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Department of Health

# Launch of evaluation of HSE-funded Social Prescribing services

# Agenda

- Opening address: Minister Murnane O'Connor
- Social Prescribing in Practice: A conversation with a social prescribing link worker
- Overview of research findings
- HSE reflections
- Panel discussion: From Evidence to Action
- Closing reflections: Prof Philip Dodd





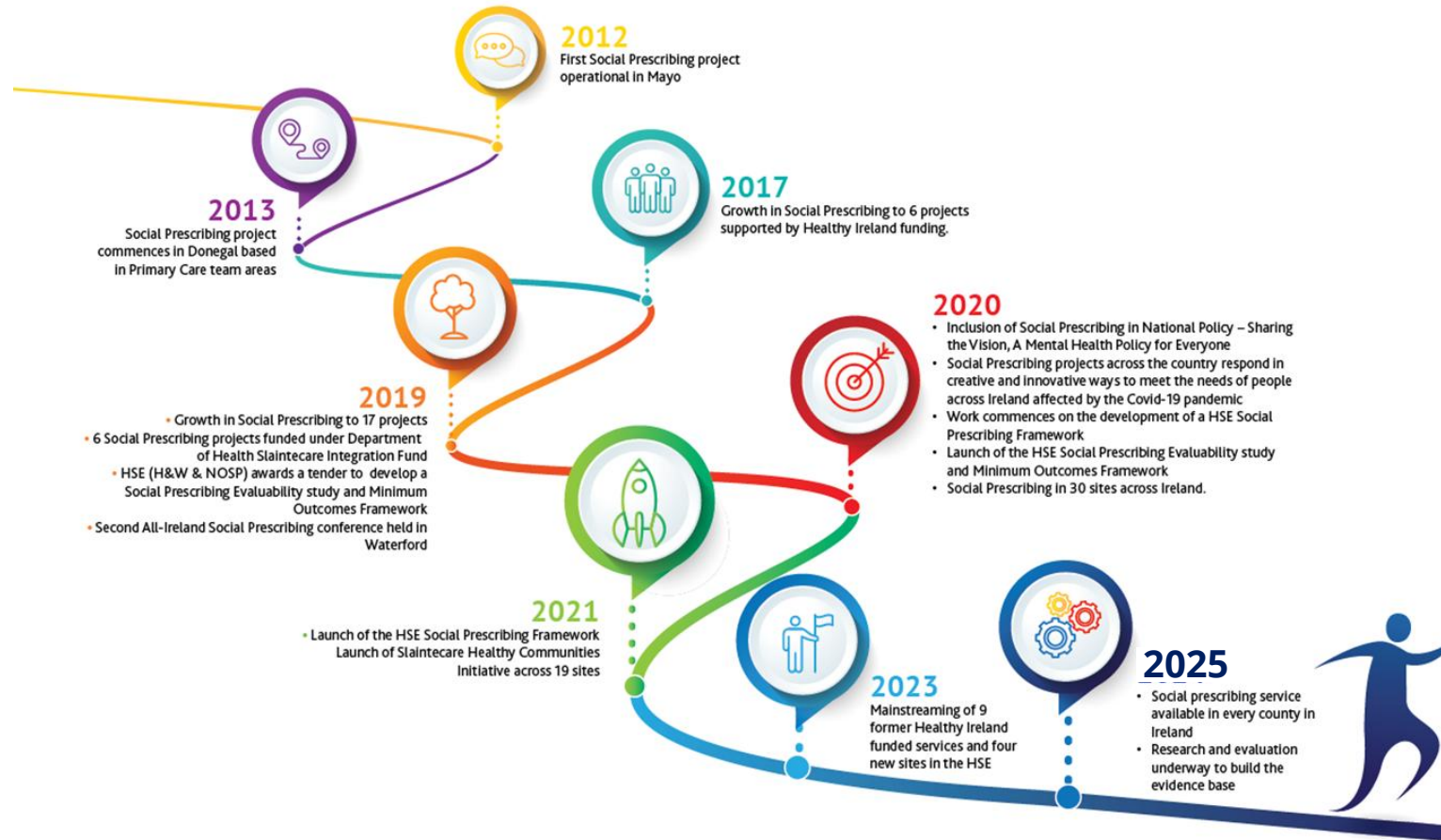
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# Social Prescribing in Ireland

