Publica

THE ROLE OF SOCIAL PRESCRIBING IN TACKLING LONELINESS IN *young people*

Jacob Anderson

INTRODUCTION

2024 is set to be the loneliest year on record for people in the UK, and the situation may be similar in Australia.[1] UK government figures predict nearly one in seven will be living alone by 2039.[2] By that same time, a quarter of the population will be 65+, creating its own set of challenges.[3] The wider breakdown in community life ties many of these problems together: older people are increasingly reliant on government rather than family and local community support to help them in later life. The number of people living alone is closely linked to the rise in loneliness, as people lack everyday companionship found in the home, which also contributes to the West's housing shortage, particularly in the UK and Australia. Japan suffers from an epidemic of isolation so acute it carries a name: *kodokushi*, or 'lonely deaths', where a corpse might go undiscovered for months in an unvisited apartment, before the smell finally alerts someone.

Meanwhile in policy and popular culture, loneliness receives more attention than ever before. The UK made international headlines when it appointed the first Minister for Loneliness in 2018. The US Surgeon-General's seminal report on 'Our Epidemic of Loneliness and Isolation' in 2023 examined the problem from a public health perspective, drawing attention to the impact of loneliness on outcomes from mental health to lifetime earnings, academic achievement, happiness and more.

The public health angle to loneliness is of particular interest to governments since it is where returns on investment most obviously lie, but loneliness is not simply a public health problem. It can be understood, assessed, and targeted, from several overlapping angles. *Psychologically*, in the uniquely subjective way it is experienced as a perceived mismatch between the actual and desired level of social connection, compared to the more objective metric of social isolation, which is the absence of social contact. *Sociologically*, as a corollary of family breakdown, widespread social and geographical mobility,

[1] https://www.centreforsocialjustice.org.uk/newsroom/lonely-this-valentines-day#:~:text=This%20Valentines%20Day%20is%20set,million%20of%20the%2016%2B%20population. [2] https://www.theguardian.com/society/2019/apr/04/nearly-one-in-seven-britons-could-live-alone-2039-study-shows. [3] https://www.gov.uk/government/publications/healthy-ageing-consensus-statement/a-consensus-on-healthy-ageing.

and the shift towards digital communication. Or *spiritually*, as a phenomenon following secularisation, the decline in religious attendance, a lack of shared moral framework, and an emphasis on the individual.

Although loneliness – the mismatch between desired and actual social connection - is a near-universal experience[4], it does not affect everyone equally. No favours are done by discussing the problem at a broad level and ignoring the loneliest demographics in society. Particularly when it comes to formulating good policy, governments must know whom they are trying to reach, whom they are currently reaching, and who is prone to falling off the radar.

The stereotypically lonely are the elderly, bereaved, divorced, and/or socially isolated, and these are the focus of many voluntary and community sector groups. Yet the data confounds this stereotype. In both the UK and the US, where data is richest, young adults are twice as likely to feel lonely as the elderly.[5] When loneliness is elided with social isolation or when triggers such as bereavement or divorce are the primary metrics for profiling the lonely, young people are in great danger of being overlooked.

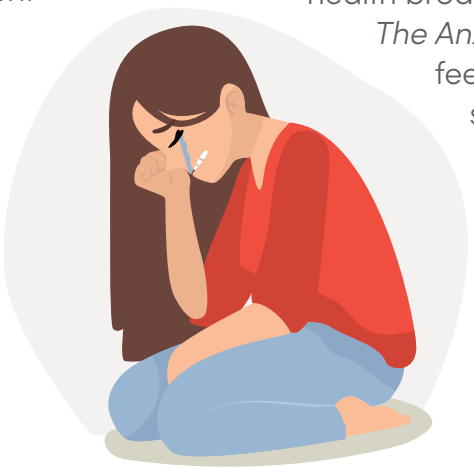
WHEN TRIGGERS SUCH AS BEREAVEMENT OR DIVORCE ARE THE PRIMARY METRICS FOR PROFILING THE LONELY, YOUNG PEOPLE ARE IN GREAT DANGER OF BEING OVERLOOKED

The zeitgeist is shifting, slowly but surely. In February 2024 the UK's Department for Culture, Media and Sport launched a campaign to address the stigma of loneliness amongst young people.[6] The strapline: 'Loneliness. It's a part of life. Let's talk about it' appears in young people's social media channels, encouraging them to 'normalise loneliness and create a conversation'.[7] But as positive as it is to see messaging around loneliness, bromides are not practical solutions addressing the root causes.

This paper focuses on loneliness amongst young people, since they are both the loneliest age bracket and experience a different kind of loneliness. But although the drivers and solutions look different for each cohort, fostering meaningful, frequent social connection sits at the heart of every policy solution.

