

### Day 2 conclusions

Following the workshops and subsequent panel discussion, conclusions for day 2 were identified as follows:

- Protected time for evaluation, training and development is needed
- More sustainable funding is required, that is long term and takes into account the need for support staff and delivers full cost recovery
- Co-production of evaluation needs, core competencies and skills of social prescriber/link worker needed
- Common approach to social prescribing frameworks is needed to allow movement to grow.
- Need for the facilitation of the development of connections across arts and culture to open pathways to partnership

As a result of the conference, and discussion with delegates, the following aims have been developed for the All Ireland Social Prescribing Network:

- **Develop a common framework for the island of Ireland**
- **Develop collaborative co-design approaches in how to develop robust evidence for evaluation**
- **Consult on training needs of social prescribers, with a view to accreditation across the island**
- **Lobby for recurrent funding**

During panel discussions, a graphic harvester captured thematic trends in the conversations through visual means, the outputs of which are shown below:







**All Ireland Social Prescribing Conference Report  
23-24 June 2022, City Hotel, Derry**

## **Main Report**

The All Ireland Social Prescribing Conference was an opportunity for those involved or interested in social prescribing to pause, reflect and replenish, to gather and consider how this social mechanism could be deepened and widened to benefit more who need it. **A short video of the conference can be accessed at the AISP website.**

This report summarises the events over two half days and lists actions that the All Ireland Social Prescribing Network (AISP) will take forward.

### **Day 1 Opening Session**

The conference was opened by Katrina Armstrong, a SPRING social prescribing participant from Fermanagh who, through her powerful story, vividly explained how social prescribing has given her hope and given her life back.

All Ireland Social Prescribing Network Co-Chair Dr David Robinson, the Mayor of Derry City and Strabane District Council, Sandra Duffy, MP Colum Eastwood and TD Frank Feighan, Minister for Public Health, Wellbeing and National Drug Strategy spoke and all passionately pledged support, as well as expressing hope for what social prescribing can offer, in a challenging health and social care environment.

Local GP, Dr Paul Molloy, shared his experiences of seeing social prescribing improving *how people are feeling*, and therefore continually improving people's physical health, and often preventing further deterioration in their health. He described social prescribing as making eminent sense and providing "*good bang for your buck*".

Sinead Malone, of Department of Health NI and Orla Walsh, of Health Service Executive (HSE), Ireland described the social prescribing landscape in the north and south of Ireland, and presented progress to date, in policy and practice in Northern Ireland (NI) and Ireland. There are similarities in developments to date and future plans in both jurisdictions. Proposals to further develop social prescribing within the existing structures for health and social care have been pledged.

Martin Hayes, Programme Director Integrated Care, Strategic Planning and Performance Group, Department of Health, articulated that social prescribing has a much wider impact than health and pointed out that social prescribing and community based health provision are, in general, an integral part of plans to take a more integrated approach to health in NI. Helen Deely, Assistant National Director, Health and Well-Being HSE described plans to further develop social prescribing in Ireland.

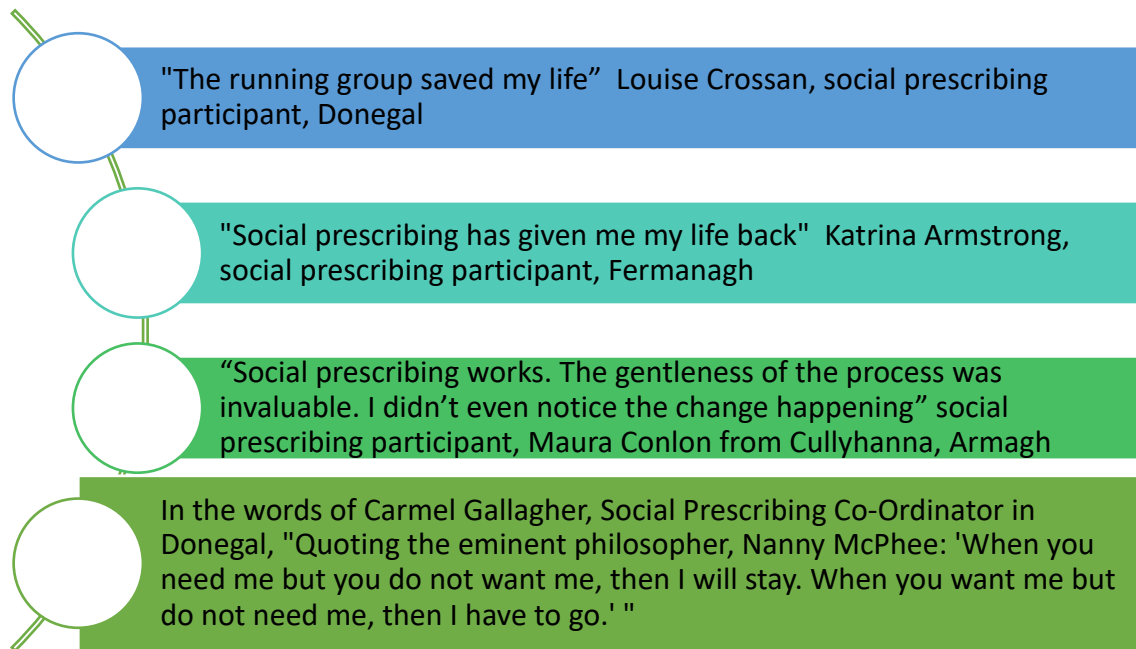
Paul Sweeney, Chair of National Lottery Community Fund described the fund's commitment to social prescribing and shared his personal thoughts and experiences on how health programmes delivered by local people in community settings can have a major impact on people's lives.

