Spotlight Presentation 3-3:

Co-Production in Social Prescribing: A Multiple Case Study in England and Three Canadian Provinces

Presenter:

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Description:

Although social prescribing looks different around the world, there are structural components that are shared, one of them being the concept of co-production. The aim of this research was to understand the role of co-production in social prescribing. A multiple case study was conducted in England and Canada.

Session objectives and learning outcomes:

- To learn about the role and importance of co-production in social prescribing
- To hear about how several jurisdictions across Canada and in the UK are doing co-production in social prescribing
- To think about the implications as social prescribing scales and spreads

Full description:

Social prescribing has become a global phenomenon, with over 30 countries involved in the social prescribing movement. Although social prescribing looks different around the world, there are some structural components that are shared. One of these structural components is a concept known as co-production – the process of all participants working together as equals. There is a need to better understand the role of co-production in social prescribing in order to maximize the impact of this holistic approach to health and wellbeing.

Therefore, the aim of this research was to understand the role of co-production in social prescribing, spanning the macro, meso, and micro levels. An international multiple case study was conducted from September - December 2023 to understand how co-production in social prescribing takes place in four different policy and practice contexts: in England, where social prescribing is funded and mandated by the National Health Service; and in Alberta, British Columbia, and Ontario, where social prescribing initiatives are growing from the grassroots.

Members of the Canadian Institute for Social Prescribing's Participant Advisory Council were engaged in the co-design of this research to ensure that this process would be informed by the voices of those with lived experience. Data collection included document analysis, key informant interviews, and direct observation. Data analysis included both descriptive and thematic analysis. Each case was initially analyzed independently and then compared.

As social prescribing scales and spreads across Canada, there is a need to incorporate the findings of this work into social prescribing research, policy, and practice.