THE LONELINESS OF GEN Z

Gen Z is the first generation to grow up with social media and smartphones as the norm. Plenty of literature examines the impact of this technology on mental health broadly, such as Jonathan Haidt's *The Anxious Generation*[8], or on feelings of loneliness more specifically (several studies link high social media use to loneliness).[9] Both Gen Z and Millennials are impacted by family breakdown – only two in three now grow up with both married parents, compared to

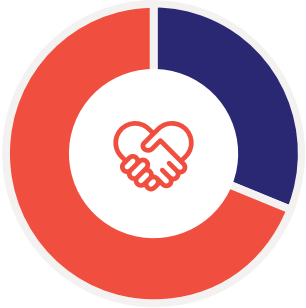


[4] There is some debate over how far loneliness is a by-product of globalisation and industrialisation, therefore being most pronounced in economically developed countries with low social ties. [5] 'Our Epidemic of Loneliness and Isolation', US Surgeon-General, 2023, https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf, p.19; https://www.campaigntoendloneliness.org/press-release/younger-brits-report-higher-levels-of-loneliness/. [6] 'Celebrities and influencers join forces to tackle loneliness', Department for Culture, Media and Sport, https://www.gov.uk/government/news/celebrities-and-influencers-join-forces-to-tackle-loneliness. [7] Ibid. [8] *The Anxious Generation: How the Great Rewiring of Childhood Is Causing an Epidemic of Mental Illness* (2024). [9] E.g., https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9817115/pdf/RHPB_11_2158089.pdf

18–24 YEAR OLDS ARE THREE TIMES MORE DISTRUSTFUL OF BOTH THEIR FAMILY AND THEIR NEIGHBOURS THAN THOSE AGED 65+

almost nine in ten Baby Boomers. And Gen Z still experience the impact of Covid lockdowns in the form of stunted cognitive, social, and career development.

Unpicking the data, the plight of young people is even more concerning. Young people harbour greater scepticism towards family and community than older generations. 18–24 year olds are three times more distrustful of both their family and their neighbours than those aged 65+.[10] Only 69% of young people trust those they *know personally*, compared to a full 97% of 65+. One in five young people (21%) have 'one or no close friends', compared to the UK national average of one in ten (11%).[11]



ONLY 69% OF YOUNG PEOPLE TRUST THOSE THEY KNOW PERSONALLY

In turn, these high levels of isolation, loneliness and community suspicion are correlated with low levels of civic engagement and authoritarian instincts. The turn towards ersatz online communities, coupled with widespread sentiment that government should be doing more to promote community, will at best create an apathetic generation and at worst foment anger and disenfranchisement. Thus, even in the interests of self-preservation, governments must do all they can to strengthen community through whatever tools are at their disposal. Light-touch initiatives such as social prescribing offer a promising solution from a policy level.

WHAT IS SOCIAL PRESCRIBING?

It is estimated that 10% of GP patients account for 30-50% of appointments, and one in five GP appointments are for non-medical reasons.[12] Against this backdrop, social prescribing promises to take the burden off primary healthcare and address the complex, personal needs of individuals to ensure people get the right help at the right time. GPs hours are costly, and their training is medical, yet the need to which they are responding will often arise from the patient's social isolation.

Social prescribing is a policy initiative to address this problem. It "connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing."[13] In the public health context, it addresses the physical and mental health problems that stem from loneliness by connecting people to groups in the community where they can find companionship and connection.

As a public health initiative in the UK, it has not been focused on young people. Mostly those who benefit are the elderly and

[10] Onward, Age of Alienation, www.ukonward.com/wp-content/uploads/2021/09/Age-of-Alienation-Onward.pdf, p.12. [11] Ibid., p.15. [12] 'The Missing Link: Social Prescribing for Children and Young People', Barnardo's, https://www.barnardos.org.uk/sites/default/files/2023-10/report-missing-link-social-prescribing-children-young-people.pdf, p.5. [13] https://www.england.nhs.uk/personalisedcare/social-prescribing/#:~:text=Social%20prescribing%20is%20a%20key,affect%20their%20health%20and%20wellbeing.

others with health problems who are socially isolated; but it is an initiative that could also be utilised to ameliorate loneliness in young people.

SOCIAL PRESCRIBING IS AN INITIATIVE TO CONNECT PEOPLE TO ACTIVITIES, GROUPS, AND SERVICES IN THEIR COMMUNITY

Social prescribing is not a new idea; it originated in local communities as far back as the 1970s, but the UK Government is currently translating it into national policy. The growing burden on national health systems dovetails with a move towards holistic, person-centred health care occurring in many Western nations like the UK, the US and Canada.[14] Health systems are increasingly moving upstream to address issues before they reach a crisis point. By promoting *wellness*, rather than just the absence of ill-health, governments act both in their own interest and the interest of citizens. Flourishing citizens contribute more to the community, support others in times of need, rely less on health services, and pay more in taxes over a lifetime.

