

# Social Prescribing:

The need for an ongoing policy dialogue to inform decision making and improve the health of the population

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paper to Session 2E Community-based Prevention Beyond the Clinic

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Centre for Research in  
Health Systems Performance  
Yong Loo Lin School of Medicine

# CRIHSP's Health Policy Program

- Provision of health policy intelligence through the review and synthesis of evidence for the effective implementation and impact of important policy developments and innovations
- Influence and support decision-making through research, education and technical support to enable improvements in health system performance
- **Policy briefings** seek to bring timely and relevant recommendations for policy makers, both in Singapore and internationally, to promote an ongoing policy dialogue
- This paper on Social Prescribing policy is based on a rapid review of the evidence to understand what the international experience tells us about the effective implementation and impact of social prescribing, and the key considerations for evidence-informed policy-making

# Social Prescribing Policy Brief Team

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# Key Messages

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Social prescribing is a means to identify people's non-medical, health-related social needs and address them through non-clinical and support services in the community.

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Social prescribing has grown in policy and practice globally to address the root causes of health and wellbeing issues for a diverse range of client groups

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Evidence shows that social prescribing can contribute to better health and wellbeing outcomes for targeted individuals but has less of an influence in supporting improvements in social isolation and loneliness.

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Evidence does not currently support the effectiveness of social prescribing on system-level outcomes such as reducing hospitalisations and health resource utilisation.

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There is no 'one model' for social prescribing. Robust evaluations are required to grow the evidence base for what works, in what contexts, and for which people.

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The implementation and roll-out of social prescribing needs to be supported and informed by high-quality research programmes if its potential is to be fully realised.

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International collaboration is needed to promote knowledge and best practice.

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# Social prescribing: an important policy concern

80% of health outcomes are related to the social determinants of health

There is a need for innovations that enable public health strategies to be integrated within health and social care systems

Social prescribing is part of a long-term global movement towards more integrated health systems in community settings

Social prescribing promotes population health management through a socio-environmental perspective

Social prescribing promotes value-based care through the ability to improve care experiences and outcomes cost-effectively and equitably

# Social prescribing addresses individual needs ...

Individual needs	Improve health and lifestyle outcomes	<ul style="list-style-type: none"> <li>• Improve diet and exercise</li> <li>• Reduce smoking and substance use</li> <li>• Enrolment in disease-management programs</li> <li>• Increase in self-management of health</li> <li>• Greater access to mental health and counselling</li> </ul>
	Enhance social and emotional wellness	<ul style="list-style-type: none"> <li>• Reduce social isolation</li> <li>• Activate people to engage with their community</li> <li>• Enable safe living environments</li> <li>• Engage in transformational activities such as music, connection to nature, art and spirituality</li> <li>• Support cultural identity and connection</li> </ul>
	Meet material needs	<ul style="list-style-type: none"> <li>• Food security, housing and community transport</li> <li>• Financial and legal support</li> <li>• Information and advice, with digital inclusion</li> <li>• Access to equipment for assisted daily living</li> </ul>

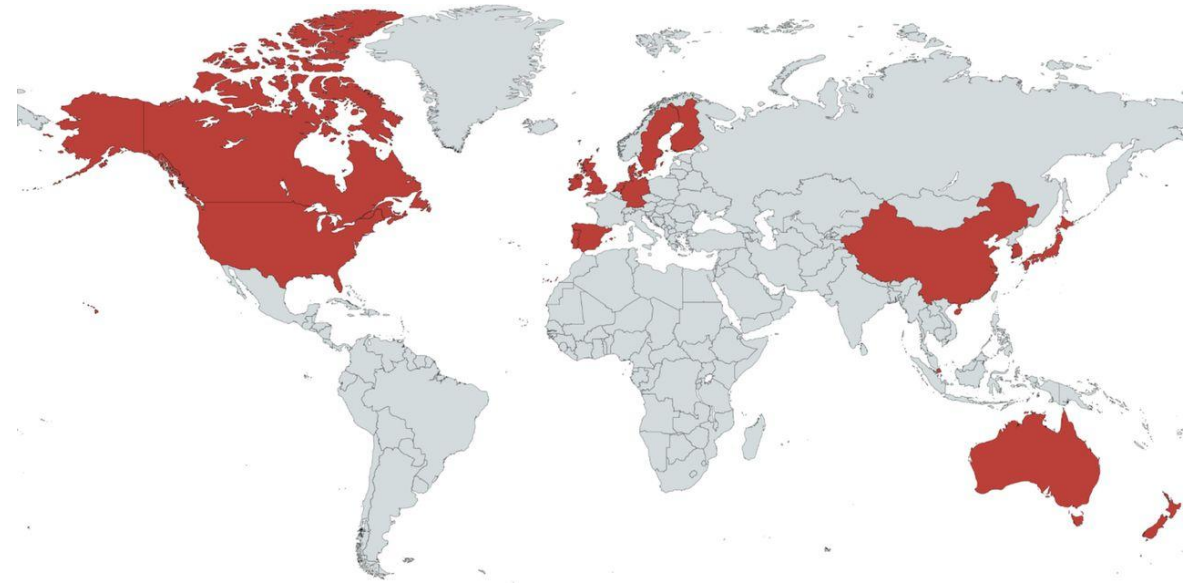
# ... and those of the community and system

