Appendix 1: Social Referral Programme Design

Reference	Programme name	Study design*	Stated aim of social referral programme	Programme design	Referral criteria	Study/Progamme location	Number of programme participants	Number of study participants
BAKER, K. AND A. IRVING (2016)	Not listed.	Immediate post-intervention qualitative interview and focus group study.	To reduce isolation / loneliness and improve wellbeing.	Non-specific social prescribing service	Individuals with early onset dementia and depression living semi or fully-independent.	NE England, UK	Not listed.	n=30
BLAKEMAN, T., ET AL. (2014)	BRinging Information and Guided Help Together (BRIGHT)	6-month pragmatic, two-arm, patient level randomised control trial	To support the self-management of long-term health conditions, improving health / wellbeing and at a reduced cost.	Telephone-guided access to Community Support	Patients with stage 3 Chronic Kidney Disease	Greater Manchester, UK	N=436	n=436 (n=215 to intervention arm)
BLICKEM, C., ET AL. (2014)	Patient-Led Assessment for Network Support (PLANS) as part of BRIGHT trial	Two-week follow-up qualitative interview, focus group, and observation study.	To improve the self-management of long-term health conditions through community support and engagement.	Telephone support service.	Patients with stage 3 Chronic Kidney Disease	Greater Manchester, UK	N=207	n=20
BRAGG, R., ET AL. (2013)	Ecominds	Flexible timeline before-after study.	To improve psychological health and wellbeing (confidence, self-esteem, physical and mental health), social inclusion and connection to nature	Eco-therapy programme.	Individuals with mental health problems.	England, UK	Not listed.	n=803

CITY AND HACKNEY CLINICAL COMMISSIONING GROUP AND UNIVERSITY OF EAST LONDON (2014)	City and Hackney Social Prescribing	8-month follow-up, prospective cohort-control and interview study	To reduce social isolation, better manage long-term conditions, improve health/well-being, increase take-up of community activities and support individuals to visit GP/hospital less.	GP-referred, facilitated social prescribing programme.	Non-specific, targeted social isolation but includes a range of social and mental health problems.	London, UK	N=737	n-15 qualitative, n-486 quantitative (n=184 to intervention arm)
COHEN, G. D., ET AL. (2006)	Creativity and Aging Study	Baseline to 12-month follow-up quasi-experimental prospective cohort-comparison study.	To improve physical and mental health and social engagement.	Self-referred weekly cultural activity groups.	Ambulatory individuals over 64.	Washington DC, USA	N=>300	n=166
CRAWFORD, M., ET AL. (2007)	Community Links Service	Semi-structured interview study, 12-month follow-up, before-after study.	To improve service use, address psychosocial needs and decrease the risk for social exclusion for individuals with personality disorder.	GP or primary care referred facilitated social prescribing programme.	Individuals diagnosed with a personality disorder, or exhibiting interpersonal problems.	London, UK	N=76 (assumed based on report, but service was anonymised)	n=11 quantitative, n=12 for qualitative
DAYSON, C. AND N. BASHIR (2014)	Rotherham Social Prescribing Pilot	6- and 12-month before-after cohort study for administrative data. 3-4-month follow-up cohort study for wellbeing measures. Plus qualitative case studies.	To improve health and social outcomes of individuals with long term conditions and to reduce the use of NHS services to decrease cost.	GP referred facilitated social prescribing programme.	Individuals with long-term health conditions.	Rotherham, UK	N=1607	n-280 quantitative (wellbeing), n-108 quantitative (12 month follow-up), n=451 (6 month follow-up), n=unknown qualitative (case studies)