Social prescribing, by taking the burden off primary care, promises to be a cost-effective triage system where GPs and emergency services can either refer individuals to a link worker rapidly, or be excluded from the process entirely. Consequently, part of successful policy is raising *awareness* of the referral pathways and ensuring they work smoothly for all involved, not adding one more link to a chain but circumventing backlogged health professionals.

THE IMPORTANCE OF THE LINK WORKER

The agent in social prescribing is an individual known variously as a link worker, community connector, or village agent ('link worker' henceforth). A link worker will (i) offer personal, tailored support to an individual and (ii) connect them into their local community through available services and activities. There are several referral pathways, the most common in the UK being GPs and local authorities (37%), or self-referral (36%). Referrals may also be through local community services or the private sector e.g., employers, or schools.

Link workers are a friendly face and listening ear, but importantly fulfil their role with appropriate expertise and sufficient time to understand the person's problems. The outcome is a tailored plan developed over several months. Through their awareness of the breadth of voluntary and community sector services available, from mental health support to craft groups, volunteering opportunities, or sports clubs, link workers perform a similar function to priests or village elders in prior generations. In pointing to voluntary and community sector services, the goal is also to promote and rejuvenate local community, fostering a more active civic society.

[14] 'Understanding loneliness: a systematic review of the impact of social prescribing initiatives on loneliness', Perspectives in Public Health, July 2021, https://repository.essex.ac.uk/28754/12/1757913920967040.pdf, p.205.

Link workers also promise a guiding hand through the process of integration or reintegration into community services, helping people navigate what can be a complex, intimidating or overwhelming system. Link workers understand the sector intricately, have authority to refer users to other statutory services, and might even anticipate someone's needs before they can. As an individual, they are well-networked, aware of what's happening in the community, conscious of the multi-faceted journey from loneliness to flourishing, and willing to think creatively about the process.

MOST IMPORTANTLY, FOR THOSE EXPERIENCING LONELINESS, LINK WORKERS ARE A CONSISTENT HUMAN TOUCHPOINT THERE TO HELP.

Most importantly, for those experiencing loneliness, link workers are a consistent human touchpoint there to help. Unlike almost any other service, a link worker has the capacity to listen, support and befriend someone in their own time, which for lonely people is often the prerequisite to wider civil engagement. Starting from a place of trust distinguishes the link worker from more generic digital or medical interventions used to tackle loneliness, and in the case of loneliness, human interaction is both the means and the end itself.

YOUNG PEOPLE, LONELINESS AND SOCIAL PRESCRIBING

Applying holistic, person-centred healthcare to young people brings its own opportunities, given their critical life-stage developmentally and the potential number of years at stake. Investing in high-quality relationships lays the groundwork for flourishing throughout life.

Meanwhile, new evidence is emerging that loneliness in adolescence, from as young as 12, correlates to multiple negative outcomes such as diminished employability and perceived social status later in life.[15] In turn, this impacts long term health and wealth, highlighting a further case for governments to tackle loneliness. With the rise in adolescent mental health disorders and wider unhappiness, even UK primary schools are piloting social prescribing. A research team at University College London announced in 2024 plans to extend social prescribing to a cohort of 9–13-year-olds, catering to their specific life stage.[16]

For a generation starved of close friendships and inclined towards distrust, promoting *wellness* through healthy relationships is vital. Dr Kath Hennell, a childhood and youth sociologist, states:

> *A body of research exists that supports the case that positive relationships with caring adults, peers and social connectedness contribute to a number of positive*

[15] Bryan, B. T. et al, Thompson, K. N., Goldman-Mellor, S., Moffitt, T. E., Odgers, C. L., So, S. L. S., Uddin Rahman, M., Wertz, J., Matthews, T., & Arseneault, L. (2024). The socioeconomic consequences of loneliness: Evidence from a nationally representative longitudinal study of young adults. *Social science & medicine (1982)*, 116697. Advance online publication. https://doi.org/10.1016/j.socscimed.2024.116697. [16] As reported by Tom Whipple, The Times, https://www.thetimes.com/uk/healthcare/article/children-to-be-prescribed-fishing-and-museum-trips-to-tackle-loneliness-mbqqz3gzj, 27th May 2024.

outcomes for young people, including improved wellbeing, positive development, mental well-being, academic attainment and sense of self whilst also protecting young people from poor health and social outcomes. It is relationships that are regarded as the golden principle that underpins this conceptual framework, and the development of these relationships that gives youth work its context, parameters, and fundamental purpose.[17]