Professor Siobhan O'Neill, Mental Champion for NI described how social prescribing, and in particular, helping to build positive relationships, can have a significant impact on people's mental health and well-being.

David Reid, Director of Department of Agriculture, Environment and Rural Affairs (DEARA) spoke about supporting social prescribing across rural areas in NI, with great passion for the work to continue. Glyn Roberts from the Health Inequalities Department of the Health Board in Wales, spoke about connections that were needed to consider rural difficulties relating to geography and transport, and to consider communication across different regions. He described the need for recognising common threads that create similarity across different social prescribing services and support provided, as well as the importance of providing space for nuances in distinctly person-centred and needs led approaches. Glyn suggested that the AISP should also considering linking with Wales as there are many similarities and much could be learned from working together.

Throughout the conference, we heard generous accounts from individuals who have benefited from social prescribing, as well as accounts from social prescribers/link workers. The following selected quotes from the conference help demonstrate the impact of social prescribing.

Figure 1. Quotes from Day 1 of AISPN Conference, 2022



## Day 1 Panel discussion

Speakers were invited to join a panel discussion, following their presentations on the role of social prescribing in their work.

### Panel membership:

Paul Sweeney – Chair of National Lottery Community Fund NI

Professor Siobhán O'Neill – NI Mental Health Champion & Professor at Ulster University

Helen Deely – Assistant National Director, HSE Health and Wellbeing

Louise Crossan -Social Prescribing Participant, Donegal

Carmel Gallagher- Social Prescriber, Donegal

David Reid -Director Rural Affairs Division, DAERA

Glynne Roberts - Health Inequalities Lead, Betsi Cadwaladr University Health Board Wales

Martin Hayes- Programme Director Integrated Care, Strategic Planning & Performance Group, Dept of Health

## Summary of Discussions

### Where should social prescribers be based?

- A view was articulated that consideration should be given to having social prescribers based in primary care settings, for example in Multi-Disciplinary Teams (MDTs) in NI, however it was noted that social prescribers/link workers may not always be well supported within GP surgeries, and that, in many cases, participants prefer to engage in the community setting, away from primary care, where there is seen to be less stigma.
- The possibility of referral from sources other than primary care was discussed – including social housing providers.

