



Exploring the social prescribing service in Barking and Dagenham, with a focus on mental health support

January 2024

healthwatch
Barking and
Dagenham

About us

Your health and social care champion

Healthwatch Barking and Dagenham are an independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also share them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally. Our sole purpose is to help make care better for people.

In summary - Local Healthwatch is here to:

- help people find out about local health and social care services.
- listen to what people think of services.
- help improve the quality of services by letting those running services and the government know what people want from care.
- encourage people running services to involve people in changes to care.

Everything that Healthwatch Barking & Dagenham does will bring the voice and influence of local people to the development and delivery of local services, putting local people at the heart of decision-making processes.

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Executive Summary

This report examines the social prescribing service in Barking and Dagenham, initiated after engaging with local residents during targeted outreach on mental wellbeing. Our primary objectives were to assess awareness levels of social prescribing services in the local community and to explore the experiences of those who have used these services, identifying what is working well, and areas for improvement.

This report presents key findings and recommendations arising from this exploration. We engaged with 54 participants and used a mix of online surveys and semi-structured interviews. Our primary focus was on residents who had mental health issues and were experiencing loneliness or social isolation. We also expanded to collecting data from other local residents. Data collection took place between July to September 2023. The findings of the report indicate that there is some degree of awareness regarding social prescribing services in the community; however, some respondents reported their lack of awareness was primarily due to limited information and understanding of the service, and inadequate transparency and publicity. This suggests a need for more promotion and information about social prescribing services within the local community.

Individuals who had used social prescribing services shared encouraging feedback. They found the link workers to be a valuable resource that provides guidance and referrals to appropriate support and services. This demonstrates the huge potential for social prescribing to make a meaningful impact on the lives of residents, particularly those facing mental health challenges, loneliness, and social isolation.

Healthwatch Barking and Dagenham also conducted interviews with social prescribing teams from other boroughs. This provided an opportunity to learn how other boroughs operate.

Using these findings, this report makes a number of recommendations. It emphasises the need for enhanced promotion and awareness campaigns to ensure that residents have comprehensive information about social prescribing services. Moreover, it highlights the value of the link workers and encourages their continued support and training to best serve the community's needs. Collaborative learning and sharing of best practices with social prescribing teams from other boroughs is also proposed as valuable steps for ongoing improvement. A further step forward would be to include, for example, surveying link workers in addition to residents, to gain a comprehensive understanding of the system.

This report serves as a valuable resource for stakeholders, policymakers, and service providers in the local community. By addressing the gaps in awareness and focusing on improving the quality of service, social prescribing can play a more significant role in enhancing the well-being and mental health of the residents in Barking and Dagenham. The findings provide a roadmap for the continued development and optimisation of social prescribing services, ensuring they meet the unique needs of our community and foster positive change.

Introduction

Healthwatch Barking and Dagenham decided to examine the local social prescribing model as a result of engagement with local residents around mental wellbeing.

The focus of this report is to assess if residents are aware of local social prescribing services and to explore its benefits for the residents. In this report, we attempt to determine the reasons for low awareness of the service. Additionally, we aim to explore the experiences of individuals who have used the service to identify its strengths and areas for improvement. By gaining insight into the perspectives of the service users, we hope to highlight its positive aspects and gather valuable feedback to enhance and optimise the service for the local community.

What is social prescribing?

Social prescribing is part of NHS England's Universal Personalised Care; it is an approach that aims to connect individuals with local activities, groups, and services to address their practical, social, and emotional needs that may influence their overall health and well-being. The system enables healthcare providers, including doctors, nurses, and others, to refer individuals to social prescribing link workers (usually referred to as social prescribers or link workers). Self-referral is also possible in many areas of the country. The link workers then work with the individual to determine their problems and signpost them to appropriate local services and organisations for assistance.

Overall, social prescribing is designed to cater to a wide range of people, including those with long-term health conditions, individuals in need of mental health support, those experiencing loneliness or isolation, and individuals facing complex social challenges such as financial struggles, domestic abuse, and employment issues.¹

Social Prescribing is part of the NHS Long Term plan, with NHS England actively working to establish primary care infrastructure to support this approach. Some link workers are employed by primary care networks (PCNs) and others work for voluntary sector organisations. NHS England's goal is to ensure that every person in England can access social prescribing services through their GP. NHS England's ambitious targets include aims to refer at least 900,000 people to social prescribing services by 2023/24.