# Social Prescribing: Concepts and Core Principles



# Social Prescribing in Ireland: From local innovation to national delivery



# Social Prescribing in Ireland: From local innovation to national delivery



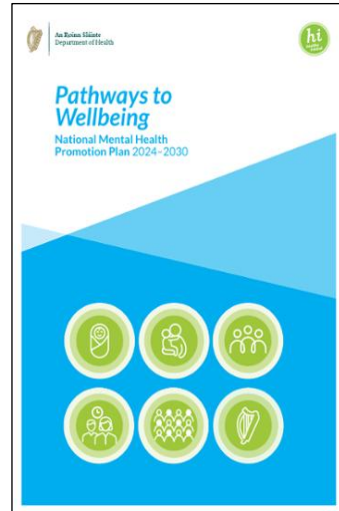
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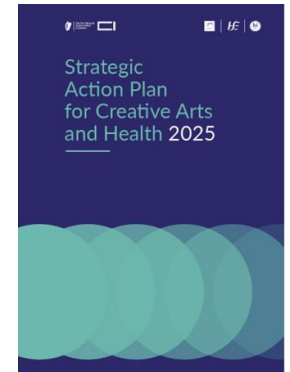
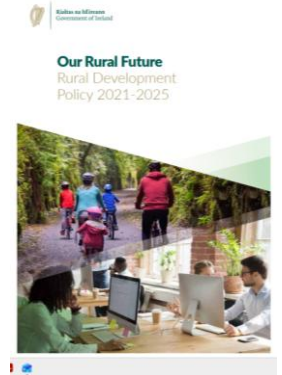
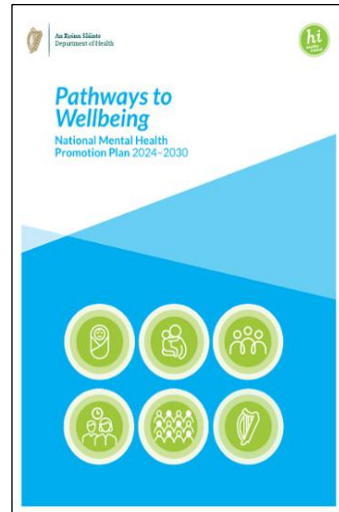
2026



# National Policy Alignment



# National Policy Alignment



# Evidence base



Open Access

Research

## BMJ Open Social prescribing: less rhetoric and more reality. A systematic review of the evidence

Liz Bickerdike,<sup>1</sup> Alison Booth,<sup>2</sup> Paul M Wilson,<sup>3</sup> Kate Farley,<sup>4</sup> Kath Wright<sup>1</sup>

nature health



Article

<https://doi.org/10.1038/s44360-026-00099-w>

## The impact of social prescribing on well-being outcomes in a nationwide analysis

Received: 10 October 2025

Feifei Bu<sup>1</sup>, Daniel Hayes<sup>1</sup>, Luke Munford<sup>2</sup> & Daisy Fancourt<sup>1</sup>

Accepted: 26 February 2026

Published online: 24 March 2026

Check for updates

Social prescribing (SP) is growing rapidly in the UK and across the world. However, there remains a lack of robust quantitative evidence on its

## National roll-out of social prescribing in England's primary care system: a longitudinal observational study using Clinical Practice Research Datalink data

Feifei Bu\*, Alexandra Burton\*, Naomi Launders, Amy E Taylor, Alvin Richards-Belle, Stephanie Tierney, David Osborn, Daisy Fancourt



### Summary

**Background** Social prescribing is growing rapidly in England and across the world. However, it remains unclear who it is reaching and how effectively it is being implemented. This study aimed to assess longitudinal trends in social prescribing in England's primary care system, including growth trajectories and target alignment, socio-demographic

Lancet Public Health 2025; 10: e903-11  
Published Online

EDITORIAL | VOLUME 42, 101243, DECEMBER 2021

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PDF [227 KB]



Save

## Social prescribing: addressing societies holistic health-care needs

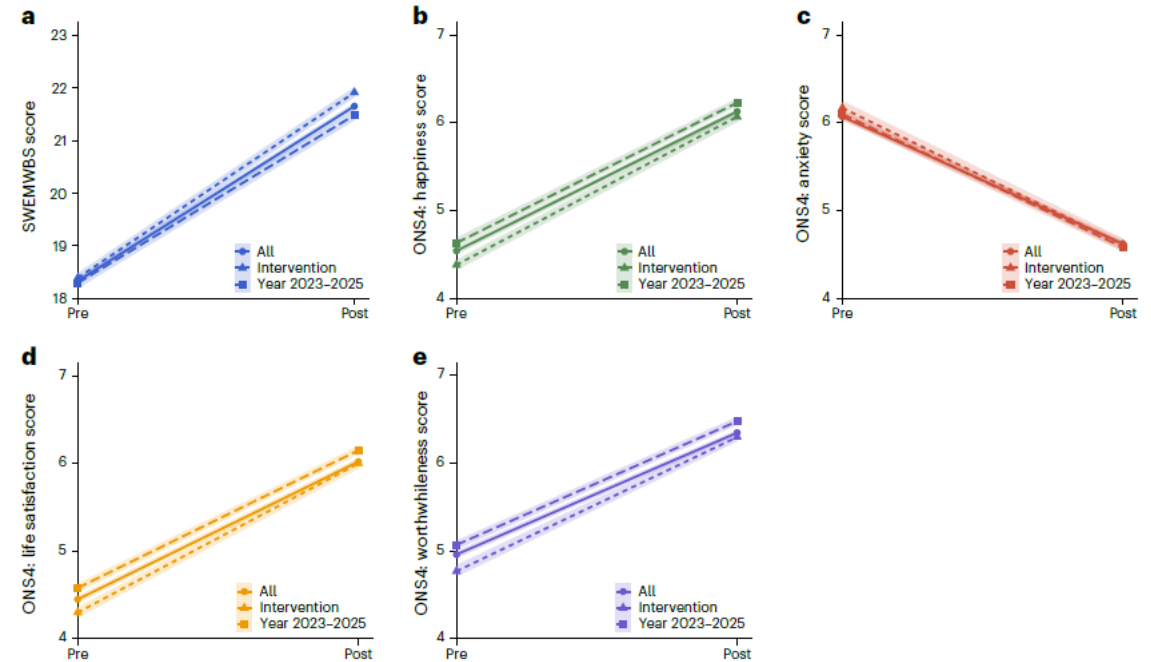
[EClinicalMedicine](#)