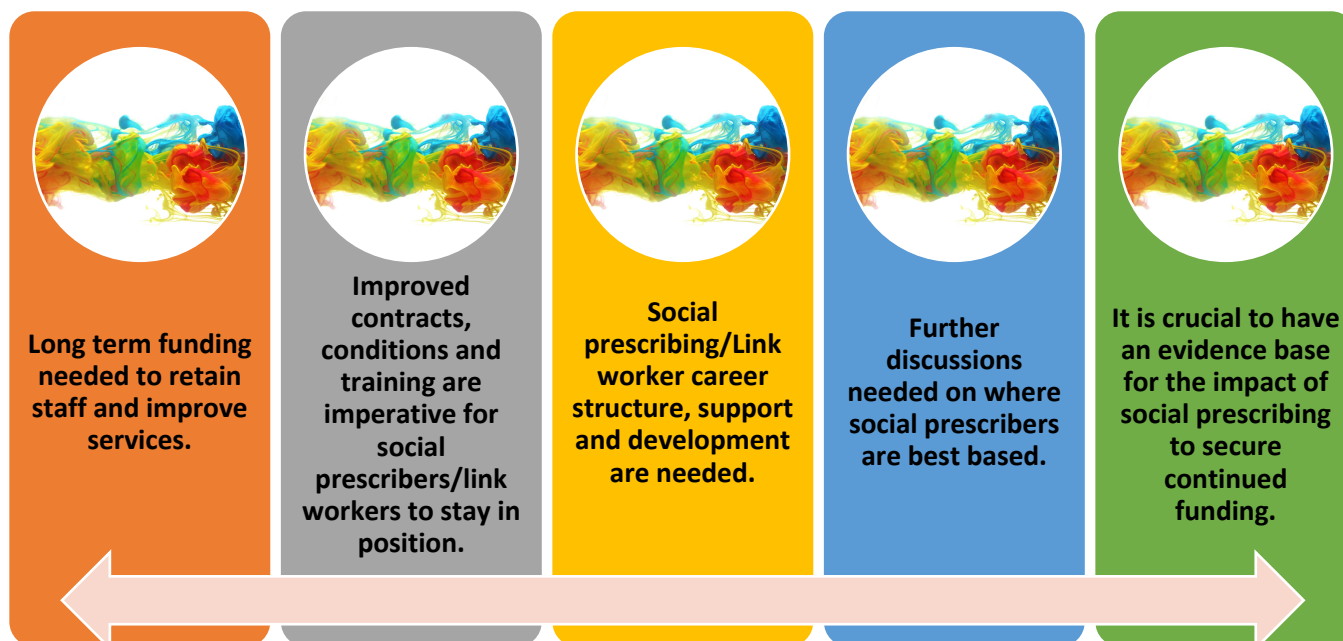
### The need for appropriate long term funding and career paths to retain highly skilled staff

- Discussions on social prescribing/link worker staffing issues: It was noted that salary, pensions and short term contracts need to be addressed as these are substantial barriers to retaining highly skilled staff. One contributor, a social prescriber, noted that she spent 40% of her time completing funding applications.
- Continued professional development and the development of a career path for social prescribers/link workers is needed.
- Given the variety and difficulty of issues addressed, support mechanisms should be developed for social prescribers.

### Issues in community and voluntary sector identified:

- Social prescribers/link workers are exhausted and worn out after their workload during the Covid-19 pandemic.
- Client referrals have grown exponentially however, staff capacity remains the same.
- Money should follow the participant. Currently people are often referred to community based programmes however, no money is provided to deliver these programmes
- Staff currently have the ability to deliver programmes and can see the benefits to participants however, they lack the capacity to deliver after care, resulting in prospect of clients returning to primary care services.
- Need for empirical evidence to demonstrate that social prescribing is making a difference. This should accompany case studies and testimonials from participants

Figure 2. Day 1 Conclusions



### Day 2 Workshops and panel discussions

Recap on a very successful first day. Clearly tangible actions recognised that the AISPN can work on and clear recommendations for HSE and DOH were identified. Workshop participants took part in one of five available workshops. After the workshops, representatives from each group delivered the findings of the workshop and put forward recommendations. These were deliberated at a panel discussion.

#### Panel membership:

Martin Hayes- Programme Director Integrated Care, Strategic Planning & Performance Group, Department of Health  
Dr Aisling Sheehan-National Lead for the HSE's Mental Health and Wellbeing and Alcohol Programmes.  
Dr Karen Galway- All Ireland Social Prescribing Network co-lead for research and evaluation and Senior Lecturer in Mental Health, Queen's University Belfast  
Tony Doherty- All Ireland Social Prescribing Network Co-chair and Regional Coordinator of Healthy Living Centre Alliance.

#### Workshop 1: Measuring the successes of Social Prescribing

Strong consensus was evident on how challenging it is to measure outcomes of social prescribing. It is a very complex task and one which has many interacting components.