¹ <https://www.england.nhs.uk/personalisedcare/social-prescribing/>

Model of social prescribing in Barking and Dagenham

Models of social prescribing differ around the country. To gain a comprehensive understanding of the operational aspects of the social prescribing model within Barking and Dagenham, we interviewed a local social prescriber. The social prescriber explained the model and provided insights into the pathway of social prescribing services in the borough.

In Barking and Dagenham, social prescribing link workers are employed by the local council, rather than the PCN. The service is commissioned by Primary Care Networks, and has established a referral pathway from GPs. While the majority of referrals are from GPs, the scope is expanding to include other healthcare professionals and services, such as Barking and Dagenham Talking Therapies.

Pathway of the Social Prescribing Service

People are referred into social prescribing via the Joy Social Prescribing system, which is embedded into the GP clinical system. The social prescribing link workers will check that the referral is appropriate for social prescribing to ensure that the referral is non clinical and has no safeguarding risks.

What is the Joy Social Prescribing System?

Barking and Dagenham uses the Joy Social Prescribing system, which digitises and streamlines the process of connecting people to non-medical services for issues such as social isolation and loneliness, mental health support, and social welfare. One of the benefits of the Joy system is that it enables fast referrals and captures data to measure the impact of services. The Joy platform is also accessible online, so that residents can look at nearby services and activities available near them.

The service works with individuals to develop personalised wellbeing plans centred around the "What Matters to Me" principle, aiming to address health and wellness needs. The link workers adopt a holistic perspective on an individual's health and well-being, linking people to local Voluntary, Community, and Social Enterprise (VCSE) organisations, community groups, and networks.

In order to do this, the social prescriber firstly conducts an initial assessment with the client, and based on this assessment, they make appropriate referrals and offer support tailored to the client's requirements. The social prescriber handles a diverse range of referrals, such as cases involving social isolation, housing issues, carers, dementia, social group activities, lack of transportation for older patients, requests for fuel and grants related to cost of living, as well as mental health support connections.

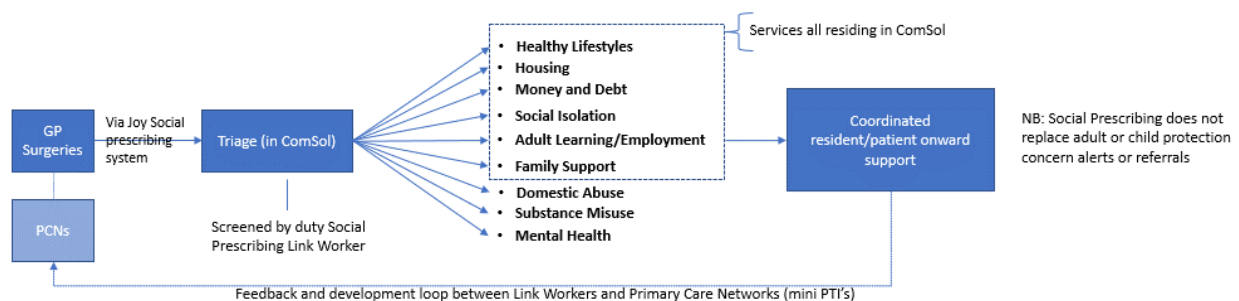
Link workers have conversations with clients to understand their needs and interests. This is usually done by telephone, though clients can request face-to-face meetings if preferred. Texts and emails are used to send reminders, appointments or to send links to information.

Based on the discussions, link workers then guide clients to suitable support services through referrals and signposting. This could include support and advice for healthy lifestyles, housing, money and debt, social isolation, adult learning/employment, family support, domestic abuse, substance misuse and mental health.

The link worker maintains regular contact with the client, typically making 1-3 follow up calls with the individual to monitor their progress. The social prescriber also makes sure that the client receives the intended services before closing their file, for example they will give a follow up call after two weeks to confirm that the referred service has made contact with the client.

A review is conducted after 4-8 weeks to assess progress. Depending on individual needs, some clients may require extended support, in which case the social prescribing team continues assistance, while others may be discharged from the service.