Open Access • Published: December, 2021 • DOI: <https://doi.org/10.1016/j.eclinm.2021.101243>

# Impact on outcomes in UK



- Data from +19,000 service users across 300 sites in UK
- Consistent improvements in general mental wellbeing, happiness, anxiety, life satisfaction and worthwhileness
- Return on investment £9 over mean period of 2.5 months

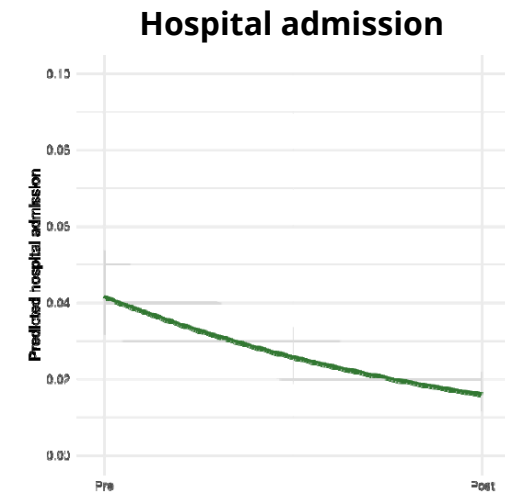
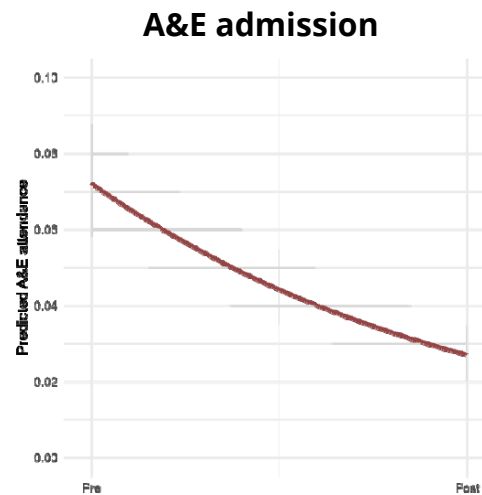
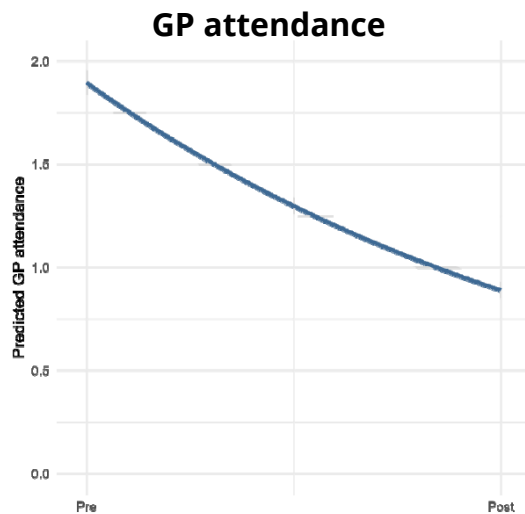


Bu et al., 2026

# Impact on healthcare utilisation in UK



- Pre-post administrative data (n= 4,547)



# Building an Irish Evidence Base



- Irish model different
- Understanding impact is critical
  - ***How Social Prescribing is working in Irish context***
  - ***For whom is it most effective***
  - ***Under what circumstances***
- Realist evaluation commissioned April 2024



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# Overview of Research Findings

Prof Margaret Barry, University of Galway



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# **Realist Evaluation of HSE-funded Social Prescribing Services in Ireland**

**11 May 2026**

**Health Promotion Research Centre  
University of Galway  
&  
Health Service Executive  
Health and Wellbeing Team**



University  
ofGalway.ie



## Acknowledgements

- Study participants: for sharing their knowledge and experience, including service users, Social Prescribing link workers, HSE and C&V staff across the service
- Advisory Board members: for their guidance throughout
- Funders: the Health Service Executive Mental Health and Wellbeing programme - Dr Aisling Sheehan, Ms Orla Walsh & Dr Aleisha Clarke
- Research Team: Dr Verna McKenna (PI), Dr Saintuya Dashdondog, Mr Adam O'Callaghan, Ms Katie Howell, Prof Margaret Barry (Co-PI) & Dr Louise Kinlen

