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Commentary

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Social prescribing: Moving pediatric care upstream to improve child health and wellbeing and address child health inequities

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ABSTRACT

Social prescribing is a means for trusted individuals in clinical and community settings to connect people who have non-medical, health-related social needs to non-clinical supports and services within the community through a non-medical prescription. Evaluations of social prescribing programs for the pediatric population have demonstrated statistically significant improvements in participants' mental, physical, and social wellbeing and reductions in healthcare demand and costs. Experts have pointed to the particularly powerful impact of social prescribing on children's mental health, suggesting that it may help to alleviate the strain on the overburdened mental health system. Social prescribing shows promise as a tool to move pediatric care upstream by addressing non-medical, health-related social needs, hence why there is an urgent need to direct more attention towards the pediatric population in social prescribing research, policy, and practice. This demands rapid action by researchers, policymakers, and child health professionals to support advancements in this area.

Keywords: Child health equity; Social pediatrics; Social prescribing.

The COVID-19 pandemic has detrimentally impacted children's mental health and consequently triggered a notable rise in pediatric emergency department visits for attempted suicide, self-harm, and suicidal ideation (1). Child health professionals are now faced with the seemingly impossible task of meeting an even greater demand for an already overburdened mental health system.

The pandemic has also exacerbated child health inequities (2). Health inequities arise from disparate social, economic, and environmental conditions that manifest from the unequal allocation of power and resources, otherwise known as the determinants of health, such as income, education, housing, and early child development (3). They also stem from structural inequities that organize the distribution of power and resources differentially across dimensions of identity, such as race, gender, class, and sexual orientation, resulting in unique combinations of discrimination and privilege. Child health inequities not only detrimentally shape child health and wellbeing—they have impacts across the life course (4,5), hence why addressing child health inequities is the most effective means of improving health and wellbeing in society (6).

Health is often described using the metaphor of a stream, with upstream factors having downstream effects (7). Upstream solutions (changes to community conditions) address the causes of health inequities at the community level, whereas downstream solutions (medical interventions) address the effects of the causes of health inequities at the individual level. As the downstream manifestations of the impact of the causes of health inequities at the community level, non-medical, health-related social needs create a "middle stream", and present opportunities

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for health professionals to intervene at the individual level. With increasing recognition of this "middle stream," the introduction of social interventions into medical settings has grown exponentially in recent years, particularly in Paediatrics (8). Social prescribing is one type of social intervention that is gaining traction globally (9), with notable impacts on children's mental health (10–12).

In this commentary, we provide an overview of social prescribing, outline our efforts to launch the first social prescribing program in Canada with a pediatric focus, describe the global landscape of social prescribing in pediatrics, and put out a call to action to researchers, policymakers, and child health professionals to support advancements in this area.

SOCIAL PRESCRIBING—WHAT IT IS AND WHY IT MATTERS

Social prescribing is "a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription—a non-medical prescription, to improve health and wellbeing and to strengthen community connections" (13). Social prescriptions are tailored to individual needs, strengths, and interests. Examples include supports for basic needs (e.g., income, food, housing), physical activity (e.g., exercise classes, team sports, individual sports), arts and culture programs (e.g., dance, museums, music), social activities (e.g., hobby groups, camps, mentorship programs), time in nature (e.g., parks passes, nature clubs, community gardens), and volunteer opportunities. Social prescribing shifts the conversation from "what is the matter *with* you" to "what matters *to* you" (9). In doing so, this holistic approach to health and wellbeing supports the Quintuple Aim—an internationally-recognized framework for optimizing health system performance, by advancing health equity, enhancing participant experience, enhancing provider experience, reducing costs, and improving population health (9,14).

SOCIAL PRESCRIBING IN PEDIATRICS—THE VANIER SOCIAL PEDIATRIC HUB

Across Canada, advancements are being made in social prescribing research, policy, and practice. All of this work is linked through the Canadian Institute for Social Prescribing. While there is significant momentum around the social prescribing movement in Canada, social prescribing efforts to date have largely focused on adults. At the Vanier Social Pediatric Hub in Ottawa, we recently launched the first social prescribing program in the country to focus on the pediatric population.