Dr Hennell promotes a relationship framework of four concentric circles. Healthy relationships start with the **self**: building self-awareness, self-esteem and self-confidence. They then progress to the **interpersonal**, learning how to communicate with others, whether friends, family or strangers. Eventually one becomes an **advocate**, learning how best to support others, and finally a **community player**, aware of needs far beyond their own through a sense of local belonging and awareness of the wider world.[18] The four circles are dynamic, iterative and ongoing, but create a helpful framework by which to understand the role of social prescribing. Over several months, a link worker might take someone from a low or misplaced sense of self to a point of engaging with the wider community, or they might take a well-adjusted but socially isolated

A LINK WORKER MIGHT TAKE A SOCIALLY ISOLATED INDIVIDUAL TO A PLACE OF GENUINE FLOURISHING

individual to a place of genuine flourishing as a community player. The point is that every plan is tailored for the individual, and there are no minimum or maximum criteria for whom social prescribing might apply.

An online and transient generation is also the hardest to reach in person. To widen the referral net, some local authorities have trained citizens to identify the lonely, which is vital given the lack of touchpoints many lonely people have in the community. The charity Health Connections Mendip proudly speaks of training "hairdressers, taxi drivers, drug and alcohol workers, care workers, CAB teams, adult social care workers, primary care staff, sixth form students, church congregations, peer support group members and hundreds of members of the public" to identify lonely or vulnerable adults.[19] When reaching young adults, this is a case of creative good practice that other regions or nations would do well to take on board, since young adults will rarely present themselves to link workers or statutory services.

[17] A Relationship Framework for Youth Practice, Dr Kath Hennell, https://www.youthandpolicy.org/articles/a-relationship-framework/. [18] Ibid.
[19] 'Fulfilling the Promise: How Social Prescribing can Effectively Tackle Loneliness', British Red Cross, https://www.redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/fulfilling-the-promise-social-prescribing-and-loneliness.pdf, p.26.

Consequently, referral pathways for children and young people will look different. Childhood and adolescence is opportune for referral, before many young people slip between the cracks after leaving family or education. The usual referral pathways like GP services are available for young people, but avenues like parents, schools, youth centres, and CAMHS (Children and Adolescent Mental Health Services) will further expand social prescribing's reach. Barnardo's social prescribing programme, the largest UK pilot targeting children and young people, developed its programme in partnership with local schools, aware that staff were picking up the burden of children's health and wellbeing whilst often overstretched or untrained.[20]

The sensitivity in youth social prescribing is ensuring the wider family are included, except where this would be inappropriate for whatever reason. Involving family has several benefits, like raising wider awareness and better tailoring interventions for each young person. It may even equip parents to perform that 'link worker' role with their own children, suggesting local activities or community groups. Most social prescribing interventions focus on the middle-aged or elderly, but several new UK-based initiatives (e.g., NHS London Violence Reduction Programme[21], UCL's INSPYRE Project[22]) promise to contribute to the evidence base in years to come.

INVOLVING FAMILY HAS SEVERAL BENEFITS LIKE RAISING WIDER AWARENESS AND BETTER TAILORING INTERVENTIONS FOR EACH YOUNG PERSON

THE CASE FOR SOCIAL PRESCRIBING

When the UK launched its campaign to tackle loneliness, one of its three primary goals was to build an evidence base surrounding loneliness's most effective interventions. This is not a straightforward affair – several years on, the evidence around loneliness interventions, including social prescribing, remains complex and mixed. Several factors stand in the way of a straightforward conclusion in any direction.

First, loneliness is an inherently subjective affair, and although measurements – chiefly the UCLA Loneliness Scale – are becoming standard, many pilots or local initiatives either refuse to use an objective metric (deeming it arbitrary, or limiting), or struggle to collect data due to poor responses from participants. This means that samples are small and skewed.

Second, calculating return on investment, or doing any cost-benefit analysis, involves a huge scale of computation with plenty of unknowns. Anticipating how far into the future an intervention will have an effect, or the likely outcome if the intervention were not to happen, requires plenty of epistemic humility, and explains the variation in results. Particularly when calculating social return on investment, with all the correlation between loneliness and determinants of wellness, one can attach as little or as much meaning to the data as they wish.

Finally, meta-analyses of social prescribing interventions often rely on a blend of qualitative and quantitative data from a small number

[20] Barnardo's, Missing Link, p.17. [21] NHS London Violence Reduction Programme, https://www.england.nhs.uk/london/london-clinical-networks/our-networks/violence-reduction/social-prescribing/. [22] UCL INSPYRE Project, https://www.ucl.ac.uk/mental-health/news/2022/oct/social-prescribing-research-project-address-children-and-young-peoples-mental-health.