# Project Aims & Objectives

## Aim

**To conduct a realist evaluation of HSE-funded Social Prescribing services in Ireland**

## Objectives

- 1) To determine the active ingredients of social prescribing to inform future training and best practice in terms of social prescribing in the Irish context**
- 2) To ascertain how social prescribing works for different population subgroups and for whom is social prescribing most effective**
- 3) To identify facilitators and barriers to high-quality implementation of social prescribing**
- 4) To determine the social, health, and well-being outcomes that social prescribing is most likely to impact (to inform more robust evaluation of the impact of Social Prescribing on immediate and long-term outcomes)**



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# Background to the Study

# Background: Social Prescribing

- Social Prescribing is identified as a means of enabling health and social care professionals to refer people to a range of local, non-clinical services, primarily provided by the voluntary and community sector (HSE, 2021)
  - uses a **person-centred**, assets-based approach to **empower** service users to improve their health and wellbeing – addressing ‘what matters to the person’
- Social prescribing services typically comprise three key components:
  - **Referral** from a health or social care professional or self-referral into the service
  - **Intervention/interaction** between the service user and a social prescribing link worker
  - **Supporting the service user to access** local voluntary, community and social enterprise organisations or services through discussion and decision making (HSE, 2021)



# Evidence Base for Social Prescribing

- Current international evidence highlights multiple benefits
  - including improved mental wellbeing, physical health, health behaviours, reduced social isolation and loneliness, and positive impact on health services (Woodall et al. 2018; Bhatti et al., 2021; Griffiths et al. 2022; Moffat et al. 2017; Chatterjee et al., 2018)
- Paucity of robust effectiveness studies (Bickerdike et al. 2017, Polley & Pilkington, 2017; Kiely et al., 2022)
  - evaluations based on small-scale/pilot studies that lack methodological rigour
  - relatively little is known about *how* social prescribing works to improve health and wellbeing





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# **A Realist Evaluation Approach**

**What works, for whom, under what circumstances and how, in the Irish context?**

# Adopting a Realist Evaluation Approach

- **Context-sensitive, theory-driven evaluation**
  - recognises that not every intervention will work for each person in the same way and that the wider context influences outcomes
  - Initial programme theory
- **Context-Mechanism-Outcome Configurations (CMOC)**
  - used to explain *how* and *why* an outcome comes about, such that a context triggers a mechanism, which then produces an outcome



## Context

### Structural & Organisational Factors:

Funding arrangements  
Governance structures  
Referral pathways  
Workforce capacity  
Community resources

### Individual & Relational Factors:

Social demographics  
(urban vs rural)

Service user  
characteristics

Relationships between  
stakeholders

## Mechanism

### Processes through which outcomes are generated

- Person-Centred approach
- Trust
- Confidence
- Motivation
- Empowerment
- Being listened to and supported
- Referral to local supports



## Outcomes

### Individual level

- Social connectedness
- Health and wellbeing outcomes

### Health system

- Increased health literacy
- Positive impact on health services

# Study Methods: Phase 1

## Development of Initial Programme Theory (IPT)

*'The supportive interaction between link workers and service users, and the referral to appropriate community activities are central to empowering service users in addressing the determinants of health that are relevant for them to improve their health and wellbeing'.*

- based on salutogenesis theory – how people make sense of their situation and maintain health and wellbeing
- Context Mechanism Outcome (CMO) Configurations
  - presented as *'if/then/because'* statements, also referred to as hypotheses, framed across each of the 3 stages of Social Prescribing
  - tested in the study

# Sample CMO Statements by stages

Stage 1 : Referral of service user to social prescribing service	Stage 2: Interaction of service user with link worker	Stage 3: Interaction of service user with community organisation
<p>If the referrer clearly communicates to service users what the social prescribing service can offer them and why this may benefit them <b>then</b> service user will feel confident in their interactions with link workers <b>because</b> they are equipped with the appropriate expectations of the service.</p>	<p>If the social prescribing plan is service user led and goals are set by the service user not staff <b>then</b> the service user will get greater benefits <b>because</b> the activities are based on the service user's individual needs, strengths, and interests.</p>	<p>If community activities, that are relevant and meaningful to the service user, are available and accessible to them, <b>then</b> the service user will engage and experience positive outcomes <b>because</b> the service is meeting the service user's needs.</p>

# Study Methods: Phase 2

- **The Initial Programme Theory and the Context Mechanism Outcomes** were used to guide the development of the interviews with key stakeholders nationally

**Interviews were conducted with a purposive sample of participants (N=135)**

**Sampling: across 22 Social Prescribing sites in Ireland**

- **services established for 12 months or more**
- **sites across urban, rural areas and rural towns**
- **representation from Community Health Organisations (CHOs) 1- 9**
- **both Sláintecare and non-Sláintecare Healthy Community sites**

**Total of 135 interviews with services users, link workers, referral agents, community organisations, host organisation managers, and Health Promotion and Improvement Managers**

