

*Dedicated to allied health professional practice and education*

**Vol. 22 No. 1 ISSN 1540-580X**

An Evaluation of a Student Allied Health Professions’ Social Prescribing Scheme

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**ABSTRACT**

**Purpose:** Social prescribing is a core part of healthcare policy within the NHS and requires support and contributions from all healthcare professionals, including Allied Healthcare Professionals (AHPs). The well-established medical student-led social prescribing student champion scheme (SPSCS) has been expanded to include AHPs, and AHP champions were recruited to deliver peer-led activities focused on social prescribing. This article aimed to evaluate the impact of the scheme's expansion on AHP students. **Method:** Fourteen AHP champions ran 21 activities that reached 524 students. Those participating in the champion-led activities were asked to complete pre- and post-session surveys to capture the impact of the sessions on their awareness of, knowledge of, and confidence with clinically applying social prescribing. Participants also rated the opportunity for multi-disciplinary interaction and overall experience of the champion led activities. **Results:** It was found that participant’s post-session scores for awareness, understanding and confidence were higher than post-session scores. Further, post-session survey results showed that participants enjoyed and felt they had been able to experience multi-disciplinary interaction at events. **Conclusions:** In summary, the evaluation of the AHP SPSCS highlights the value of student-led peer teaching in helping to raise awareness and understanding about social prescribing for AHP students, whilst acknowledging the need to expand the scheme’s reach in the future.

**Keywords:** social prescribing, allied healthcare professionals, students, peer-led education

**INTRODUCTION**

Social prescribing is an approach to healthcare which enables patients to be supported more holistically by being connected with non-medical local community resources.1 Social prescribing works in this way due to recognising that there are determinants of health and wellbeing wider than those considered by the traditional scope of medicine1. Patients who could benefit from social prescribing can be referred by healthcare practitioners or directly self-refer to social prescribing services, which are generally linked to primary care and general practitioner (GP) practices and provided by link workers.2,3 Link workers are professionals trained to liaise with individuals in order to identify their goals, challenges, and what matters to them.3 To meet patient needs recognised from these discussions, link workers then signpost or support individuals to access welfare, community engagement or lifestyle-related activities.3 These can include befriending services, exercise or cooking classes, and volunteering opportunities3. The current evidence base for social prescribing is developing, reflecting the complexities and challenges of evaluating multifaceted and very individualised interventions.3,4 Provisional results, however, suggest that social prescribing can benefit patients and society by improving physical health and mental wellbeing, reducing loneliness and isolation, and reducing utilisation of primary and secondary care services.3,4 The potential value of social prescribing within healthcare in the United Kingdom (UK) has been recognised more in recent years, as exemplified by social prescribing’s inclusion in the National Health Service’s (NHS) Long Term Plan as a key component of personalised care3,5.

While given significant attention at a policy level, social prescribing has not always been a prominent feature within medical curricula5. Set up in 2017, the social prescribing student champion scheme (SPSCS) recruits medical students as ‘champions’ to promote social prescribing by organising teaching opportunities for their peers in university medical faculties.7 An evaluation of the medical SPSCS found increased understanding and perceived relevance of social prescribing for participants.6 Until 2021, however, the SPSCS excluded non-medical professions, including within the allied health umbrella. This felt timely to change, given that allied health professionals can have vital contributions to social prescribing, including from active signposting, to strategic and senior roles.8,9

In 2020, conversations began on Twitter to include allied health professions (AHP) students within the SPSCS, resulting in the expansion of the 2021 core team to include an AHP Lead and Co-ordinator, to develop a new cohort of AHP champions.10 Ten of the fourteen professional bodies within the AHP umbrella endorsed the SPSCS, and applications opened in September 2021 for the recruitment of AHP champions for the inaugural year of the AHP SPSCS. The requirement for the AHP champion role was that the applicant should be an AHP student at a university in the UK during the champion year. The role of the champion was defined as a student representative who would advertise and run activities at their university in order to raise their peers’ awareness and understanding of social prescribing. The recruitment strategy involved the AHP Lead and Coordinator contacting university faculties, societies and professional bodies to disseminate promotional materials. These materials outlined the champion role and the application process. The latter consisted of a Google form with questions on candidates’ understanding of the importance of social prescribing, motivation to become a champion, and relevant experience.