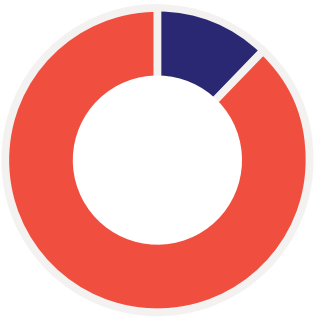
of studies. Whilst there is valuable data that tells a story, it is important to take evaluations of the evidence in either direction with due caution.

With that said, the evidence collected for social prescribing for lonely sectors of the population generally does encourage cautious optimism. Given its success as a public health initiative across the population, policymakers need to consider social prescribing specifically as a serious, cost-effective intervention to tackle loneliness amongst young people.

IT WORKS

Fundamentally, when it comes to reducing loneliness, most studies of social prescribing in the general population show that it *works*. For instance, a mixed methods evaluation by the University of Sheffield with data from British Red Cross's social prescribing service found that in a sample of 2,250, using pre-post analysis according to the UCLA loneliness scale, 73% of users felt less lonely after a 12-week intervention, while a further 24% did not become lonelier over the period.[23] Younger people were six points *more* likely to see a reduction in loneliness over the 12-week period than older people, although the authors did not speculate why.

It appears to work particularly well when targeting lonely *young* people. Several studies highlight that the most pronounced effects of social prescribing are felt amongst younger people (typically under-50 rather than Gen Z/Millennial specifically). A Barnardo's report on a social prescribing pilot, without the specific aim of reducing loneliness, found that 88% of young people valued the service for the social connections it fostered.[24]



88% OF YOUNG PEOPLE VALUED SOCIAL PRESCRIBING FOR THE SOCIAL CONNECTIONS IT FOSTERED

A meta-analysis of nine UK studies investigating social prescribing found all nine reported positive impact on participants. Three studies reported reductions in GP visits, ranging from 20-68%.[25] Participants in interviews post-intervention reported feeling less lonely and more connected, although there was no standard methodology for the qualitative interviews.

[23] Economic Impact of Social Prescribing, p.4. [24] Missing Link, p.6. [25] 'Understanding Loneliness: a systematic review of the impact of social prescribing initiatives on loneliness', https://journals.sagepub.com/doi/epub/10.1177/1757913920967040

In reducing GP work, a smaller study from Shropshire calculated a 40% reduction in GP consultations, highlighting that the benefits are not just felt by the individual.[26] A study by the University of Westminster, quoted on the NHS website, identified a 28% reduction in GP visits and a 24% reduction in A&E attendance.[27] Given the high number of GP referrals into social prescribing, there are good grounds for Health departments to champion social prescribing.

A qualitative meta-analysis of 18 studies identified three themes across the board: an increased sense of wellbeing, a continued desire to connect with community, and an awareness of social prescribing's limitations. The increased sense of wellbeing played out in many ways: reductions in feelings of loneliness, improved confidence, sense of purpose, something to do with one's time, and a greater sense of belonging. A selection of quotes from interviews illustrates these themes (see below).

Not only does it work as a short, targeted intervention, but preliminary data suggests that those who remain in contact with a link worker continue to benefit. An 18-month evaluation in Queensland highlighted that between eight weeks and eighteen months there was a further decline in loneliness and an increase in perceived health and wellbeing, while the group without targeted intervention became lonelier and less socially trusting.[28]

IT IS COST-EFFECTIVE

Beyond straightforward return-on-investment calculations, *social* return-on-investment calculations input a broader range of factors which capture wellbeing

THERE IS A SENSE OF BELONGING IN THIS ROOM BECAUSE WE ARE ALL HERE TOGETHER WORKING.[29]

HEARING WHAT OTHER PEOPLE ARE GOING THROUGH, MAKES YOU FEEL … BETTER, OR LESS ISOLATED.[30]

IT'S JUST GOOD OVERALL TO ESCAPE FOR A MINUTE AND KIND OF GIVE YOU CLARITY ON WHAT'S GOING ON.[31]

I FEEL MORE EMPOWERED TO DO BETTER THINGS AND IMPROVE MY LIFE.[32]

I FEEL A BIT BETTER IN MYSELF KNOWING THAT THERE ARE THINGS OUT THERE THAT I CAN DO.[33]

[26] Economic Impact of Social Prescribing', National Academy for Social Prescribing, socialprescribingacademy.org.uk/media/carfrp2e/evidence-review-economic-impact.pdf, p.5 [27] 'Social prescribing; Applying All Our Health, Office for Health Improvement and Disparities', https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health/social-prescribing-applying-all-our-health [28] L Sharman et al, 'Report on the 18-month evaluation of social prescribing in Queensland', 2023, https://espace.library.uq.edu.au/view/UQ:615aab8. [29] Ibid. [30] 'Do people perceive benefits in the use of social prescribing to address loneliness and/or social isolation? A qualitative meta-synthesis of the literature', Liebmann. M, https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08656-1, p.16 [31] Ibid. [32] Ibid., p.22 [33] Ibid.

or self-perceived benefit, important in any loneliness policy intervention. Such a calculation might include an assessment of mental health impact, employment and finances, and reductions in GP appointments, over years or even decades.

