

INPLASY202410088

doi: 10.37766/inplasy2024.1.0088

Received: 19 January 2024

Published: 19 January 2024

Corresponding author:

Celia Hulme

celia.hulme@manchester.ac.uk

Author Affiliation:

University of Manchester.

Hulme, C¹; Redpath-Healey, M²; Brooks, H³; Rogers, R⁴; Young, A⁵.**ADMINISTRATIVE INFORMATION****Support** - NIHR Three Schools.**Review Stage at time of this submission** - Preliminary searches.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202410088**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 19 January 2024 and was last updated on 13 August 2024.**INTRODUCTION**

Review question / Objective The scoping review aims to investigate and map the evidence surrounding the application, utility and effectiveness of Social Prescribing (SP) in the context of minority cultural-linguistic populations, with a specific focus on culturally Deaf sign language users. The review utilises the Population, Concept and Context (PCC) framework proposed by Pollock et al. (2023) to structure the review title and questions.

Population: The focus of this review is culturally Deaf sign language users.

Context: The focus of this review is exploring social prescribing models (including those not explicitly labelled as such) with a specific emphasis on culturally Deaf signers. The exploration extends to include evidence from other minority cultural-linguistic populations related to social prescribing.

Concept: The outcomes of interest encompass evidence-based information related to social prescribing and Deaf people. This review also considers outcomes in other minority cultural-

linguistic populations. The evaluated outcomes cover a spectrum of factors, including benefits, barriers to implementation and uptake, views from both professionals and service users, service user/patient experiences and satisfaction, evidence of effectiveness and specific considerations of cultural/linguistic adaptation.

The scoping review poses two overarching research questions:

1. What evidence-based information exists regarding the implementation and effectiveness of SP interventions for culturally Deaf sign language users?
2. How can insights from evidence pertaining to other minority cultural-linguistic populations contribute to the development and implementation of effective SP interventions for culturally Deaf sign language users?

Background Social prescribing (SP) in the UK, in its several variants and models of delivery (Peschenv et al., 2018), is a way of linking patients in primary care/service users in social care, with sources of support within the community using

local services and activities provided by the third sector (community, voluntary and social enterprise sector). It offers a holistic approach to improving health and mental health. However, its use amongst minority language/ethnic/cultural groups is unequal and its implementation is not regarded as diversity friendly (Gupta, 2021). Deaf signers are more readily regarded as disabled rather than an ethnic population, but they are a distinct cultural-linguistic group whose preferred language is sign language (Padden and Humphries, 1988, Ladd 2003, Hauland et al., 2016, De Clerck, 2017). The same barriers to effective SP found in hearing cultural-linguistic groups potentially exist for Deaf people too. Research amongst hearing minority communities has demonstrated that primary/social care prescribers and SP link workers may not have local/regional knowledge of appropriate services and activities for specific cultural communities (Zeh et al., 2014, Peschenv et al., 2018, Gupta, 2021). The assets and strengths of existing cultural community activities may not be recognised or known. Additionally, the frameworks for SP delivery lack linguistic adaptability. Guidance for SP link workers to support specific cultural-linguistic communities may be lacking.

Rationale Social Prescribing (SP) in the UK has emerged as a holistic approach to enhancing health and mental well-being by connecting individuals with community-based support services and activities. While SP shows promise in improving overall well-being, there is a notable lack of clarity regarding its effectiveness for culturally Deaf signers. The limited evidence on the utilisation of SP among Deaf people, along with the scarcity of documented lessons learned, underscores the need for a comprehensive examination of this complex intervention within the context of Deaf communities. Despite the recognition of SP as a potentially beneficial intervention, its effectiveness remains uncertain when applied to culturally Deaf signers. The existing literature lacks substantial evidence on whether and how SP has been utilised with Deaf people. Recognising the dearth of research that adequately identifies and explores barriers and drivers specific to Deaf sign language users is crucial. The consideration of sign language users as a cultural-linguistic minority within the context of SP is imperative. Language barriers have been well-documented as contributors to healthcare disparities and for sign language users, these challenges are further compounded by additional barriers related to communication and cultural understanding. By focusing on Deaf signers, the scoping review aims to shed light on the intersection of cultural-linguistic identity and the

utilisation of SP, contributing to a more nuanced understanding of effective interventions for this specific population.

METHODS

Strategy of data synthesis Utilising the PCC framework (Pollock et al., 2023) to form the scoping review title and questions, pre-registering the protocol with International Platform of Registered Systematic Review and Meta-analysis Protocols (INPLASY) and structuring it according to the PRISMA-ScR criteria (Arksey and O'Malley, 2005, Tricco et al., 2018) criteria represent measures for fostering a systematic and transparent approach throughout the review process. Additionally, integrating the PAGER framework (Patterns, Advances, Gaps, Evidence for practice and Research recommendations) (Bradbury-Jones et al., 2022) into the analysis and reporting section further enhances the robustness of the review methodology.

The scoping review will encompass a comprehensive exploration of academic databases, grey literature and relevant organisational websites. This will include searches on platforms such as PubMed, ASSIA, CINAHL, Medline, Social Care Online, Social Policy and Practice, NICE, SCIE, NHS Evidence incorporating reviews, guidance, evidence briefings and any other papers describing or evaluating SP programmes. Grey literature will be sought from sources like the Kings Funds, the Health Foundation, the National Academy for Social Prescribing and Google.