The following flowchart illustrates the pathway of the social prescribing services.



Patients with LTC's, cancer, end of life care and A&E frequent attenders are eligible for this pathway.

The social prescribing service in Barking and Dagenham started in 2019 and continues to develop. Referrals to the service have grown from 796 patients in 2019 to 7456 in 2022. This shows that the social prescribing model continues to help and support the residents who are living in Barking and Dagenham.

Methodology

This project involved a mixed-methods approach, incorporating online surveys and semi-structured interviews to gather data on the residents' awareness and experience of using the social prescribing service. Our target audience was primarily residents who

had mental health issues, and those who were feeling low due to being lonely or socially isolated.

The survey aimed to assess the level of awareness of the social prescribing services in the borough, if people had used social prescribing services, and overall satisfaction with available services.

The online surveys were made available online and circulated on social media including Twitter, Facebook, our Healthwatch newsletter and via other stakeholders, such as the Green Shoes Art, Mind Matters, Barking & Dagenham Talking Therapies, and youth groups. The quantitative data from the surveys has been analysed using statistical tools to find insights into the prevalence of specific trends and perceptions among the surveyed population.

Furthermore, to gain a comprehensive understanding, semi-structured interviews were conducted with relevant stakeholders. This included a psychological well-being coordinator from Barking & Dagenham Talking Therapies, and a Relationship Manager from the London Borough of Barking and Dagenham, who explained how the social prescribing model in the borough works. We also engaged with the members of NELFT mental health service user group and interviewed a Social Prescribing Coordinator from the London Borough of Redbridge to understand how the social prescribing model works in a neighbouring borough. Lastly, interviews were conducted with individuals who had mental health issues but did not use social prescribing services. This allowed us to gain in-depth insights into their experiences and perspectives while making them aware of how social prescribing can support them. These interviews, offer valuable narratives and personal experiences to support the survey data.

The qualitative data obtained from the interviews have been thematically analysed to identify common patterns, barriers, and potential improvements in social prescribing services.

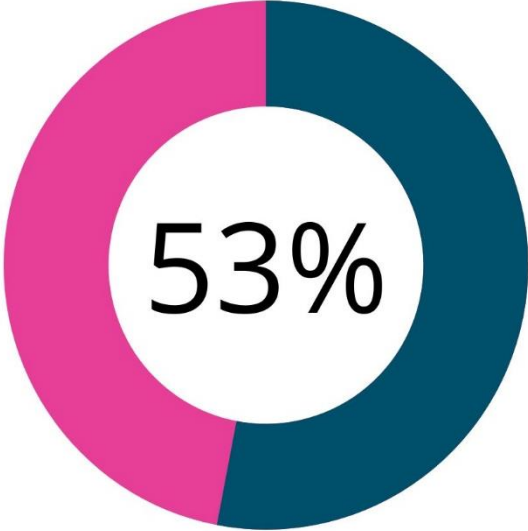
Throughout the project, we received 54 survey responses and carried out 5 semi-structured interviews.

Findings

1. Awareness of the social prescribing service

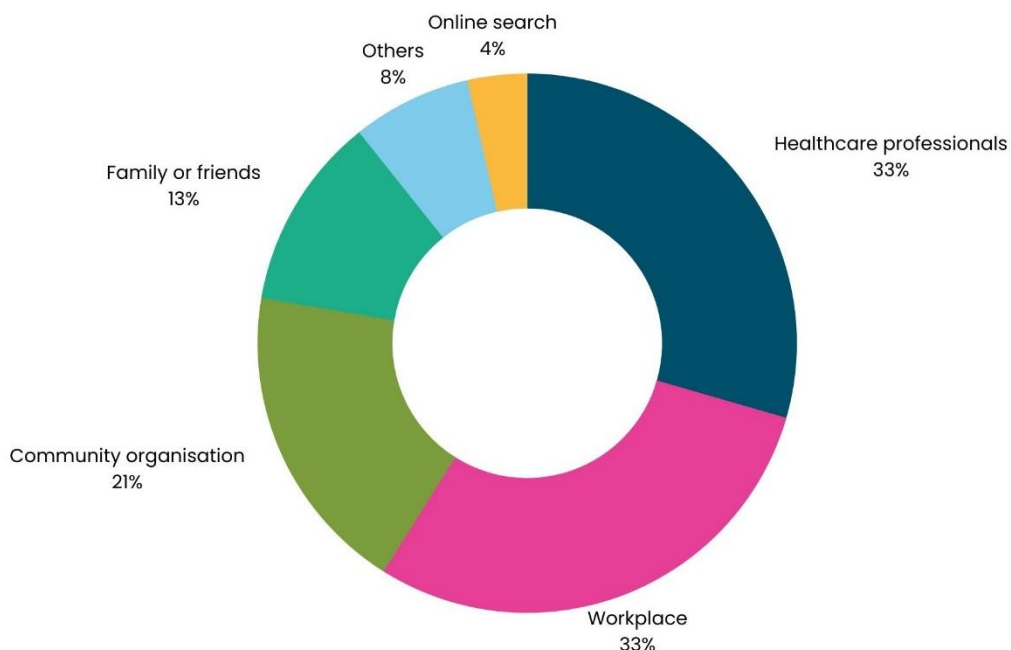
According to our survey findings, 53% of respondents were aware of the social prescribing service, while 47% indicated that they were not aware. This data suggests that more promotional work needs to be done to raise awareness of social prescribing services among residents in Barking and Dagenham.