Using social-return-on-investment calculations generates significant returns in every local authority pilot where the measure is used. For every £1 invested in the first year alone, £2.86 was returned in Redbridge, £1.50 in Waltham Forest, £3.50 in Hackney, and as much as £5 in Sheffield.[34] In the British Red Cross/ University of Sheffield study[35] the social return-on-investment was £3.42, while another study from 2016 calculated a £2.90 return for every £1 invested.[36]

Using the measure of quality-of-life years (QALYs), results are even more astonishing. In Doncaster, evaluation showed that for every £1 of the £180,000 invested in social prescribing for vulnerable young adults, £10 return was delivered in QALYs.[37] And QALYs compound much more again when calculating the returns for young people, given the number of years still left.

Naturally, these results must be taken with due caution, but the overwhelming trend is in the direction of social prescribing's efficacy when addressing loneliness and saving money in the longer term through a series of positive social outcomes.

IT HAS APPLICATIONS BEYOND PUBLIC HEALTH

Social prescribing extends far beyond public health, but in the UK (and beyond) improving public health is its most obvious application. Government departments beyond Health and Social Care too are increasingly interested in social

DEEP DIVE – LONDON BOROUGH OF WALTHAM FOREST

Waltham Forest's public health team established social prescribing in 2016 with a single link worker, then obtained funding to pay for a further three link workers from the voluntary sector. Following NHS restructuring, another nine were recruited in 2020.

Waltham Forest's social prescribing service did not intend to target loneliness when it was first set up, but it quickly became apparent how quietly prevalent loneliness was. One link worker remarked "social isolation was the second most common reason for a referral... it is really surprising just how many people are isolated and don't have strong social networks."

The offering developed in accordance with need, partnering with Age UK to provide an older-person befriending service, then developing a service specifically for younger people soon afterwards. To their surprise, social prescribers "found we were seeing significant numbers of younger people being referred in because they are lonely."

Demand still outpaced supply, so a buddying service was introduced soon after, where volunteers would accompany individuals to community sessions to help them settle.

Waltham Forest is an example of organic social prescribing led by local needs, where new services develop to work in tandem with the central offering of social prescribing.

[34] Economic Impact of Social Prescribing, pp.4-5 [35] 'Impact of Social Prescribing', p.1444. [36] Ibid., p.1446. [37] Ibid., p.4.

prescribing: currently the Department for Environment, Food and Rural Affairs and the Department for Transport champion respectively 'green social prescribing' and 'active social prescribing'. The former considers the relationship between wellness and environment, through activities like gardening, hiking or birdwatching. The latter considers how social prescribers can promote activities like walking and cycling.

THE LIMITS OF SOCIAL PRESCRIBING

Whilst this paper makes the case for social prescribing as national policy, it is helpful to know some of the risks, challenges and limitations when implementing.

Firstly, there is a danger of link workers becoming therapists, or of participants developing an unhelpful reliance on their link worker. One interviewee spoke glowingly of their link worker, saying "it's like having a friend",[38] and these sentiments are widely shared amongst participants. Whilst it is testament to their skills, and

YOUNG PEOPLE ARE ACUTELY AWARE OF THE STIGMA SURROUNDING LONELINESS, PARTICULARLY THE LONELY OLDER PERSON.

entirely necessary to develop a close, empathetic, trusting relationship, the link worker cannot bear the weight of every participant's needs for extended periods of time whilst doing their job effectively. One analysis found over 20% of participants did not follow up with the recommended strategy of their link worker, instead using the service solely for the regular contact they enjoyed. Befriending services do exist, and part of a link worker's role may be to refer to these services, but it cannot be their own *de facto* status.

Secondly, some studies warn of using the language of loneliness in intervention. At best it taps into a legitimate, if sometimes unacknowledged, feeling. At worst it can prompt reticence, or frustration, amongst participants who dislike the label. Governments can run campaigns to end the stigma surrounding loneliness, but its negative connotations will likely be unavoidable, so link workers must be conscious of this. Additionally, some people may not recognise themselves as lonely. One study recommends asking a question like 'What would you like to do more of that you don't currently get to do?', as amongst the overworked, stressed and tired, lack of social connection may not be front of mind but its impact will still be felt. Young people are acutely aware of the stigma surrounding loneliness, particularly the lonely older person. There is shame admitting to loneliness in a generation raised on social media, despite social media creating or exacerbating that *perceived* mismatch between desired and actual social connection.

[38] Ibid., p.23.