Barriers to successful evaluation of social prescribing include:

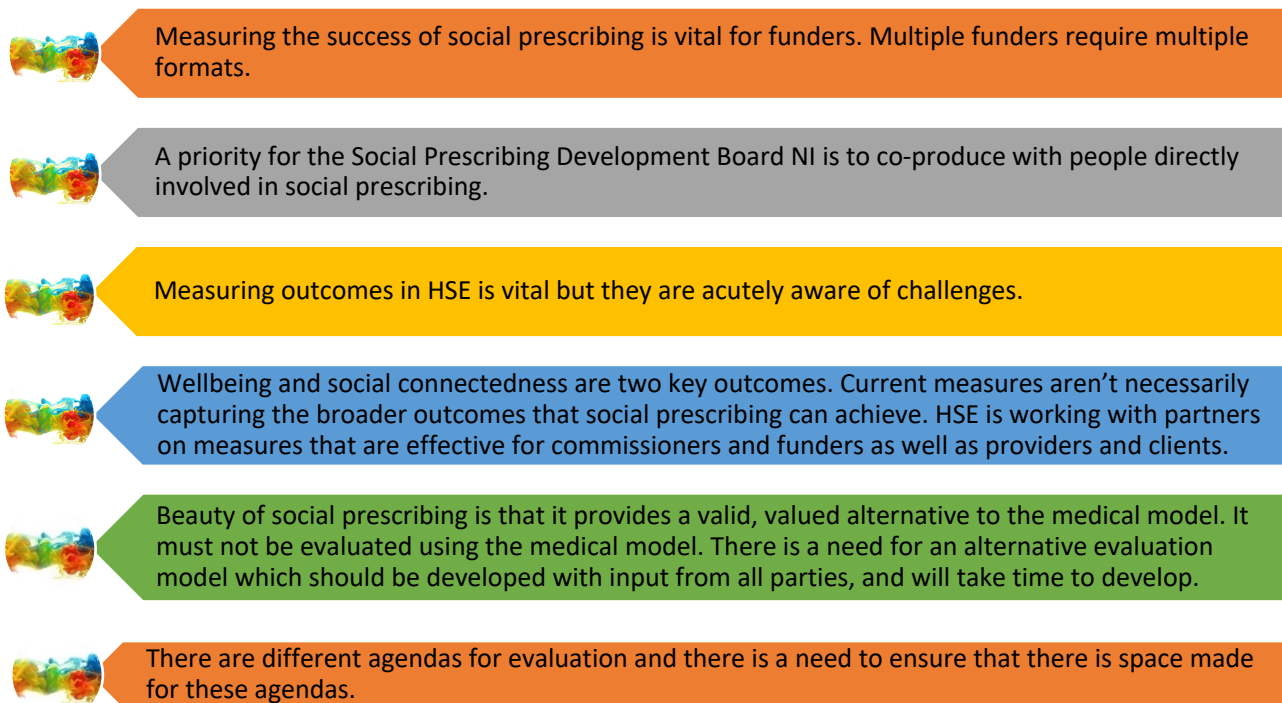
- Funding demands: Similar reports are often required for multiple funding bodies.
- Organisations do not always have suitable tools for measuring participants' outcomes at the time they are required. Identified a need for a range of tools to ensure effective evaluation of the range of services.
- It is extremely challenging to measure the work that is being done on the ground because it is nuanced and varied, holistic and person-centred.
- Some language used is too clinical for participants which can impact on engagement and relationship building between social prescriber/link worker and client.

Recommendations:



- Ring-fence adequate finance and time for evaluations of programmes.
- Evaluation training is required for social prescriber/link worker if it is to be done efficiently and effectively.
- Multiple methods of data collection are needed for evaluation and could include interviews, focus groups and narrative case studies.
- Evaluation needs a purpose. Service users are likely to want the service to continue, and therefore, the purpose should be clearly outlined to them. If service users know the reason for the evaluation, e.g., for evidence base, for funding, to enable impact of service to be identified, they are more likely to complete evaluations and actively participate in the evaluation process.
- Data collection and evaluation methods and approaches should be person centred and co-produced.
  - Clarity needed on why, and for what purpose, the information is required. This should be discussed between the funder, service provider and participant/beneficiary.
  - Participants are much more likely to be invested in evaluation if they are included/involved in deciding how best to indicate success.
- Identification and encouragement of learning and training development needs is required and protected time must be allocated.
- Staff wellbeing needs to be protected, not only for staff member but it can have an impact on clients.