The Hub embraces the community social pediatrics model that was developed by Montréal paediatrician, Dr. Gilles Julien. Social pediatrics is "a global, holistic, and multidisciplinary approach to child health—it considers the health of the child within the context of their society, environment, school, and family, integrating the physical, mental, and social dimensions of child health and development as well as care, prevention, and promotion of health and quality of life" (15). There are many parallels between social pediatrics and social prescribing, with notable similarities being that they are both holistic, person-centred, and community-based approaches to health and wellbeing that embody the principles of the United Nations Convention on the Rights of the Child, give children a voice in their own care, and draw on children's strengths as well as those of their family and community.

Since 2017, the Hub has been delivering comprehensive, integrated health and social services to children who are 0 to 17 years of age, experiencing complex psychosocial issues, and either living or going to school in Vanier, which is one of the most underserved communities in our nation's capital. Through a grant from the Public Health Agency of Canada Mental Health Promotion Innovation Fund, the Hub has formalized and enhanced their efforts to address non-medical, health-related social needs by launching a social prescribing program. As a participant in the program, a child works with a connector to explore what matters to them. Together, they create a social prescription—a non-medical prescription for a child-friendly community activity, which is written on a social prescription pad. Finally, the connector supports the child to complete their social prescription and addresses any barriers they may face. The entire process is tracked and monitored in the electronic medical record. Through the use of quality improvement tools and techniques, iterative improvements are made to the program over time. A program evaluation is currently underway to explore the experiences of children, family members, Hub staff, and community stakeholders, as well as to understand the impact of the program on child health and wellbeing.

SOCIAL PRESCRIBING IN PEDIATRICS—THE GLOBAL LANDSCAPE

The social prescribing movement involves almost 30 countries, and this number continues to grow, which reflects the potential of social prescribing to support the achievement of global goals for health and wellbeing (9,13). Social prescribing research, policy, and practice has mostly focused on adults, but there is growing understanding of the importance of social prescribing in pediatrics and the added complexities of working with this population, which often requires taking a family approach (12).

A small number of outcome, process, and economic evaluations of social prescribing programs for the pediatric population have been conducted in England in recent years, demonstrating statistically significant improvements in participants' mental, physical, and social wellbeing and reductions in healthcare demand and costs, including reductions in primary care and emergency room visits and a social return on investment ratio of $1.66:$8.38 (currency converted to CAD) (10,11). Experts have pointed to the particularly powerful impact of social prescribing on children's mental health, suggesting that it may play a preventative role, support children on mental health waiting lists, act as an adjunct to medical interventions, and ultimately, help to alleviate the strain on the overburdened mental health system (10–12). Evaluations have also shown that social prescribing empowers children to engage in shared decision-making regarding their health and wellbeing (10). By fostering autonomy (the need to feel control over life and decisions), relatedness (the need to have meaningful relationships and to feel a sense of belonging), competence (the ability to influence outcomes and to be

capable and effective), and beneficence (the ability to give and to make a positive impact on others), social prescribing builds self-determination (9). While social prescribing in pediatrics is still in its infancy, the existing evidence base paints a picture of a promising intervention (10–12).

A CALL TO ACTION

Given the potential of social prescribing in pediatrics, there is an urgent need to direct more attention towards the pediatric population in social prescribing research, policy, and practice. This is a call to action for researchers, policymakers, and child health professionals to support advancements in this area. First and foremost, there is a need for more research on social prescribing in pediatrics, particularly in terms of what works, for whom, and in what circumstances. Second, there is a need for healthy public policies that not only promote social prescribing at the individual level but also build healthy environments at the community level. Lastly, child health professionals need to move pediatric care upstream, not only by incorporating social prescribing into practice but also by advocating for shifts in social policies and structures. Together, these actions will promote the health and wellbeing of the pediatric population.

CONCLUSION

Social prescribing shows promise as a tool to move pediatric care upstream by addressing non-medical, health-related social needs. Given the deleterious effects of the pandemic on children's mental health and child health inequities, the time is now to direct more attention towards the pediatric population in social prescribing research, policy, and practice. The adage "it takes a village to raise a child" rings true here—social prescribing enables child health professionals to leverage the power of community to support children to reach their full potential.

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