The applications were objectively scored and 40 AHP students out of 44 applicants were selected as champions, from 23 universities across the UK. Four applicants were rejected as they were either not eligible due to not being UK or AHP students, or they provided insufficient detail in their applications. Three students awarded the champion role dropped out. The AHP backgrounds of the remaining 37 champions are detailed in Table 1. An online induction for selected champions was held on Zoom (November 2022) to explain the AHP SPSCS and provide an opportunity to ask any questions. To provide additional support and inspiration, an ‘onboarding pack’ was shared with champions. This included written role requirements and a library of teaching materials, such as videos and presentation slides, that they could choose to use during their activities. The standardised materials which champions had access to covered what the SPSCS informally considers to be core principles of education sessions for understanding social prescribing. This is based on the effectiveness of previous medical SPSCS scheme sessions run using these and similar resources6. Core teaching principles include the definition and organisation of social prescribing, examples of social prescribing interventions, patient case studies and evaluations of social prescribing. To enable personalisation to the learning needs and preferences of each university, however, it was explained that champions would have autonomy over the content and structures of their activities. This also facilitated local and profession-specific angles to be taken by champions and supported them to develop important professional skills related to managing teaching activities. Eight AHP professionals were assigned to virtually mentor and liaise with between three to six champions in order to directly support them with their roles throughout the year.

The novelty of the AHP SPSCS warrants formal evaluation of its impact in disseminating social prescribing information to AHP students. Therefore, this paper will analyse the impact of the AHP SPSCS on participants by assessing their subjective experience of champion-led activities, their resultant changes in social prescribing knowledge, and their confidence with clinically applying social prescribing. Considerations are also made about the future of the SPSCS.

**Table 1.** The AHP Backgrounds of the Champions

|  |  |
| --- | --- |
| AHP background  | Number |
| Art Therapists Chiropodists / Podiatrists DieticiansDrama Therapists Music Therapists Occupational TherapistsOperating Department PractitionersOrthoptists Osteopaths Paramedics Physiotherapists Prosthetists and Orthotists RadiographersSpeech and Language Therapists  | -121-1611--6-36 |

**METHODS**

Because of the multifaceted nature of the scheme, several strategies were required to collect and analyse data which are summarised in Table 2. Data collection forms are detailed in Appendices 1 and 2. The champions’ activities data were analysed using basic descriptive statistics, because the numbers of responses did not warrant further statistical methods.

**Table 2.** Overview of Methods for Scheme Evaluation

|  |  |  |  |
| --- | --- | --- | --- |
| **SPSCS Component** | **Data Collection Strategy**  | **Focus of Collected Data** | **Data Analysis Strategy**  |
| Champion-led Activities  | Google form (Appendix 1) completed by champions after delivering their activities | - Activity Descriptions- Attendee Statistics  | Descriptive statistics |
| Participants’ experiences of champion-led activities  | Google form (Appendix 2) completed by participants both before and after attending champion-run activities. | - Participants’ demographics- Participants’ learning about social prescribing- Participants’ experiences of activities | Descriptive statistics and summary of qualitative data  |

Quantitative data from the pre- and post-activity forms participants completed were compared by the researchers to identify trends in participant ratings of their awareness and understanding of and confidence with using social prescribing. Anonymity of the forms meant it was not possible to pair participants' responses in the pre- and post-session forms, nor could it be confirmed if each participant had completed both forms. Therefore, it was not possible to perform a statistical analysis to compare individual participants’ before and after event responses11. Qualitative data were summarised by the researchers to contextualise the quantitative results.