- **addressed each of the 3 stages of Social Prescribing services – the referral stage, interactions with link workers, and interactions with community-based services**

# Participant Profiles

## Stakeholder Groups

Stakeholder Group	Number of Participants (%)
Service user	55 (41)
Social Prescribing link workers	30 (22)
Referral Agents	14 (10)
Community Organisations	16 (12)
Host Organisations Managers	11 (8)
Health Promotion & Improvement Managers	9 (7)
Total	135 (100)

## Service Users

Gender	67% female, 33% male
Mean age	52 years (range: 19–78)
Ethnicity	85% White Irish, 9% White Non-Irish, 4% African, 2% Asian
Living situation	56% did not live alone, 44% lived alone
Education	42% completed third-level education, 5% had only primary education
Employment	9% full-time, 13% part-time, 36% retired, 15% unable to work due to illness/disability, 7% unemployed, others in various categories
Referral pathway	31% self-referred, 69% referred by health or social care providers
Location	67% urban, 33% rural/rural town



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# Key Findings

# **Analysis**

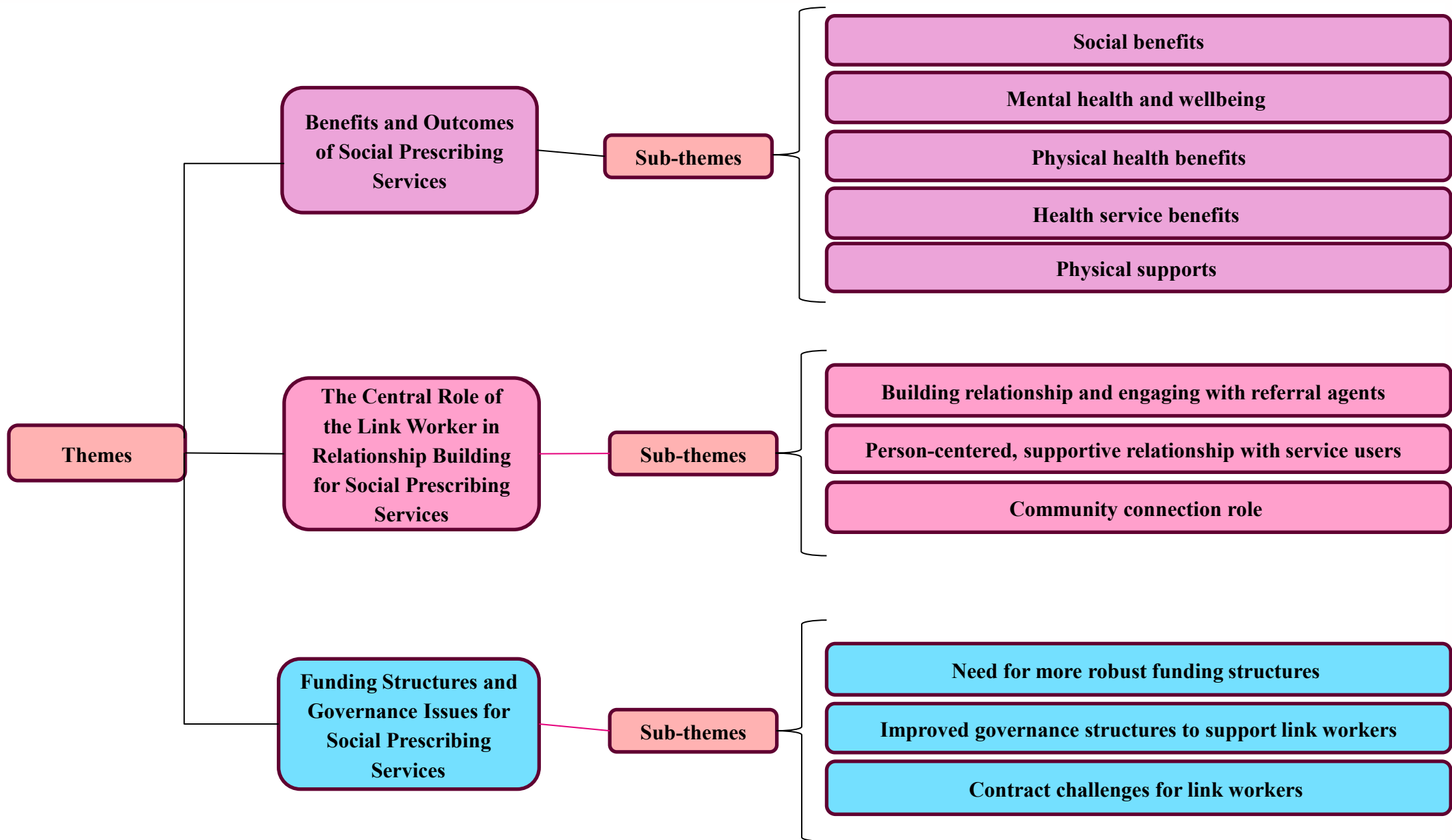
**Thematic  
analysis of  
overall data set**