Relatedly, the dangers of 'low esteem groups' were highlighted, where an individual felt even lonelier and worse off after attending support groups.[39] If the opposite of loneliness is belonging and community, attending some groups risks accentuating the feeling of not belonging. In turn, this could provoke feelings of social incompetence, fuelling the problem. In its place, there might be scope for targeted psychological interventions which help people overcome high barriers to social contact. When dealing with the chronically lonely, there are often deep-seated reasons for that loneliness that a link worker in a 12-week intervention will struggle to address.

A related issue was the quality of community or group someone joined. One study documented that "clients quickly became discouraged and disengaged in a group if they didn't have much in common or felt excluded."[40] This puts the onus on link workers and group leaders to flag engagement issues early, preventing the heightened sense of isolation which follows when someone does not connect with their prescribed community.

Another problem one charity encountered was a lack of voluntary and community sector services in the region (Cumbria), which forced the charity to create many of their own services. This is far from the intention of social prescribing, which is about rationalising and signposting to existing services, but it is helpful to flag that a prerequisite for effective social prescribing is an already flourishing voluntary and community sector. As one policy document says, "social prescribing is only as strong as the community in which it operates".[41] The charity in question highlighted the need for appropriate government support if community services were taking the burden off statutory services.

A PREREQUISITE FOR EFFECTIVE SOCIAL PRESCRIBING IS AN ALREADY FLOURISHING VOLUNTARY AND COMMUNITY SECTOR.

Some of the studies generating inconclusive or negative results pointed out that social prescribing might only get as far as uncovering various problems. Link workers described their role as unpicking issues and discovering how deeply they went. One worker observed that they could "sit with a young person and show them their progress, but it doesn't measure the other [new] things we have noticed like the autism referrals".[42] Thus, higher costs may be incurred in early stages of social prescribing, as a participant's needs are better understood.

[39] The Oversimplification of Tackling Loneliness, https://bslm.org.uk/my-loneliness-is-killing-me-the-oversimplification-of-tackling-loneliness-in-social-prescribing/ [40] Dingle, '18-month evaluation', p.12 [41] Local Connections – A Social Prescribing Initiative Fact Sheet, available at https://www.health.vic.gov.au/mental-health-wellbeing-reform/local-connections-social-prescribing-initiative. [42] Ibid., p.22

AUSTRALIA MUST FOSTER AN ECOSYSTEM OF INVESTED KNOWLEDGEABLE STAKEHOLDERS WHO CAN FORM A CRITICAL MASS LOBBYING FOR CHANGE

TRANSLATING TO THE AUSTRALIAN POLICY CONTEXT

There has already been some attention paid to social prescribing in Australia, in policy and wider conversation. There have been pilots, roundtable discussions and media features in the last five years. Informally, some version of it is practiced by primary health practitioners, though without the funding or structures that sustain it. A roundtable in 2019 between the Royal Association of General Practitioners and Consumers Health Forum suggested Australia was a particularly ripe context for social prescribing in coming years.[43]

In the UK, the first social prescribing-type initiatives occurred several decades ago, but there is every reason to think uptake will be much faster in Australia. Differences in funding, urban density, and auxiliary services between the two nations present barriers, but as the UK continues to establish its evidence base and good practice, momentum only builds.

The UK's loneliness strategy was catalysed by the Jo Cox Commission on Loneliness, which recommended appointing a Minister for Loneliness. Although the Minister's role is symbolically important, it is the charities which collectively gather the evidence, campaign for policies, raise public awareness, and collaborate on next steps are the galvanisers of loneliness policy. Australia must foster an equivalent ecosystem of invested knowledgeable stakeholders who can form a critical mass lobbying for change.

In Queensland, community-developed social prescribing launched in 2018 with the Mt. Gravatt Social Isolation Project, in partnership with the University of Queensland and now with funding from the Queensland Government. In a controlled evaluation of 114 participants, a small to moderate improvement was reported over an 8-week period alone.[44]

An 18-month evaluation of clients who had continued with the social prescribing programme in Queensland confirmed the initial findings. Loneliness decreased by a further seven percentage points, meaning clients were a full 16% less lonely, compared to a sample group who became 6% more lonely over this duration. Similarly, stress levels declined, perceived health improved, and wellbeing increased. The narrative in these instances was similar: a marked improvement at 8 weeks, then a further improvement by 18 months.[45]

[43] RACGP and Consumers Health Forum of Australia, Social Prescribing Roundtable, November 2019, https://chf.org.au/sites/default/files/social_prescribing_roundable_report_chf_racgp_v11.pdf [44] G Dingle et al, 'A controlled evaluation of social prescribing on loneliness for adults in Queensland: 8-week outcomes'. Frontiers of Psychology. 2024 Apr 12;15:1359855. [45] L Sharman et al, above n.28.