Yes, I am aware of the
social prescribing service



How did people hear about the social prescribing service?

We examined how respondents heard about the social prescribing service.



33% of the respondents reported they learnt about the service from healthcare practitioners (such as doctors, nurses, and therapists). An equal percentage (33%) heard about social prescribing in the workplace, and 21% learnt about it from community organisations. 13% of respondents knew the service from family and friends, and 8% from other locations. There was a small proportion of people (4%) who learnt about social prescribing services online. This highlights that healthcare professionals, workplaces, and community organisations are the key promoters of this service. Therefore it can be suggested that targeted outreach and partnerships can enhance service visibility.

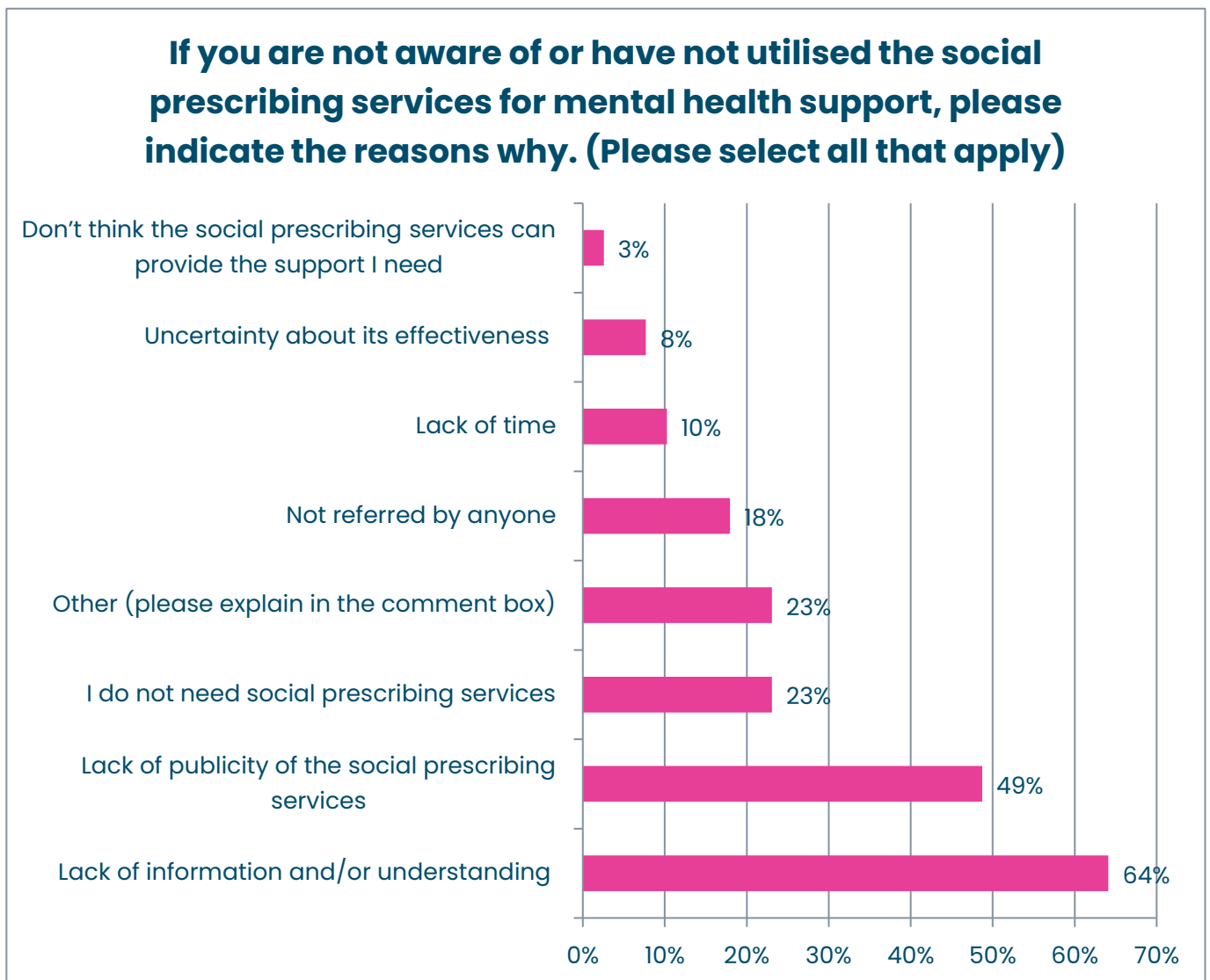
Are residents unaware of social prescribing, or not accessing the service?

