

Social Prescribing: What We Know Today

Schweizer Forum für Integrierte Versorgung
Forum suisse des soins intégrés
Forum svizzero delle cure integrate **fmc**

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IFICs vision is for a world where everybody experiences joined-up, easy to navigate care that addresses the outcomes that matter to them in their life and the communities in which they live.



Our mission is to inspire, influence and facilitate the adoption of community-centered integrated care in policy and practice around the world that is inclusive.

IFIC does not operate alone but in **collaboration** with partners internationally, nationally, and regionally.



IFIC RECOGNISES THAT...

The background of the slide features a warm, orange-toned image of several paper cutouts of human figures in various poses, holding hands in a circular arrangement. The cutouts are layered, creating a sense of depth and community.

Systems need to:

- adopt a definition at a point in time that meets the needs of their community
- recognise the wider context in which they sit and that this will change over time

The guiding principles of integrated care remain the same – **person and community centred, co-ordinated and with continuity**

IFIC 9 PILLARS OF INTEGRATED CARE



<https://integratedcarefoundation.org/nine-pillars-of-integrated-care>

prescription (n.)

late 14c., *prescripcioun*, in law, "a title or right acquired through long use or uninterrupted possession," from Old French *prescription* (13c.) and directly from Latin *praescriptionem* (nominative *praescriptio*) "a writing before, order, direction," noun of action from past participle stem of *praescribere* "write before, prefix in writing; ordain, determine in advance," from *prae* "before" (see **pre-**) + *scribere* "to write" (from PIE root ***skribh-** "to cut").

Meaning "act of establishing by rules" is from 1540s. The medical sense of "written directions from a doctor of the medicines or remedies to be used by a patient and the manner of using them" is recorded by 1570s. The word has been confused with **proscription** at least since c. 1400.

Social Prescribing: A Shared Problem



- Health systems are encountering needs they cannot treat medically.
 - Loneliness
 - Social isolation
 - Poverty and insecurity
 - Trauma and housing instability
 - Loss of purpose and connection

- **As Social Prescribing Scales, a Pattern Emerges**
- Social prescribing increasingly becomes:
 - Clinically initiated
 - Referral-based
 - Measured through health system metrics
 - Embedded in primary care structures
- *This is not inherently wrong - but it shifts the centre of gravity.*



The central question



- Who “owns” the response to social need?
 - Healthcare systems?
 - Communities?
 - Both -but in what balance?
 - And who decides?

A reframing



- Healthcare should:
 - Recognise unmet social need
 - Act as connector and advocate
 - Support not control community response

Health begins in communities.





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