

Developing and Evaluating a Dementia-Specific Social Prescribing Intervention to Support Wellbeing and Quality of Life Social Prescribing for people to Live ENjoyably with Dementia/memory problems in Daily life-SPLENDID

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INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	IMPLICATIONS FOR RESEARCH
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Social prescribing, linking people to non-clinical community support, is a promising person-centred approach that can address the complex social and psychological needs of people living with dementia and their carers.

Definition: 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 well-being and to strengthen community connections”

Current social prescribing models are predominantly generic and insufficiently tailored to dementia, limiting their effectiveness. The NIHR-funded SPLENDID programme seeks to develop and evaluate a dementia-specific social prescribing intervention to improve wellbeing, social connectedness, and access to tailored community resources.

This is the largest trial funded in social prescribing to date.

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Using **mixed methods**, the study involves:

Systematic literature reviews-complex systems undertaken using iterative logic modelling and reported following the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA-CI) extension statement and checklist. Six databases and grey literature were searched, supplemented by hand searching reference lists of included studies. Results were screened in a two-step process, followed by data extraction. Gough's Weight of Evidence Framework was used to assess the risk of bias in the included studies.

Semi-structured interviews were conducted with regional leads of social prescribing services and social prescribing link workers (SPLWs) across England. Data were analysed using template analysis to identify key themes.

Qualitative co-production interviews with people living with dementia, carers, social prescribing link workers, and service managers to map current services and co-design a bespoke dementia social prescribing model

Feasibility trial with 70 people living with dementia and carer (if nominated) from ten cluster-randomised GP practices in England. We aim to recruit 35 people with dementia in each group (SPLENDID social prescribing versus usual care). Six sites are open and others in set-up. Sites have been purposively sampled to maximise recruitment of diverse sample. To date, five SPLW fully trained to deliver SPLENDID social prescribing across four GP practices.



Map of recruited practices.

Literature study

Patient studies: 49 studies in dementia wide variation in social prescribing, with interventions spanning cognitive, educational, psychosocial, physical, community and complementary approaches. Benefits included improved mood and independence, but suitability, logistics, and high implementation costs remained challenges.

Carer study: 52 studies indicated social prescribing for carers of PLWD in the United Kingdom is varied and operates in a largely uncoordinated process involving initiation by diverse stakeholders and institutions across multiple sectors. The classification of SP interventions for carers of PLWD is inconsistent, and participation is often opportunistic. Positive outcomes included improved carer mood, social connections, practical support, quality of life and better PLWD–carer relationships. However, negative outcomes were associated with intervention suitability, emotional impact, relevance and strained PLWD–carer relationships.

Qualitative study

Semi-structured interview Twenty-two participants were interviewed, including regional leads and social prescribing link workers.

Co-production interviews PLWD (n=8), carers of PLWD (n=9) and 17 service providers.

Four themes emerged:

- Family carers were key to access,
- Services were often service-led rather than person-centred
- Dementia shaped support,
- Flexibility plus dementia experience enabled more effective, dementia-centred social prescribing.

Feasibility study

Results are expected Autumn 2027.

In social prescribing provided to people with dementia we have found the following:

The crucial role of family carers in supporting social prescribing access.

The need for dementia-specific skills among link workers.