We were interested in understanding the reasons that residents were not accessing the service. The results showed that a high proportion of respondents did not know about the service because of a lack of information or understanding of the service (64%), or unawareness of the service due to a lack of publicity (49%).

This suggests that there needs to be more promotion of social prescribing services; information and understanding of the service can be improved by creating clear and comprehensive materials, for example by developing easy-to-understand brochures, websites, or informational videos that explain the

features and benefits of the social prescribing service and how it can meet users' needs.

Respondents shared the reasons why they had not accessed the social prescribing service:



“No one tells me as I am visually impaired. I know most of the things by word of mouth only.”

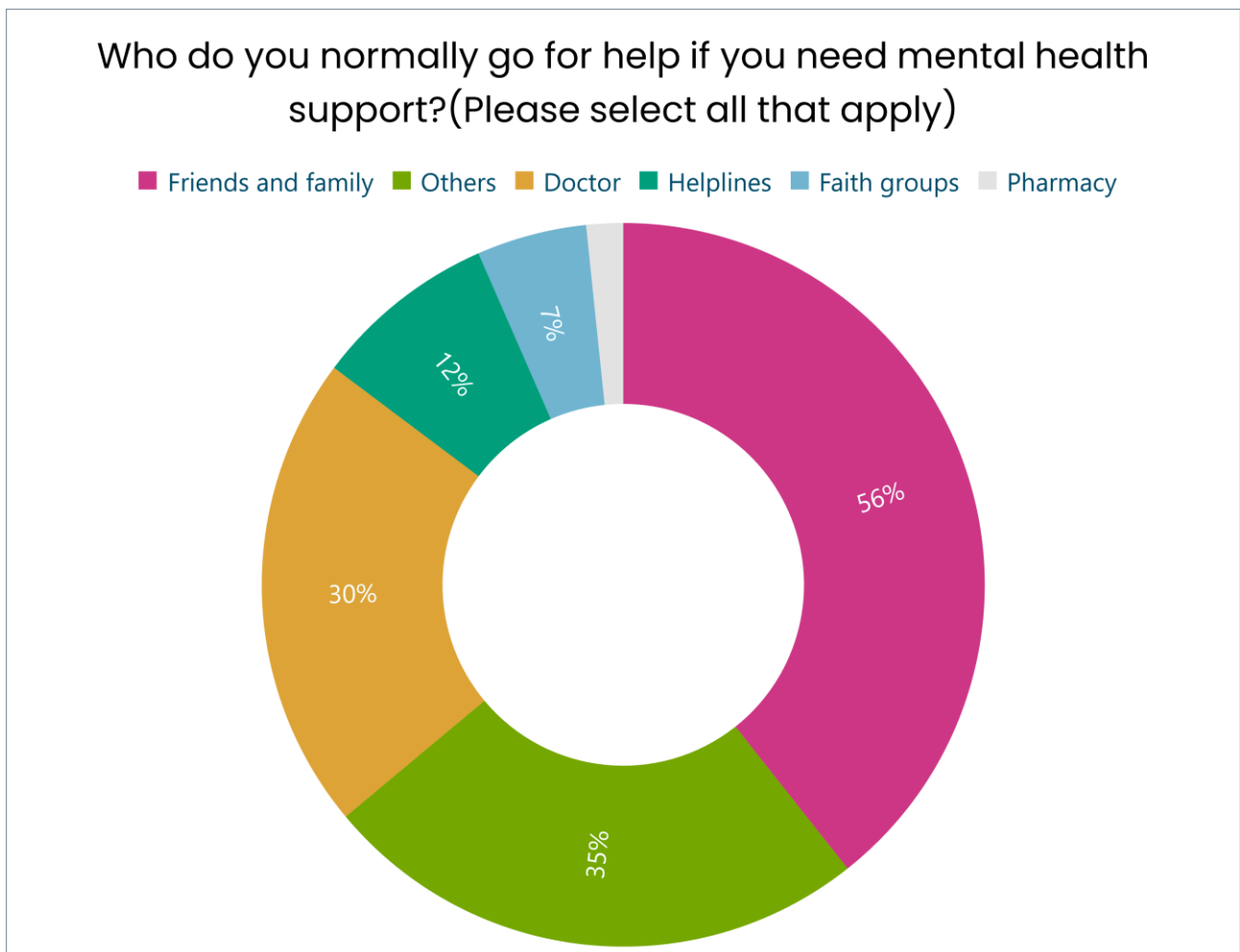
“Just never heard about it.”