Search terms will be closely aligned with the research questions, incorporating terms such as 'deaf,' 'sign language,' 'social prescribing,' 'effectiveness,' 'interventions,' and 'cultural-linguistic.' To ensure comprehensive coverage, variations such as 'culture,' 'cultural,' 'deaf,' and 'deaf hard of hearing' will also be employed. Truncation will be applied wherever possible (Deaf*, hard of hear*, hearing impair*, sign*, cultural*) Boolean operators AND, NOT, OR will be applied and free text terms outlined in each heading. The University of Manchester Library's systematic review service will be utilised to assist with the search terms and to ensure a comprehensive search.

Eligibility criteria The search results will be screened using a pre-defined inclusion and exclusion criteria to identify literature that meet the research objectives. The specific criteria for inclusion are outlined as follows: social prescribing, adults over 18, deaf sign language users, hearing non-sign language users from

diverse and minoritised cultural-linguistic backgrounds, international focus including UK, all document types (including theses, conference abstracts, discussion pieces, commentaries), no date limitations, not limited to full text or peer-reviewed documents and include both service users and professional perspectives. The criteria for exclusion are detailed as follows: exclude studies and materials that focus on those under the age of 18, materials published in languages other than English will be excluded from the review. Studies that focus on deaf people who primarily rely on spoken English for their mode of communication will be excluded.

Source of evidence screening and selection In the scoping review, five individuals are involved: they are Celia Hulme (CH), Emma Ferguson-Coleman (EFC), Katherine Rogers (KR), Stephanie Tierney (ST) and Alys Young (AY).

CH will initiate the identification of records through database searching and all identified records will be uploaded to Endnote. The Endnote software will automatically remove duplicates, followed by a manual search to ensure a complete removal of duplicate entries.

The records will then be uploaded to Covidence, where CH and EFC will conduct the title and abstract screening. Any discrepancies in the screening between CH and EFC will be resolved through discussion and in cases where an agreement cannot be reached, KR will serve as the conflict mediator. The assessment of full text articles for eligibility will involve CH, EFC and ST, with KR acting as the conflict mediator.

While AY is not directly part of the screening process, all reviewers, including AY will participate in critically assessing the scoping review protocol, results and manuscript writing. This collaborative effort ensures accuracy and adherence to high standards throughout the entire scoping review process.

Data management The selection process will be transparently summarised using the PRISMA flow chart (Page et al., 2020). All data identified and extracted from full-text articles will be recorded in a Microsoft Excel document, encompassing key categories: (1) Authors, (2), year of publication, (3) publication type, (4) country, (5) participant demographics, (6) study design, (7) number of participants (if applicable), (8) inclusion/exclusion criteria, (9) intervention and (10) outcomes/results.

Reporting results / Analysis of the evidence Beyond the foundational charting process, which may not sufficiently highlight the analysis focus or provide detailed descriptions of specific areas, the

scoping review will adopt the Patterns, Advances, Gaps, Evidence of practice and Research Recommendations (PAGER) framework for the data analysis and reporting (Bradbury-Jones et al., 2022). This framework complements the fourth and fifth steps of the Arksey and O'Malley's (2005) methodological framework for scoping review, specifically addressing the charting of the data and subsequent analysis, summarisation and reporting of results. There are five domains of the PAGER framework:

Patterns: this involves summarising and analysing the key findings of each document using thematic analysis. It serves to reveal the prominence or absence of themes.

Advances: this domain highlights theoretical and methodological advancements over time, illustrating how the field of study has developed.

Gap: utilising thematic analysis for patterns, this domain identifies research gaps, indicating areas that lack exploration. Additionally, it acknowledges what aspects have been covered in existing literature.

Evidence for practice: this domain focuses on stakeholders mentioned in documents, key messages conveyed and their implications. This information is valuable for users of the review, such as professionals, stakeholders and policymakers.

Research recommendations: building on the identification gaps, this domain complements the reporting of evidence for practice. It outlines areas of future research to concentrate on and identifies aspects that have not yet been addressed.

Presentation of the results Incorporating narrative synthesis using the PAGER framework represents a comprehensive and holistic approach to evidence synthesis. It goes beyond the basic thematic findings, aiming to unravel the narrative threads that weave through the existing literature. This comprehensive exploration aims to enhance the evidence base pertaining to SP with Deaf people. The insights gathered from this analysis will prove invaluable for researchers, policymakers, healthcare providers and Deaf organisations to better understand the complex needs of Deaf sign language users. Moreover, the outcomes will inform the development of more targeted and effective interventions to enhance the health and wellbeing of the Deaf community.

Language restriction Publications in languages other than English will be excluded from the review.

Country(ies) involved United Kingdom.

Keywords Social prescribing, Deaf people, sign language, cultural, linguistic minority, diversity, inequality, mental health, underserved, effectiveness.

Dissemination plans The scoping review findings will be published in peer-reviewed journals and presented at conferences. Social media posts will be used to increase awareness of the publication.

Contributions of each author

Author 1 - Celia Hulme - CH: developed the review protocol, led the screening, eligibility, data extraction and data interpretation stages. CH will also lead the manuscript for this review.

Email: celia.hulme@manchester.ac.uk

Author 2 - Molly Redpath-Healey - MRH: involved in the screening stage, involved in reading and providing feedback of the draft and approving the final manuscript.

Author 3 - Helen Brooks - HB: quality appraiser of full-text eligibility included literature, involved in interpretation of analysed data and involved in reading and providing feedback and approving the final manuscript.

Author 4 - Katherine Rogers - KR: critical review of the protocol, conflict mediator during screening stage, involved in full-text eligibility stage, involved in interpretation of analysed data and in reading, providing feedback and approving the final manuscript.

Email: katherine.rogers@manchester.ac.uk

Author 5 - Alys Young - AY: critical review of the protocol, conflict mediator for full-text stage, interpretation of analysed data and involved in reading, providing feedback and approving the final manuscript.

Email: alys.young@manchester.ac.uk