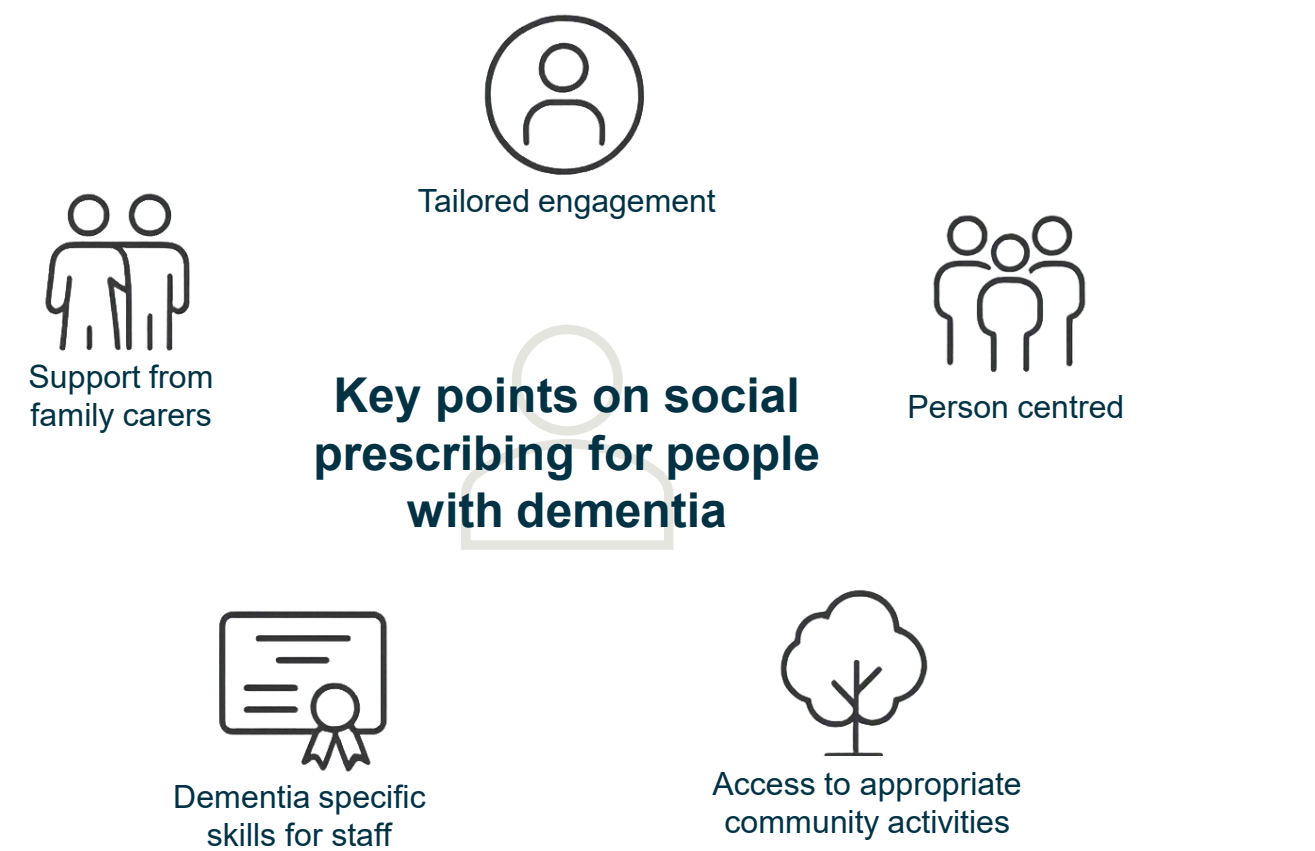
Data suggest tailored social prescribing enhances person-centred engagement, motivation, and connection to meaningful community activities beyond usual generic offers, contributing to improved wellbeing and reduced isolation.

Tailored, dementia-specific social prescribing shows promise for improving wellbeing, social connection, and access to meaningful community support.

Findings suggest that person-centred, flexible, dementia-aware social prescribing may reduce isolation and better support both people living with dementia and their carers.

Effective social prescribing for dementia depends on carer involvement, skilled link workers, and access to appropriate community activities.

Dementia-specific social prescribing has the potential to deliver more meaningful engagement and improved quality of life than generic offers alone.



Future studies should use harmonised, validated outcome measures that are acceptable to people living with dementia, carers, and practitioners. Research should also test which components of social prescribing are most effective, for whom, and in what circumstances, while evaluating implementation, fidelity, and long-term outcomes in larger, well-designed trials. The opportunity for use in brain health and prevention studies remains.

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