“Not being mentioned by friends or neighbours.”

“Never seen anything about the service.”

“I have received other support from my network. For example, I have been volunteering and I received mental health vocational support services. These services helped me to improve my mental health state.”

Then, we asked people who did they normally go for help if they needed mental health support.



The results revealed that friends and family play a significant role when people are seeking support for their mental health, with 56% of respondents stating they would normally turn to people with whom they have close relationships for assistance. This highlights the importance of social support networks in addressing mental health challenges. If more people were aware of social prescribing, friends and family could also signpost their loved ones to the service.

Additionally, 35% of respondents mentioned seeking help from sources categorised as "Others," which include a wide range of resources, such as dealing with the situation by themselves and online communities. Doctors were cited as another source of help by 30% of respondents, underlining the crucial role of healthcare professionals in mental health care. Helplines, faith groups, and pharmacies were mentioned by 12%, 7%, and 2% of respondents, respectively. This shows the diverse avenues through which individuals seek support for their mental well-being. These findings emphasise the need for a multifaceted approach to mental health support that recognises and respects individuals' preferences and comfort zones.

Respondents shared who they ask for help when needed:

"Talking therapies"

“Royal National Institute of Blind People”

“Community groups”

“Myself”

“Web search for community groups”

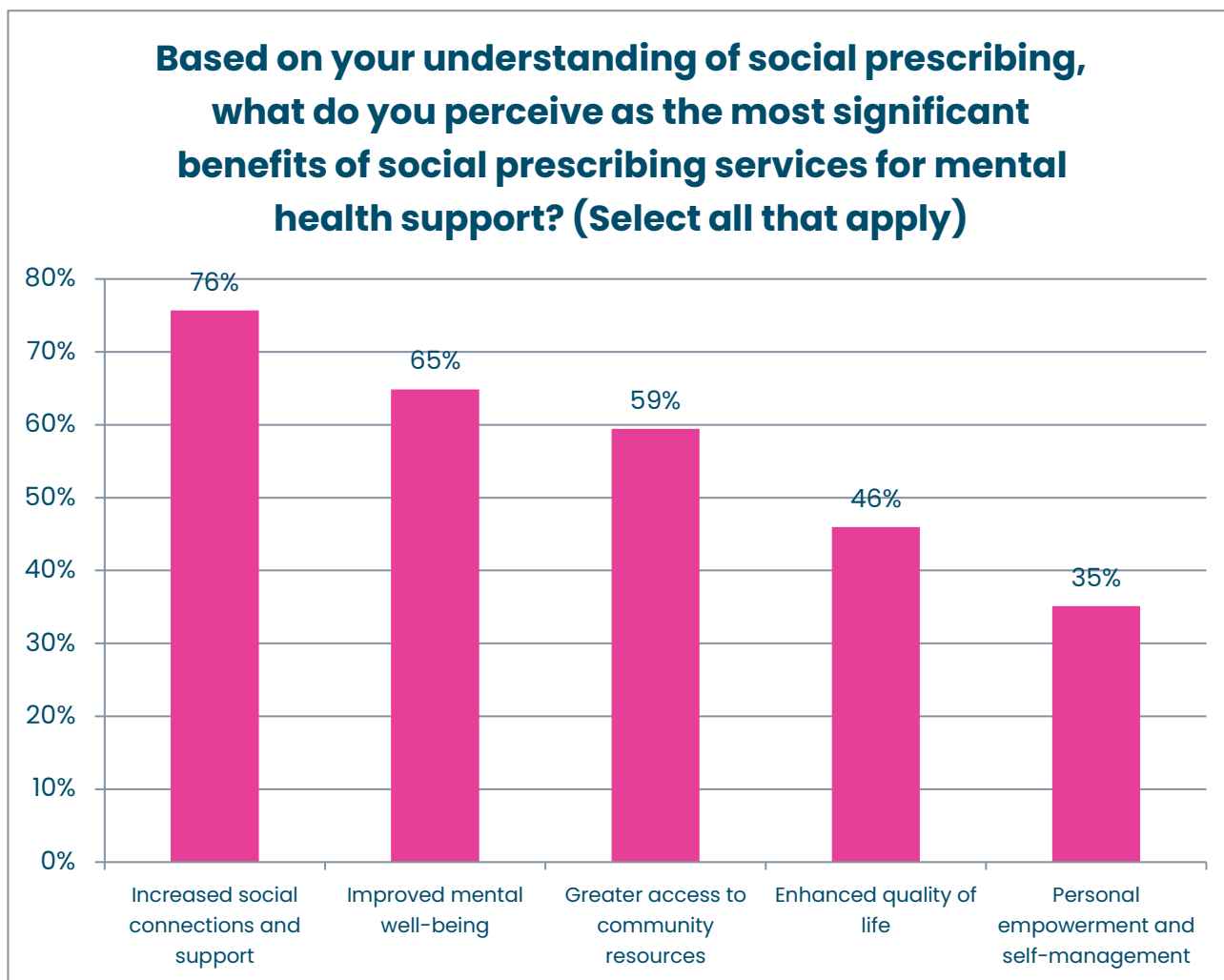
“Instagram”

“Self-searching”

2. Residents' perception of the social prescribing services