Figure 3. Summary of panel discussion on measuring success



## Workshop 2: Overcoming Challenges to Social Prescribing in Rural Areas

Delegates identified various challenges to social prescribing in rural areas. These included:

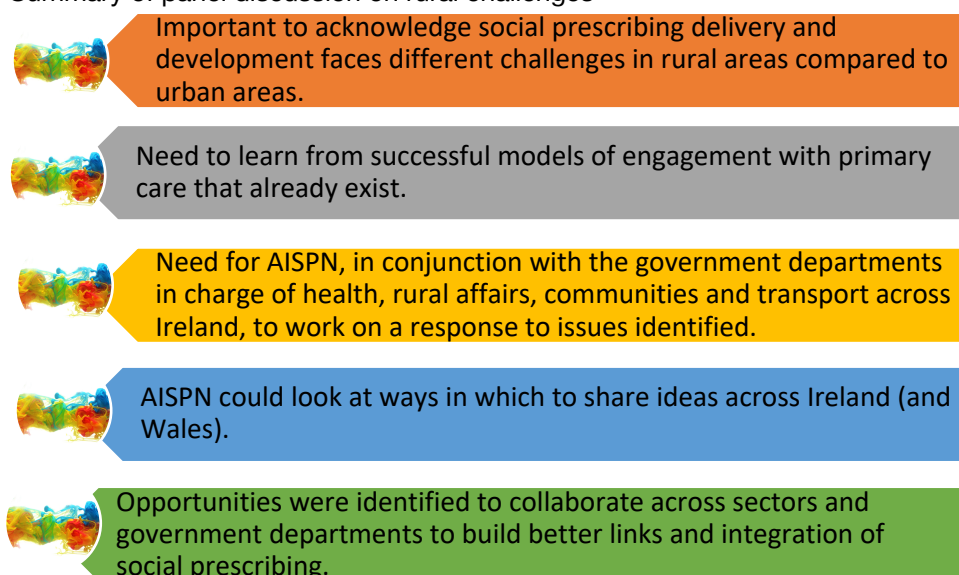
Table 1 Summary of rural social prescribing challenges

Identified challenges to social prescribing in rural areas:	
Poor transport	Engaging with primary care
Broadband/WIFI – lack of access	Housing and accommodation
Stigma – surrounding health and wellbeing	Family and caring within community
Traditional beliefs – reluctance to seek help and support	Sustainability of services
Lack of local assets - a lot of funding is target driven. It isn't always feasible to meet these targets in rural areas. Individual level engagement isn't reflected in reports.	Implications of Covid-19
Creating awareness of social prescribing	Services – perceived versus reality

Recommendations:

- **Transport** is a major issue in rural areas with many people being unable to access services because of poor transport systems. There is an identified need to maximise use of resources that already exist. Suggested that (school) buses that are unused, for example during school hours and holiday periods, could be used for rural communities. Recommended that the AISPAN need to engage at policy level to assist in improving transport links for rural communities. Poor transport is a substantial hindrance in engaging with social prescribing.
- **Develop primary care relationships** Social Prescribers/link workers spend a lot of time engaging with primary care sector to educate them on social prescribing. There is a need for primary care providers to understand and embrace social prescribing for it to be a success. This understanding could be delivered within GP training locally, or at a national level.
- **Services – perceived versus reality.** In some cases, there is a lack of knowledge of services available and in others, primary care providers are under the impression that there are more services available than there are. Communication channels need to improve. Due to transport and other issues, it often takes longer to deliver social prescriptions in rural areas. This should be taken into account by those planning social prescribing programmes, recognising that numbers participating will be lower.

Figure 4. Summary of panel discussion on rural challenges



### Workshop 3: Learning, Training and Professional Development

There are clear benefits of learning, training and development to social prescribers as individuals, and to the organisations they work for. Benefits to a social prescriber/link worker come in the form of increased resilience, positive mental health and a recognition of efforts. Additionally, there is a positive impact from an organisational point of view in terms of quality assurance, retention and professional development of staff.

Recommendations:

- **Consultation with social prescribers/link workers to identify core skills and competencies of the role of the social prescriber/link worker:** The role is multifaceted and requires a wide range of skills and competencies (including face to face conversations, negotiating skills and organisational skills). Recommended that decision makers, north and south, consult with social prescribers/ link workers to codesign documents identifying the necessary core skills and competencies required, and to ensure that training is not over medicalised.
- **Consider an accreditation body for social prescribing:** AISP and health authorities should consider an accreditation process, or body operating across the island of Ireland. It could include elements of continued professional development as well as leadership and organisational development to gather knowledge, skills and training, with a protected space for learning.