Formal ethical approval was not required because the purpose of this study was to evaluate a teaching approach. This is in line with the ethical guidelines followed in the evaluation of the medical SPSCS6. In relation to informed consent, surveys included clear explanations of how responses would be used for evaluation purposes. All data were stored securely on an online drive to which only the authors had access.

**RESULTS**

**Summary of Champion-led Activities**

In total, 21 activities were run by 14 champions to educate participants about social prescribing. The champions documented that 524 students participated in AHP SPSCS activities. Most activities provided an opportunity for interdisciplinary learning by involving an audience of participants from at least two different professional backgrounds. Twitter analytics completed by champions for conducted virtual activities indicated over 40,000 impressions (virtual reach).

Seven-hundred-eighty (780) minutes of social prescribing activities were organised by the champions. Two activities (9.5%) were held face to face on campus and the rest online, which reflected government COVID-19 guidelines at the time. The activities run by champions included 14 talks, three social media activities such as take-overs, a podcast, a viewing party for a national SP event, posters, and further dissemination of SP information via faculties (Figure 1). Exhaustive details of the learning points covered in activities was not disclosed in the feedback forms. In order to deliver their activities, champions had worked with university faculties, professional societies and local NHS and social prescribing organisations.



**Figure 1.** Distribution of Types of Champion Activities

**Summary of Activity Evaluation**

68 pre-session responses were received, with 37% from occupational therapy students, 16% from speech and language therapy students, and the remainder from other AHP or wider professional backgrounds (Table 3). 29 (43%) were studying at an undergraduate level (BSc), and 17 (25%) were studying at a post-graduate level. Most participants were evenly distributed across being in their first, second and subsequent years of training. The remainder declined to respond to this question.

**Table 3.** The Professional Backgrounds of Student Participants of Champion Activities Who Completed Pre- or Post- Session Forms.

| Professional Background of Student | Number completing pre-session form  | Number completing post-session form  |
| --- | --- | --- |
| AHP - Art Therapists  | 0 | 2 |
| AHP - Chiropodists / Podiatrists  | 3 | 0 |
| AHP - Dieticians | 1 | 0 |
| AHP - Drama Therapists  | 1 | 3 |
| AHP - Music Therapists  | 0 | 0 |
| AHP - Occupational Therapists | 25 | 34 |
| AHP - Operating Department Practitioners | 3 | 2 |
| AHP - Orthoptists  | 0 | 0 |
| AHP - Osteopaths  | 0 | 0 |
| AHP - Paramedics  | 5 | 3 |
| AHP - Physiotherapists  | 0 | 1 |
| AHP - Prosthetists and Orthotists  | 0 | 0 |
| AHP - Radiographers | 3 | 0 |
| AHP - Speech and Language Therapists | 11 | 5 |
| Other - Medicine  | 3 | 1 |
| Other - Nursing & Midwifery  | 7 | 5 |
| Other - Pharmacy  | 2 | 2 |
| Other - Other  | 3 | 2 |

Sixty (60) post-session responses were received, with 57% from occupational therapy students, and the remainder from other AHP or wider professional backgrounds (Table 3). 27 (44%) and 13 (21%) were Bachelor of Science (BSc) or Master of Science (MSc) students respectively, again spread evenly through their first, second and subsequent years of training. Overall, ten out of 14 of the different AHP disciplines were represented by activity participants (Table 3).

Table 4 compares pre- and post-session responses to questions regarding awareness, understanding and confidence using social prescribing. Participants on average gained an increased understanding, awareness and confidence with using social prescribing after the activities, and ratings of which were also more consistent between participants post-teaching.