This section explores residents' perceptions of the social prescribing services. We introduced the background of the social prescribing service and explained what it can offer to the residents. Respondents then indicated the perceived benefits and potential improvements of the social prescribing services, based on their understanding of the service.

Residents' perceptions of the social prescribing service



Based on the responses gathered, it is evident that respondents believe that social prescribing services can provide a wealth of benefits for mental health support. The most significant advantage, as indicated by 76% of respondents, is the ability to foster increased social connections and support. This underlines the importance of social interaction and a strong support system in improving one's mental well-being.

Additionally, 65% of respondents highlighted the positive impact on mental well-being, suggesting an awareness of how the social prescribing service can support and enhance psychological health. Furthermore, 59% of the respondents agreed that the ability to provide greater access to community resources can play a part in creating a more holistic approach to mental health care. Respondents believe that the service also enhances the quality of

life, an outcome recognised by 46%. Lastly, 35% of respondents indicated that the social prescribing service can empower individuals to self-manage their mental health. This suggests that social prescribing services not only offer support but also empowers individuals to take control of their mental health. In summary, these findings reflect that when aware of the service, people understand how valuable the role of social prescribing is for improving mental well-being and overall quality of life.

Here are some participants' insights on the perceived benefits of the social prescribing service:

“To stabilise mental health.”

“Social prescribing services cover services like housing, money, and debt, learning and employment and substance misuse. These issues cannot be resolved by friends and family hence it will be useful and helpful for people.”

“Feel more part of the community, keep busy then less focused on negativity.”