Community	Increase access and equity in health and social services	<ul style="list-style-type: none"><li>• Improve awareness of existing services and resources in the community</li><li>• Increase digital literacy to reduce barriers to services</li><li>• Access to social, legal and financial supports</li></ul>
	Build community capacity and resilience	<ul style="list-style-type: none"><li>• Strengthen community networks</li><li>• Expand referral pathways beyond medical practitioners and healthcare</li><li>• Support place-based approaches</li><li>• Enable community activation &amp; participation</li></ul>
System	Improve health care system sustainability and performance	<ul style="list-style-type: none"><li>• Reduce medication use</li><li>• Delay transitions into residential care</li><li>• Prevent unnecessary hospitalisations, improve hospital discharge processes, reduce lengths of stay</li><li>• Tackle inequalities in care</li><li>• Reduce costs of care</li></ul>

# A global movement

Significant variation in:

- Client groups targeted
  - older people, chronic care, children, socially disadvantaged groups
- Locus of care delivery
  - hospitals, primary care, social care, NGOs, community-based alliances
- Link worker role and scope
- Standardized & national vs adaptive and local approaches



**Countries with 'advanced' social prescribing programs:** Australia, Canada, China, Denmark, Finland, Germany, Ireland, Japan, the Netherlands, New Zealand, Portugal, Singapore, South Korea, Spain, Sweden, UK, USA.

Growth and uptake in Central Europe (including Austria, Italy, Poland, Slovenia and Slovak Republic), Iran, India, Malaysia and Taiwan

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# The evidence for social prescribing

- Multiple instruments have measured a variety of program outcomes
- Variation in intensity and frequency of evaluations
- Research lacks comparator groups - determining causal inference is difficult and high risk of bias
- Pooling of evidence for impact is therefore challenging

*“Overall, the global evidence for social prescribing shows that it has the potential to contribute to better health and wellbeing outcomes for targeted individuals, specifically on promoting self-reliance and on improving self-reported health and wellbeing, but perhaps less so for addressing social isolation and loneliness.*

*There is much less evidence for effectiveness on system-level outcomes, such as improving equitable access or reducing hospitalisations and resource use.”*

# Implementing social prescribing

- Emerging consensus on the core functions of the model
- Adaptive process required in specific contexts – ‘fit for purpose’
- Trusted relationships & collaboration across sectors and disciplines
- Curation of team-based environments
- Well supported and trained workforce – especially skills of the link worker
- Building of social capital and strengthening of community capacity

## Social Prescribing Training Roadmap

Empowering the social prescribing ecosystem to navigate responsibilities with clarity and expertise.



Anchored by  
Canadian Red Cross

Making sense of  
Social Prescribing



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## A TOOLKIT ON HOW TO IMPLEMENT SOCIAL PRESCRIBING



# Policy questions



Should social prescribing be focused on a defined patient cohort, or be more broadly applied?



Should the approach be standardised, or should innovations and variations be encouraged?



Should there be a preferred national model for adoption? If so what would that look like?



How can social prescribing schemes be best incentivised?



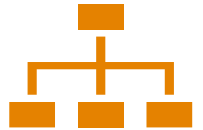
How might effective progress and performance be judged?



How can the workforce implications, including education and training, be addressed?



How far should we take the health technology route?



What should regulation, governance and accountability for social prescribing look like?

# Conclusion



Social prescribing is an important global initiative to address the social determinants of health and shows considerable promise for improving the health and wellbeing of many people through social support programmes in the community.



However, more research and international coordination is needed to most appropriately position social prescribing within health systems, to understand its impact, and the requirements for sustainable growth.



An ongoing policy dialogue is required to communicate and discuss the issues essential to the future of social prescribing and so share knowledge, build consensus, and inform decision-making.

# Thank you!

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## POLICY BRIEF

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### Social Prescribing

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#### Key Messages

- **Social prescribing** is a means to identify people's non-medical, health-related social needs and address them through non-clinical and support services in the community.
- **Social prescribing has grown in policy and practice globally** to address the determinants of health and wellbeing.
- Evidence shows that **social prescribing can contribute to better health and wellbeing outcomes for targeted individuals** but has less of an influence in supporting improvements in social isolation and loneliness.
- **Evidence does not currently support the effectiveness of social prescribing on system-level outcomes** such as reducing hospitalisations and health resource utilisation.
- **There is no 'one model' for social prescribing.** Robust evaluations are required to grow the evidence base for what works, in what contexts, and for which people.
- The implementation and roll-out of **social prescribing needs to be supported and informed by high-quality research programmes** if its potential is to be fully realised.
- **International collaboration** is needed to promote knowledge and best practice.