**Framed around  
Context–  
Mechanism–  
Outcome (CMO)  
configurations**

# **Three Main Themes**

- 1) Benefits and outcomes of Social Prescribing services (Outcomes)**
- 2) The central role of the link worker in relationship building for Social Prescribing services (Mechanism)**
- 3) Funding structures and governance issues for Social Prescribing services (Context)**

*Figure: Overarching Themes and Related Sub-Themes from the Thematic Analysis*





## Benefits & Outcomes of Social Prescribing

- **Social Benefits** - reduced isolation & loneliness, sense of community, forming friendships, peer support
- **Mental Health and Wellbeing**- sense of purpose and structure, increased confidence, empowerment, reduced anxiety and depression
- **Physical Health**- improved health behaviours, reciprocity of improved physical and mental health
- **Health Service Benefits** - improved health literacy, reduced repeat appointments, improved service capacity - SP as a wraparound support, especially in areas of disadvantage
- **Practical Supports** – practical aspects of everyday life, educational and skill-building opportunities

*“I would say it's kind of a link into community. It's a stepping stone into the community. If you become isolated for whatever reason, whether it's an actual physical isolation, or whether it's like a social anxiety thing. It's a helpful stepping stone to get you to the community and to see what is out there in the wider world. Yeah, that you might not feel that you can access otherwise.” (SU)*

*“I kind of cut myself off due to mental health reasons for a long time, and it was just I kind of got a wakeup call, and it was trying to OK you can't carry on like this, so I need something. And I was very anxious about getting back into the community so and putting myself out there. But if this service wasn't there, I wouldn't be as far along as I am like” (SU)*

*“Another gentleman recently, he had been referred in by his GP. He was quite overweight, had no kind of daily routine. His eating was all over the place. You know we got him into the Healthy Food Made Easy and got him going to the gym and yes, he was really excited. Like in a very short space of time he'd lost kilos” (SPLW)*

*“So, you might get a reduction in needs to come and use services here, but also people's lives, their quality of their lives would improve... Their mental health would improve, but they don't need to be in the service a lot of them once they, because it's loneliness. Or once they're busy and enjoying things, their depression lifts.” (Ref)*



# Central Role of the Link Worker in Relationship Building (*Mechanism*)

- **Building relationships and engaging with referral agents** – promoting awareness and understanding of SP and the referral process
- **Person-Centred supportive relationships with service users** – empathy, non-judgemental, encouragement
- **Qualities of the link worker** - promoting empowerment, agency and motivation
- **Community linking role** – knowledge from stakeholders

*“Because HCPs change all the time, it's really important that social prescribers go back in and present and reiterate who we are, what we can take, who we can see, why we have exclusion policies..” (SPLW)*

*“The biggest [challenge] is this idea that it's a panacea, and it's not, you know, there has to be a kind of recognition of what it is, and what it isn't. That needs to be clear....” (HPIM)*

*“You are building your relationship with an individual. It's a bespoke service. You are responding to what they want...., because that's where the real impact is.” (SPLW)*

*“I found her particularly professional -- A tremendous aid and very efficient and affirming. She was a very good listener and present to me and held my hope.” (SU)*

*“I think, in the first instance, it comes from the relationship between the social prescriber and the individual .....building up the relationship with this person and feeling listened to and feeling heard, I think, is very important.” (Host Org)*

*“When I go to social prescribing, they know exactly what's in the community, and they know straight away what's there.” (Ref)*



# Funding Structures and Governance Issues (*Context*)

- **Need for more robust funding structures**
- **Improved governance and support structures for link workers**
- **Contract challenges for link workers**

*“The funding model doesn't include programme costs, and areas are very different. In some areas there will be lots of services that social prescribing participants can make use of, but in others they don't exist, and the social prescriber might need to set up a group or set up a programme, and that takes their time and maybe their budget from other programmes....” (HPIM)*

*“So, a lot of people who need services are getting referred in but we only have limited services. So that's a challenge. Capacity is a challenge. And so, ...you have created an inequality or an inequity there in terms of service provision.” (HPIM)*

*“....I think some social prescribers are really out there on their own. They don't have all the support that they could have. And that's very challenging in itself because of the complexities of the people that are presented to us.” (SPLW)*

*“Training like solution-focused training could be a really good tool to have. Just a lot of areas, migrant training, definitely. ...The world we are living in and changing.” (SPLW)*

*“I just think if there's probably something around longer contracts for the funding, you know, so this is going to be more consistent, maybe three or five year funding” (HPIM)*



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# Barriers & Facilitators of High Quality Implementation