Continuing to build on this evidence, while acknowledging the longer-term and sometimes unmeasurable effects of social prescribing, is the surest way to achieve policy success, while health bodies can fund link workers on a local, ad-hoc basis. Additionally, the Mt Gravatt Social Isolation Project (and attendant review) is severely limited by only accepting participants over 26 years of age, when attention ought to be on the youngest, loneliest generation (18–24-year-olds).

At a statutory level, in April 2023 the Victorian Government launched six social prescribing trials following the Royal Commission into Victoria's Mental Health System. The threefold stated goals are an examination of whether social prescribing will reduce loneliness; testing the required skills for link workers; and strengthening pathways between statutory services and civil society.[46]

To justify the investment, policymakers should emphasise the long-term returns through reductions in GP visits, increasing social trust, and the economic toll of loneliness (one study estimating a £10,000 per year cost to severe loneliness).[47] With creaking social care systems and rising NDIS budgets, the Australian government is as much in need of effective, light-touch policy approaches as any Western health system.

SOCIAL PRESCRIBING OFFERS A COST-EFFECTIVE MEANS TO PLUG PEOPLE INTO THEIR COMMUNITIES, OPENING THEIR EYES TO OPPORTUNITIES

CONCLUSION

Social prescribing will never be the panacea for loneliness, as loneliness is a subjective, multi-faceted, and near-ubiquitous experience. Any serious approach to tackling loneliness must enrich community as its broadest aim, because loneliness is an absence of belonging. The 21st century has created a Faustian bargain for every citizen where loneliness is a price for untrammelled freedom.

However, social prescribing does offer some path forward. This is the case for young people more than any other demographic, who are distrusting, isolated and lonely, but craving community. 72% of 18–35-year-olds want government to play an active role in strengthening community, while since Covid over half (58%) of young people say their desire for community engagement has increased.[48]

Social prescribing offers a cost-effective means to plug people into their communities, opening their eyes to services or opportunities they might otherwise never encounter. To prevent a generation of chronically lonely adults, who feel the legacy of Covid for decades to come, increasingly turning inwards or online, social prescribing promises a major part of the solution. The 'missing middle' of young people, who are neither flourishing nor at a point of crisis, are the perfect demographic for a light-touch intervention which aims to lift people out of quiet malaise to a secure place of genuine flourishing.

72% OF 18-35-YEAR-OLDS WANT GOVERNMENT TO PLAY AN ACTIVE ROLE IN STRENGTHENING COMMUNITY

[46] Local Connections – a social prescribing initiative, Victoria Department of Health, https://www.health.vic.gov.au/mental-health-wellbeing-reform/local-connections-social-prescribing-initiative [47] Tackling the UK's Loneliness Epidemic, https://www.nesta.org.uk/blog/tackling-the-uks-loneliness-epidemic/ [48] 'Age of Alienation'

BIBLIOGRAPHY

- Barnardo's, 'The Missing Link: Social Prescribing for Children and Young People', https://www.barnardos.org.uk/sites/default/files/2023-10/report-missing-link-social-prescribing-children-young-people.pdf
- British Red Cross, 'Fulfilling the Promise: How Social Prescribing can Effectively Tackle Loneliness', August 2020, https://www.redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/fulfilling-the-promise-social-prescribing-and-loneliness.pdf
- Dingle, Genevieve, 'A controlled evaluation of social prescribing on loneliness for adults in Queensland', April 2024, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11049426/
- Dr Hennell, Kath, A Relationship Framework for Youth Practice, https://www.youthandpolicy.org/articles/a-relationship-framework/
- Jones, Anna, 'The Oversimplification of Tackling Loneliness', https://bslm.org.uk/my-loneliness-is-killing-me-the-oversimplification-of-tackling-loneliness-in-social-prescribing/
- Liebmann, M., 'Do people perceive benefits in the use of social prescribing to address loneliness and/or social isolation? A qualitative meta-synthesis of the literature', https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08656-1
- Dr Murphy, Vivek (US Surgeon General), US Surgeon-General, 'Our Epidemic of Loneliness and Isolation', 2023, https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf
- National Academy for Social Prescribing, 'Economic Impact of Social Prescribing', https://socialprescribingacademy.org.uk/media/carfrp2e/evidence-review-economic-impact.pdf
- UK Onward, 'Age of Alienation' (2021). https://www.ukonward.com/reports/age-of-alienation-loneliness-young-people.
- Reinhardt, G.Y. et al., 'Understanding loneliness: a systematic review of the impact of social prescribing initiatives on loneliness', Perspectives in Public Health, July 2021, https://repository.essex.ac.uk/28754/12/1757913920967040.pdf

Publica

Strengthening family and community in a post-Christian society