

Co-Design in Social Prescribing Interventions for Older Adults: Insights from a Systematic Review

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Abstract

Introduction

Co-design has emerged as a critical strategy in the development of person-centred health interventions. In the context of social prescribing (SP), the involvement of target users and local actors may enhance relevance, acceptability, and long-term impact. Yet, its practical application in SP interventions remains underexplored.

Objective

To analyze the extent and nature of co-design practices in SP interventions for middle-aged and older adults, based on secondary findings from a systematic review.

Methods

This review was conducted in accordance with PRISMA methodological guidelines. The research question guiding the study was: “Are social prescribing interventions effective in promoting quality of life among adults aged 55 years and older?”. Seven databases and repositories were searched using controlled vocabulary (e.g., MeSH) and free-text terms related to social prescribing, quality of life, self-efficacy, social support, and middle-aged or older populations. Search terms were combined using Boolean operators (AND, OR). Language filters were applied (English and Portuguese), and the time frame was limited to January 2016 through December 2024. Eligible study designs included randomized controlled trials (RCTs), quasi-experimental, and observational studies. Grey literature was also considered to reduce publication bias. Inclusion criteria comprised studies involving participants aged ≥ 55 years, evaluating social prescribing interventions, and reporting at least one of the following outcomes: quality of life, self-efficacy, or social support. Studies without original empirical data, not meeting the age criterion, or not assessing relevant outcomes were excluded. In addition to primary outcomes, data were extracted on the stakeholders involved in co-design strategies, followed by a narrative synthesis of the findings.

Results

Among the seven included studies involving intervention implementation, the degree of co-design varied considerably, five explicitly reported co-design elements. The targeted participants took part in design processes in four studies, primarily through interviews or prototype feedback. Healthcare professionals and community organizations were involved in several cases, although often in supporting roles. Only one study referenced policy-level engagement, and two studies did not report any actors involvement. Overall, there was wide variability in how co-design was conceptualized and implemented, ranging from minimal consultation to structured participatory processes.

Conclusion

Although co-design is increasingly recognized in theory, its integration into SP practice remains inconsistent. Many interventions lack robust mechanisms for engaging older adults and local stakeholders in early development stages. Strengthening participatory methods and fostering multi-actor collaboration could

increase intervention alignment with community needs and improve sustainability. These findings underscore the relevance of co-design to the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being), SDG 11 (Sustainable Cities and Communities), and SDG 17 (Partnerships for the Goals), by promoting inclusive, place-based, and intersectoral approaches in nursing innovation.

Keywords

Social Prescribing, Participatory Design, Community Participation, Aging, Systematic Reviews as Topic, Sustainable Development Goals.

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