**Table 4.** Comparison of pre- and post- activity scores for Likert scale questions where 1 represented low/negative responses and 5 represented high/positive responses.

| Question  | Pre-session Mean Score (±Standard Deviation) | Post-session Mean Score (Standard Deviation)  |
| --- | --- | --- |
| Awareness of SP  | 2.9(±1.3) | 3.7(±0.6) |
| Understanding of SP  | 2.4(±1.0) | 4.5(±0.5) |
| Confidence of SP  | 2.1 (±1.0) | 4.0(±0.7) |
| Opportunity for interaction with other AHP and medical students at activities. | N/A | 3.9(±1.0) |
| Overall experience of attending champion-led activities  | N/A | 4.4(±0.9) |

In response to the question about how they see social prescribing applying to their role once qualified, pre-session, 20 students responded that they were ‘not sure’. The remainder referenced signposting or general importance. Post-session, all students responded positively about its relevance and application.

**Participants’ Experiences of Champion-Led Activities**

Participants’ comments on their experiences of the social prescribing peer teaching were generally positive. Many students in open questions of the post-session feedback form thanked the champion for the event and reflected on their activities as being ‘good’, ‘really interesting’, ‘brilliant’, ‘fantastic opportunity’, ‘very informative and useful’ and ‘amazing’. Others highlighted the learning they gained, and some shared ideas for future development (within the scheme or wider curriculum).

**DISCUSSION**

Overall, the AHP branch of the SPSCS has helped improve participant knowledge and confidence in using social prescribing and may therefore benefit the wider social prescribing movement. Champions appeared to have found it feasible to run a range of education activities at their universities to provide peer teaching about social prescribing. The participant feedback suggests that champion activities had effectively explained what social prescribing is and its relevance to their future clinical allied health roles. This expands on the findings from the evaluation of the medical student scheme by suggesting that peer teaching about social prescribing through the SPSCS is also impactful for students from a variety of allied health professions6.

Due to its non-clinical nature, social prescribing lends itself to interdisciplinary cooperation. Of the 14 AHP disciplines, nine were represented through the Champions and ten through the participants. This demonstrates the scheme’s applicability and ability to unite a variety of disciplines. Further benefits of the scheme from an interdisciplinary perspective have been articulated recently in published correspondence.12 The spread of professional backgrounds of activity participants showed that occupational therapists (OTs) and speech and language therapists (SLTs) students attended activities the most, suggesting a perceived relevance to their professional roles not mirrored among students from other disciplines. While core education principles of social prescribing are important for all professions to understand, it may be helpful for future champions to deliver profession-specific guidance on social prescribing’s application within specific AHP roles, as despite the commonality of the professions within the AHP umbrella, they are far from a homogenous group. Of additional interest was that participants of activities included those from wider healthcare backgrounds than AHP and medicine, such as nursing and social work, highlighting a potential interest among these professional groups. This indicates an appetite for further expansion of the SPSCS scheme into a wider multidisciplinary movement including further professions.

The AHP SPSCS has offered a large number of students an opportunity to be exposed to social prescribing during their programmes, through the varied activities delivered which included in-person events; dissemination through posters, podcasts and university faculties; and social media opportunities. This may have helped to address the challenges identified by Clifford et al. regarding how students can be helped to meaningfully support social prescribing, particularly as the limited exposure to social prescribing in university and placements settings impairs confidence using it within practice.13 Other studies have found that students struggle to initiate social prescribing opportunities themselves.14 This further demonstrates how the structure of the AHP SPSCS can actively promote and support social prescribing education for students.

Given the prominence of social prescribing within the healthcare landscape and specifically within primary care through link workers in Primary Care Networks, it is widely recognised as a key part of any professional's role.1,9 The opportunities for students to become familiar and confident with integrating social prescribing into their clinical practice is therefore likely to be vital to prepare them for the modern workforce. The findings of this evaluation and previous research therefore indicate that SPSCS can be a valuable part of the infrastructure for pre-registration AHP students, as well as being a valuable part of the social prescribing jigsaw generally, an area that is receiving increased prominence within health and social care.8,9

**Limitations**

Due to the self-selecting style of responses to the surveys, the sample was small. However, there was a range of perspectives among the respondents, from a number of professional backgrounds and universities, suggesting it was sufficient to capture a variety of experiences. The proportion of champions actively engaging with the scheme was also lower than hoped. Improving champion engagement is a key aim for developing SPSCS, and improvement points raised by champions within evaluations not published here can assist with this.