ERS RESEARCH AND CONSULTANCY (2013)	Newcastle Social Prescribing Project.	Before-after study and interview study. Plus general demographic analysis.	To improve the physical, mental and social wellbeing of individuals managing long-term conditions and to reduce health service use to reduce cost.	GP referred link worker social prescribing programme.	Mostly individuals with long term health conditions and mental health problems but also problems with social networks/lifestyle.	Newcastle, UK	N=124	n=9 qualitative, n=16 quantitative
FAULKNER, M. (2004)	Patient Support Service (PSS)	Semi-structured interview 1-month post intervention	To improve the psychosocial state of individuals.	GP or Practice Nurse referred voluntary community referral service.	Patients 18 or over, with psychosocial problems, without other co-occurring concerns like behavioural problems.	Doncaster, UK	N=34	n=11
FRIEDLI, THEMESSL-HUBER & BUTCHART (2012)	Sources of Support from the Dundee Equally Well Test Site	Before-after comparison study, interview study, and cross-sectional demographic analysis.	To improve mental wellbeing uptake of local services, participation in community activities, social support/contact/networks. And to enhance skills/behaviours that improve mental wellbeing.	GP referred, facilitated social prescribing service	Open but targeting individuals with poor mental wellbeing related to social circumstances, mild to moderate depression or anxiety, long term mental/physical conditions and frequent attenders.	Dundee, UK	N=123	n=16 for before-after study, n=12 interview study, n=123 cross-sectional,
GARETY, P.A., ET AL. (2006)	Lambeth Early Onset Team Care	Randomised control trial with 18-month follow-up	To help individual retain/recover functional capacity to study or work and/or re-establish supportive social networks.		Individuals aged 16-40 for present for a first time with a non-affective psychosis.	Lambeth, UK	N=144	n=71 to intervention, n=73 control

GOODHART, C., ET AL. (1999)	WellFamily Project	Semi-structured interviews with patients and before-after study (following whether what patients wanted from service was met by referral)	To support individuals experience social difficulties.	GP referred, facilitated family and individual social prescribing service.	Families in need who fall below social services threshold. Specifically individuals who are isolated, depressed, frequent attenders with psychosocial problems, families concerns about child's behaviour, families that have difficulty providing adequate levels of care, and individuals concerned about welfare of other family members.	London, UK	N=136 patients or families	n=20 interview study, n=136 referrals
GRANT, C., ET AL. (2000)	Almathea Project	Two-arm randomised control trial with one and four month follow-up.	To improve patient quality of life and provide better management of psychosocial problems in primary care.	GP referred, referrals facilitation service between primary care and voluntary sector	Patients 16 or over who have psychosocial problems	Avon, UK	N=161	n=161 (n=90 to intervention arm)
GRAYER, J., ET AL. (2008)	Graduate Primary Care Mental Health Workers (GPC MHW) Community Link Scheme	Three month follow-up before-after study.	To improve patient psychosocial wellbeing and to reduce primary care service use.	Primary care team referred, GPC MHW facilitated community and voluntary referrals service	Patients 18 or over with psychosocial problems.	London, UK	N=108	n=108
GREAVES, C. J. AND L. FARBUS (2006)	Upstream Healthy Living Centre	Qualitative semi-structured interview study and focus groups. And 5-6 month and 10-12 month before-after study.	To improve physical and psychosocial health through active social contact.	A self- or community referred mentoring service with referrals to social activities.	Socially isolated older adults over the age of 50.	Devon, UK	N=229	n=26 qualitative, n=172 quantitative at baseline
GUPTA, K., ET AL. (1996)	Not listed.	Cross-sectional GP and Patient experience survey and	To reduce hospital care use among elderly people and promote independent living	A multidisciplinary, community psychogeriatric service with	Psychiatrically at-risk elderly individuals.	West Lambeth, UK	N=971	n=109

		two-year retrospective study.		telephone support service				
HUDON, C., ET AL. (2015)	V1SAGES project	Retrospective descriptive semi-structured interview study.	To optimise health care coordination and reduce health service use.	Nurse-facilitated case management service for frequent primary care users	Patients aged 18-80 with at least one chronic health condition and who are frequent primary care users.	Quebec, Canada	Not listed.	n=25
HUXLEY, P. (1997)	The Arts on Prescription Project	Before-after prospective study.	To increase the level of mental well-being of participants using a wide range of creative processes'. Other aims to provide arts opportunities, recommend appropriate arts activities, raise self-esteem/self-confidence, to 'encourage individuals to look after their own health by developing skills in self-assessment and making choices' and to 'encourage participants to take up further arts/leisure activities'. Pg 5.	Primary care referred arts on prescription programme, which assessment by psychiatric nurse.	People with mild to moderate depression.	Stockport, UK	n=83	n=33
INNOVATION UNIT (2016)	Wigan Community Link Worker Service	Semi-structured interview study and retrospective study (Plus a small, case study of 5 months before and after).	To improve health and wellbeing and reduce primary / acute care use through connections to community-based support.	Primary care referred community social prescribing.	Individuals with 'non clinical needs'	Wigan, UK	N=784	n=784 quantitative, n=3 qualitative n=43 small quantitative before-after component