Figure 5. Summary of panel discussion on learning, training and professional development



### Workshop 4: Growing Social Prescribing:

This workshop recognised that whilst growing social prescribing is essential, it is also challenging.

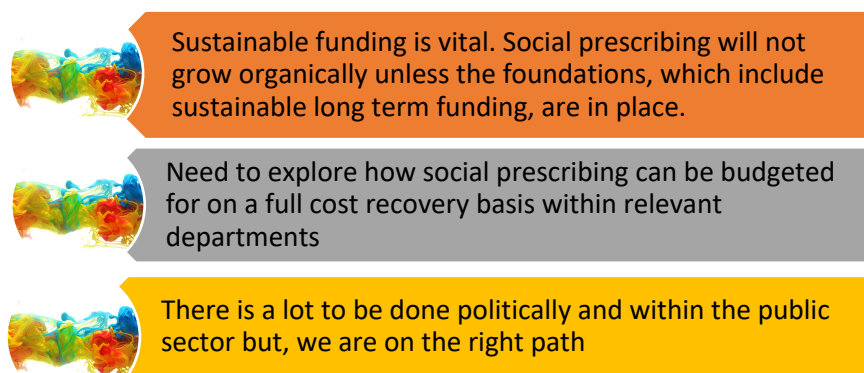
Recommendations:

- **Need for a common approach to social prescribing frameworks.** The current framework in place in Ireland is being refined, (a framework is being developed in NI). There is a need to take a common approach across the island of Ireland to develop and refine these frameworks with common and shared purpose. Identified the importance of acknowledging that social prescribing is not a 'one size fits all' approach. Although communities have different needs, there is a need to develop a common approach to create the synergy needed to allow the social prescribing movement to progress.
  - The workshop identified the need for the HSE Social Prescribing Framework to be refined as it is commonly reported among social prescribers/link workers that the framework can be cumbersome in practice.



- Regarding a framework for Northern Ireland, there should be a common approach developed across the Island.
  - There is a need for social prescribers/link workers to communicate the work they do on a daily basis to healthcare professionals, funders and within communities to enable them to understand the value of social prescribing. Case studies are considered one of the best ways to describe this value and it is important to try to capture this in the data.
  - A communication strategy should be put in place to let people know 'what social prescribing is' (and what is not).
- **More sustainable core funding required.** Need to move towards multi-year funding. The impact of short term funding is colossal and entirely negative.
    - Funding should be allocated on a multi-year basis – not year on year.
    - There is a need for funders to recognise the need for administrative support. Administration / clerical staff are crucial to the success of social prescribing. Without these crucial team members, social prescribers/link workers do not have the time or resources to work with clients. (Full cost recovery model)
    - Money should follow the person, so that there should be money provided for programme delivery.
    - Important to protect small local organisations delivering social prescribing – 'big is not always beautiful'

Figure 6. Summary of panel discussion on growing social prescribing



### Workshop 5: Creative arts and cultural channels supporting social prescribing

Acknowledged that linking people into local communities is very powerful. People can be completely unaware of what is available in their local community. There are additional barriers to access for some including transport, mobility and funding. Digital inequalities also emerged during the Covid-19 pandemic, where access to internet, WIFI and computers/tablets to access facilities was vital for people.

It was acknowledged that the arts and social prescribing sectors are engaging often with the same sets of clients and that it is important to make these connections to enable success across sectors.

#### Recommendations:

- **Facilitate connections with arts and culture.** Develop a role in facilitating and making connections across social prescribing and arts and culture at both a local and national level. Making these connections opens pathways to partnership. Workshop participants felt that AISPAN could play a significant role here.
- **Longer term funding** – barriers to accessing arts and culture include transport, mobility and funding. For it to be a success, longer term funding is required to ensure people can access existing facilities.