## **Barriers & Facilitators** *Stage 1*

**Awareness and understanding of SP among referrers and potential service users**

**Referrers' role in service user engagement**

**Referral readiness**

**Link workers' communication with referrers**

**Host organisations' role in SP promotion**

**Integration of SP with Primary Care referral systems**

## **Barriers & Facilitators** *Stage 2*

**Central role of link workers and person-centred approach**

**Link workers' skill mix and training**

**Community connection role of link worker**

**Flexibility of SP service**

**The context of service users' referral**

## **Barriers & Facilitators** *Stage 3*

**Link worker as an intervention**

**Appropriate referral of service user to community organisation**

**Availability of community activities**

**Engagement in community activities**

**Role of community activity leaders**

**Accessibility of community services**

**Training of community organisations**

**Service users' benefits**

**Complex cases**

# Who Benefits the Most and Least from Social Prescribing?

Who benefits the most?	Who benefits the least?
Socially isolated or people experiencing loneliness	People with severe mental health conditions and/or need for specialist support (e.g. active addiction)
Mild to moderate mental health conditions	Young people
Older adults/retired/not working/living with chronic illness/complex social needs	Employed/working individuals
Motivated and readiness to engage with the process	

# Recommendations for Practice, Policy, and Research

Practice	Policy	Research
Improved awareness and understanding of Social Prescribing (SP) services – referrers, health and social services, and the public	Equitable provision of Social Prescribing <ul style="list-style-type: none"> <li>• Sustainable funding model – cross-sectoral basis</li> <li>• Community services support/funding - capacity, accessibility and inclusion</li> </ul>	Investment in research and knowledge translation <ul style="list-style-type: none"> <li>• building and applying the evidence base in Ireland</li> </ul>
Improved referral and process guidelines <ul style="list-style-type: none"> <li>• Clear inclusion/exclusion criteria</li> </ul> Coordination of delivery at a local level <ul style="list-style-type: none"> <li>• Embed within HPIM teams</li> </ul>	Improved governance structures – nationally <ul style="list-style-type: none"> <li>• Core model of SP – consistency (with protected flexibility)</li> <li>• Coordinated and strategic approach to service delivery</li> </ul>	Utilise a robust comprehensive evaluation framework that recognises and respects the complexity of SP services in Ireland
<ul style="list-style-type: none"> <li>• Investment in and support of the link worker role - improved professional development, external supervision</li> <li>• Robust contracts of employment for link workers</li> <li>• Awareness and understanding of service monitoring and evaluation</li> </ul>	Embed SP in further education and professional training, including CPD and GP training	Evaluations should complement outcome-based studies with implementation research on the process of delivery – capture variability in delivery <ul style="list-style-type: none"> <li>• using a mixed-method approach combining quantitative outcome measurement data with qualitative process evaluation and case studies</li> </ul>
Integration with primary care and referral infrastructure <ul style="list-style-type: none"> <li>• Increase GP involvement in referrals including the integration of SP services into the existing GP referral system, Healthlink.</li> </ul>	Improved system-level integration of SP services within health, social care and community settings	Outcome evaluations that capture medium- , long-term health and wellbeing impacts, and proximal outcomes (increased service user motivation, confidence, sense of purpose, agency, empowerment)
Improved data systems and administration	Centralised digital infrastructure to support service implementation and monitoring	Research on the economic impact of SP e.g., cost-benefit analysis studies



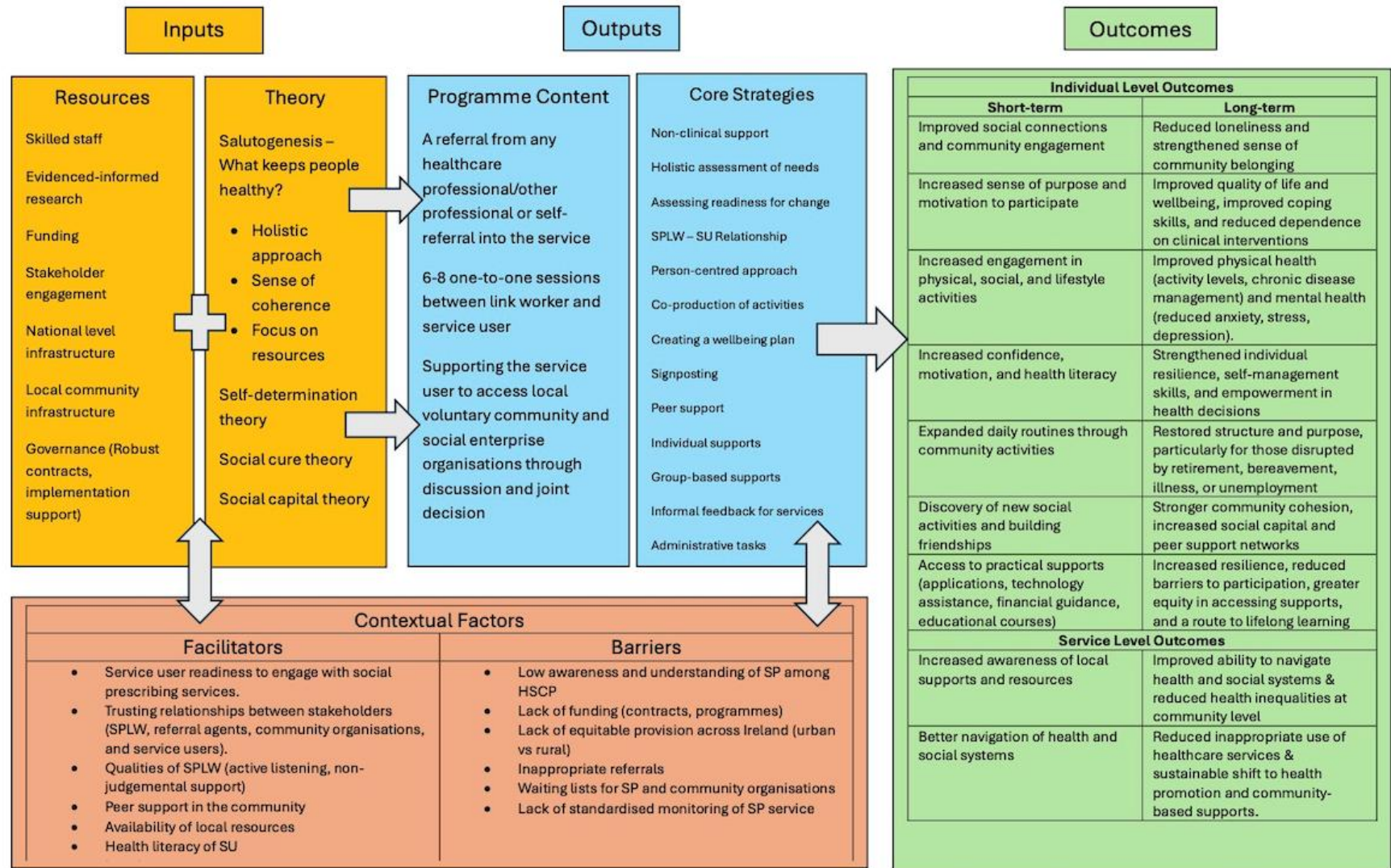
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# Conclusions