INNOVATION UNIT AND GREATER MANCHESTER PUBLIC HEALTH NETWORK (2016)	Bromley-by-Bow Centre	A short case study.	Not stated.	Healthy Living Centre with GP referred facilitated social prescribing	Not stated.	London, UK	N=700 'in last year'	Not stated.
JONES, M., ET AL. (2013)	South West Wellbeing (SWWB) Programme	Follow-up time varying (average 110 days) before-after study	To improve physical and mental health and social wellbeing.	Community-based arts, leisure, and social activity service.	"A focus on individuals' experiencing low level mental ill health, long term health conditions, low levels of physical activity and/or diet related ill health. These criteria were combined with low income and/or social isolation." p.1950	SW England, UK	N=1848	n=687 at follow-up
KILROY, A., ET AL. (2007)	Invest to Save Arts in Health Evaluation	Before-after study. Plus interview study.	(Various) To empower/support individuals to choose a healthier lifestyle. And to create a sense of well-being/transform quality of life for communities and individuals.	Multi-referred, including GP referred, arts on prescription programme.	Varying across six programmes including age (55+) and individuals with moderate/mild depression.	Manchester, UK	Unknown	Six programmes ranging from n=7 to n=35 for quantitative, unknown qualitative

KIMBERLEE, R., ET AL. (2014)	Wellspring Healthy Living Centre's Social Prescribing Programme	3- and 12-month before-after cohort study. Plus semi-structured interview study.	To improve wellbeing (mental, spiritual and physical) and reduce health service cost.	GP referred facilitated social prescribing programme.	Individuals with long term health conditions.	Bristol, UK	N=128	n-70 quantitative (3 month follow-up), n=40 qualitative, n-40 (12 month follow-up 1), n-80 (12 month follow-up 2)
LEE, K.-H. AND L. DAVENPORT (2006)	Not listed.	5-month before-after study.	To reduce the number of emergency department visits and improve patient health.	Nurse-facilitated case management for emergency department frequent users.	Patients with three or more emergency department visits in one month.	Not listed (USA)	N=50	n=50
LIAO, M.-C., ET AL. (2012)	Not listed.	Detailed case description.	To reduce emergency department use and improve health through targeted care.	Comprehensive geriatric assessment (CGA)-based multidisciplinary team (MDT) care.	Patients 65 or older who make five emergency department visits over 30 days at any time in one year.	Not listed (Taiwan)	Not listed.	n=4
MAUGHAN, D. L., ET AL. (2016)	The Connect Project/The Eden Timebank	Retrospective 18-month follow-up cohort study.	To reduce healthcare service use and the subsequent financial and environmental costs.	GP and healthcare staff referred community social prescribing programme	Adults with a 'common' mental health conditions, not in care, who had used Connect services for at least 6 months	Carlisle, UK	Not listed.	n=55 (n=26 to intervention arm)

MORTON, L., ET AL. (2015)	Not listed.	Before-after study.	To improve mental wellbeing.	Mental health professional referred cultural prescribing programme.	Individuals with mild to moderate mental health conditions.	Fife, UK	N=262	n=136
NEWCASTLE WEST CLINICAL COMMISSIONING GROUP (2014)	Social Prescribing for Mental Health	3- and 9-month follow-up before-after study. Plus four focus groups and two detailed case studies.	To improve general wellbeing and reduce health service use.	Link worker social prescribing programme and a 'light touch' signposting social prescribing programme.	Individuals who have mental health needs alone or in conjunction with a long term condition.	Newcastle, UK	N=21	n=20 quantitative, n=2 case studies, n=unknown qualitative
OKIN, R. L., ET AL. (2000)	Not listed.	12-month follow-up before-after study.	To reduce the use of acute hospital services and service cost, and reduce the psychosocial problems of frequent emergency department users.	Psychiatric social-worker facilitated case management programme.	Patients who use an emergency department 5 or more times in 12 months, 18 years or older.	San Francisco, USA	N=53	n=53
RAMSBOTTOM, H., ET AL. (N.D.)	The Social Prescribing Pilot Project.	Detailed case descriptions and a retrospective study.	To support people aged 55 and over with their social, emotional and practical needs.	GP referred social prescribing service	Older persons with mild to moderate depression or social isolation/loneliness.	Yorkshire and Humber, UK	N=117	n-4 case studies, n=unknown quantitative
REINIUS, P., ET AL. (2013)	Not listed.	1-year follow-up zelen-design randomised control trial.	To improve self-assessed health and reduce health service use among frequent emergency department users.	Telephone-based case management intervention.	Patients with three or more emergency visits over 6 months, over 18 years of age and without dementia/psychotic diseases or terminal illness.	Stockholm County, Sweden	N=271	n=211 intervention, n=57 control, n=3 deceased