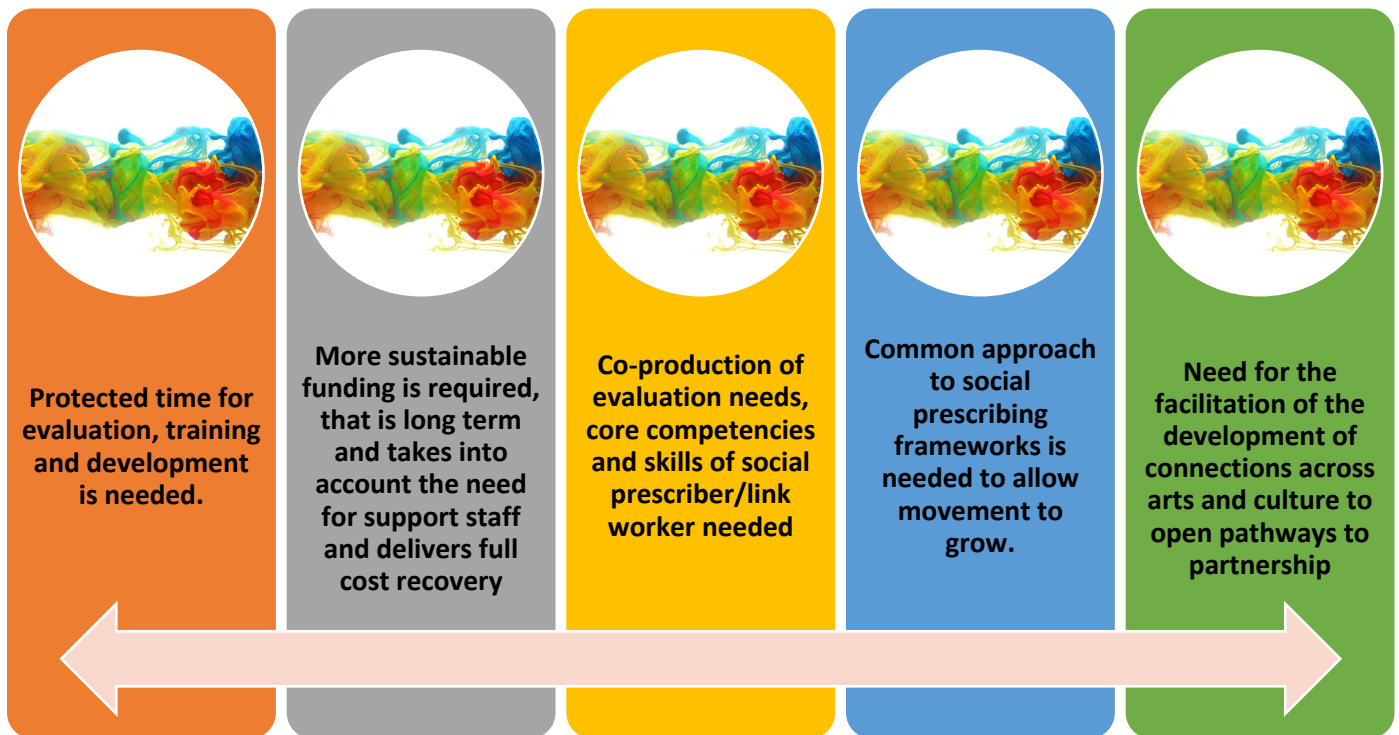
Figure 7. Summary of panel discussion on creative arts and cultural channels supporting social prescribing

In Northern Ireland, there are ongoing discussions between AISPNI and Museums NI, who are, as part of their social inclusion strategy, keen to explore how museums can be used by those who have social prescription

Important to use alternative means of sharing the social prescribing message. The use of creative arts and cultural channels to do so is vital.

The Melbourne Charter (2008) on mental wellbeing identified that mental health and wellbeing are increased when the arts and heritage are valued within society. It is clear that there is a need for a relationship between social prescribing and creative arts and culture channels.

**Day 2 conclusions:**



**Aims for the AISPNI:**

**As a result of the conference, and discussion with delegates, the following aims will inform the work of the AISPNI going forward:**

Figure 8. Identified aims for the AISPNI

Develop a common framework for the island of Ireland

Develop collaborative co-design approaches in how to develop robust evidence for evaluation

Consult on training needs of social prescribers, with a view to accreditation across the island

Lobby for recurrent funding to grow and nurture social prescribing

## Graphic Harvesting

During panel discussions, a graphic harvester captured thematic trends in the conversations through visual means, the outputs of which are shown below:







## Learning , Training and Professional Development



## Growing Social Prescribing



## Creative Arts and Cultural Approaches to SP



## Overcoming Challenges in Rural Areas

To join the All Ireland Social Prescribing Network, please click the [link](https://allirelandsocialprescribing.ie/) or visits us at <https://allirelandsocialprescribing.ie/>