# Conclusions

- **The realist evaluation generated important insights on how Social Prescribing works in the Irish context, who benefits from what, and under what circumstances**
- **Social Prescribing delivers meaningful outcomes for service users through mechanisms rooted in relationships, trust and empowerment, with the link workers as the key ingredient in the process, supported by appropriate resourcing, governance, and system integration in the wider context.**

# Logic Model





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# Thank you for your attention!

Full research report:

McKenna, V., Dashdondog, S., O'Callaghan, A., Howell, K. and Barry, M.M. (2025). *A Realist Evaluation of HSE-funded Social Prescribing Services in Ireland*. Health Promotion Research Centre, University of Galway, Ireland.

Accessible at:

<https://research.universityofgalway.ie/en/publications/a-realist-evaluation-of-hse-funded-social-prescribing-services-in/>

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# HSE Reflections

Dr Aisling Sheehan, HSE Health & Wellbeing



- **Social prescribing works**
- **The link worker is central to achieving outcomes**
- **Context is critical for determining outcomes**
  - Appropriate and available community activities
  - Sustainable funding models
  - Workforce support
  - Integrated referral and IT systems
  - Governance and co-ordination





# Research on integration with arts and creativity

## Arts and Creativity Within Social Prescribing: A Report of Exploratory Research on the Role of Arts and Creative Practice in HSE-funded Social Prescribing Services in Ireland

Author: Dr Louise Kinlen

Research commissioned jointly by The Arts  
Council and HSE

December 2025

## Arts & Creativity within Social Prescribing

Report of exploratory research on the role of arts  
and creative practice within HSE funded Social  
Prescribing services in Ireland



Clár Eise Ildánach  
Creative Ireland  
Programme





# HSE role in supporting an enabling context



## **Training and capacity building**

- National training programme
- Monthly online learning network
- Regional/local networks

## **Quality and consistency**

- Standardised referral form
- HSE Social Prescribing Framework

## **Evidence and learning**

- Data collection and monitoring
- Research and evaluation projects

## **Cross-sector collaboration**

## **Governance**

- Contract monitoring
- Reporting
- Social Prescribing Advisory Group

## **System development and integration**

- Healthlink integration
- IT solutions

## **Development and growth**

- Business case submissions

## **Communications**

## **Innovation**



# Using the findings to inform next steps



- Understand and address barriers identified
- Continue to strengthen what's working well
- Update the HSE Social Prescribing Framework
- Complete equality proofing study in partnership with National Women's Council of Ireland (funded by the Women's Health Fund)
- Seek to expand geographic coverage – currently available in 57 CHNs
- Use technology to support integration with primary care and case management
- Explore the development of a youth social prescribing model
- Continue to strengthen the evidence base



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## Panel Discussion: From Evidence to Action

Ms. Claire Devlin: Social Prescribing participant

Ms. Patricia Lee: Inishowen Development Partnership

Ms. Derval Howley: HSE Health and Wellbeing

Dr. Bridget Kiely: GP

Prof. Margaret Barry: University of Galway



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For a copy of the report