SKINNER, J., ET AL. (2009)	Not listed.	6-month before-after study.	To reduce emergency department visits among frequent users.	Nurse and emergency department specialist facilitated case management programme.	Patients who visited the emergency department 10 or more times in 6 months.	Edinburgh, UK	N=57	n=57
SOUTH, J., ET AL. (2008)	Community Health Advice Team	Semi-structured interview study	To broaden health service provision in the community.	GP or self-referred facilitated social prescribing programme.	Not listed.	Bradford, UK	Not listed.	n=10
STICKLEY, T. AND A. HUI (2012)	Arts on Prescription programme	Semi-structured interview study.	To improve mental health.	Mental health professional referred arts based activity groups.	Not listed.	Not listed (UK)	N=>400	n=16
STICKLEY, T. AND M. EADES (2013)	Art on Prescription Programme	Average 24 month post-intervention interview study.	To create positive mental health and wellbeing outcomes.	Mental health professional referred arts based activity groups. (see Stickley & Hui, 2012)	Not listed.	Not listed (UK)	(see Stickley & Hui 2012)	n=10
TADROS, A. S., ET AL. (2012)	San Diego Resource Access Programme	15-month both before-after retrospective study	To reduce emergency medical services and hospital use.	Emergency services referred, nurse facilitated case management programme.	Patients with 10 or more emergency service transports in preceding 12 months.	San Diego USA	N=51	n=51

THE CARE FORUM (2015)	New Routes	Before-after prospective study	To improve wellbeing.	GP referred, facilitated social prescribing service	Individuals with low/moderate mental health issues, housebound, lack of mobility, physical health problems related to mental health/wellbeing, low income/unemployed, recently redundant, long-term sick, retired, carers, ex-carers, learning disabilities, and other vulnerable adults.	Keynsham, England	N=312	N=240
VOGELPOEL, N. AND K. JARROLD (2014)	Not listed.	Detailed case study, interview study, and unspecified length before-after study.	To improve health and social wellbeing.	GP referred cultural social prescribing programme.	"[Older] people experiencing social isolation and associated health problems who have single or multi-sensory impairment" p.41	Rotherham, UK	N=12	n=12

WHITE, KINSELLA, & SOUTH (2010)	Health Trainer and Social Prescribing Service (based on CHAT pilot)	Before-after 9-month prospective study (single item question) and structured interviews.	To support patients with social needs (study aim to examine if patients make more appropriate use of GP practice after referral)	GP referred, facilitated social prescribing service	Individuals with mild mental health problems, who are socially isolated, with relationship difficulties, facing problems with finance/housing/employment, carer, parent, struggling with long-term condition or disability, coming to terms with bereavement or wishing to adopt healthier lifestyle.	South and West Bradford, England	N=484	n=12 interview study, n=484 quantitative study
WHITE, M. AND E. SALAMON (2010)	Arts for Well-being	A cross-sectional quantitative and qualitative analysis of feedback forms. Plus qualitative analysis of five focus groups, one participant interview, and two written testimonials.	To improve resilience, confidence, and self-esteem.	Community arts for health improvement, social prescribing programme.	Individuals with long term conditions, new parents or carers.	South and West Bradford, England	N=608	n=22 quantitative, n=42 qualitative (focus groups), n=3 qualitative (other).

***FOLLOW-UP TIME INCLUDED WHERE REPORTED.**