The lack of paired evaluation data meant the detection of individual participant level changes in pre- and post- session results was limited. Further, participants were not asked to name their champion or activity specifically in the session evaluation forms, nor was exhaustive information collected from champions about the educational content of their activities. Therefore, it was not possible to correlate how a champion’s AHP discipline or chosen activity type and structure related to participant outcomes. This evaluation process has prompted reflection regarding how data collection forms could be updated to include fields collecting this data in order to enable more insightful analysis in further work.

In future years, consideration will be given to the appropriateness of collecting more detailed demographic data to ensure the scheme is accessible and reaching a wider range of students from diverse backgrounds. The outcomes for participants and champions across both the AHP and medical cohort could be combined and compared for future years as well. However, given it was the first year of the AHP scheme, it felt important to focus on the unique AHP learning needs in this context.

**CONCLUSION**

The potential for a peer learning scheme led by AHP students to positively impact participants' understanding, confidence and awareness of social prescribing has been evidenced. Additionally, evaluation of participants' experiences has demonstrated the valuable multidisciplinary aspects of the SPSCS and its contribution more broadly to the social prescribing movement.

This evaluation has also informed future developments of the scheme, specifically the need for ongoing evaluation and methodological considerations for this, and scope and interest for involvement of students from wider healthcare professional backgrounds to extend the valuable multidisciplinary opportunities afforded within the scheme.

**Declaration of Interest**

The authors all received small honorary studentships from the National Academy for Social Prescribing (NASP) and both authors were involved in the scheme during 2021-22.

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**APPENDIX 1**

**Champion Activity Data Collection**

The survey was formatted within Google Forms, but covered the following fields: Name (First & Last)

* AHP Profession
* Description of your activity - for example, a talk, information stand, networking with local groups, social media event, creation of a resource for staff while on placement or anything else creative you have done.
* Organisations involved (e.g., University, Society, NHS Trust, or local group)
* How many students attended? (Or how many students did you reach?)
* What professions were these students? (All occupational therapists for example, or 10 dieticians and 5 physios etc.)
* If your session was a teaching session or talk, how long did it last? Please give time in minutes
* Was it virtual (Zoom, Teams etc) or face to face?
* Anything else you’d like to tell us about the session? For example, if it was a social media event, do you have impressions or other analytics?

**APPENDIX 2**

**Pre- and Post- Session Forms for Participants**

These surveys were formatted via Google Forms, and covered the following domains:

***Pre-session***

Which AHP profession are you studying?

What university are you studying at?

What year are you? (e.g., BSc 2nd year or MSc 1st year for example)

How aware are you of Social Prescribing (1-5 Likert scale)

How would you rate your understanding of social prescribing? (1-5 Likert scale)

How do you see social prescribing applying to your role as an AHP once qualified? (Free text)

How confident do you feel about using social prescribing within your clinical practice as an AHP? (1-5 Likert scale)

***Post-session***

Which AHP profession are you studying?

Which event did you attend?

What university are you studying at? e.g., University of the West of England

What year are you? - e.g., Bachelor of Science 2nd year?

How aware are you of Social Prescribing, now having attended the event run by the AHP SP Champion? (1-5 Likert scale)

How would you rate your understanding of social prescribing, now having attended the event run by the AHP SP Champion? (1-5 Likert scale)

How do you see social prescribing applying to your role as an AHP once qualified? (Free text)

How confident do you feel about using social prescribing within your clinical practice as an AHP? (1-5 Likert scale)

How would you rate the opportunity you have had to interact with other AHPs and medical students through the event run by your local SP Student Champion? (1-5 Likert scale)

Please rate your experience of the champion-run activities that you have participated in (1-5 Likert scale)

Please use this final space to share any reflections, feedback, or thoughts about how you found the event, social prescribing in general, or the student Champion Scheme (free text)