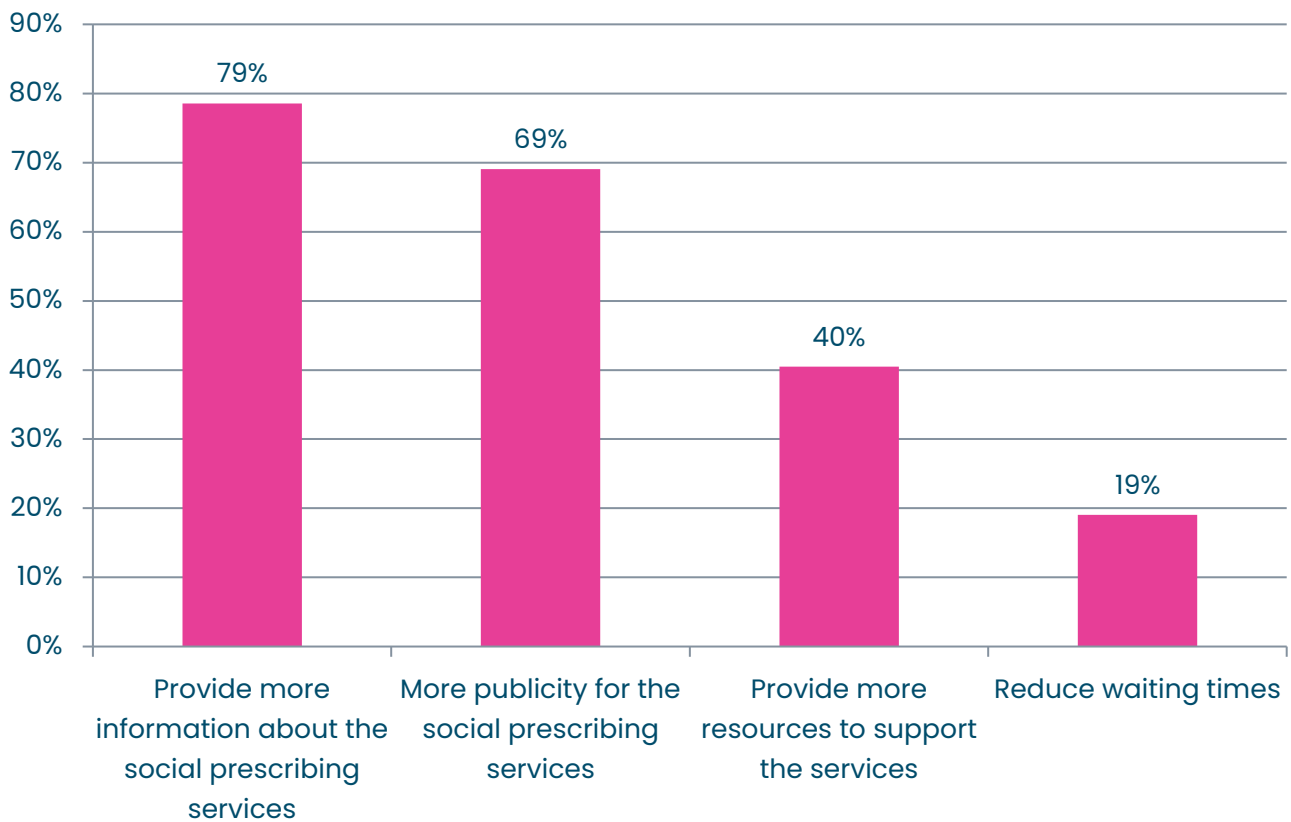
“Building confidence and allowing one to express themselves.”

As a follow-up question, we asked respondents for suggestions to improve the social prescribing service.

- 79% of respondents emphasised the need for more information about these services, underlining the significance of clear and comprehensive communication to encourage people to make use of the service
- 69% of respondents indicated a desire for increased publicity surrounding social prescribing services, highlighting the importance of promoting awareness and accessibility.
- To better support the services, 40% of respondents recommended providing additional resources, indicating the potential for an expanded support network. Lastly, 19% of respondents noted that reducing waiting times for accessing the service is essential, recognising the urgency of providing timely mental health support.

This feedback shows that the social prescribing service should focus on improving communication, raising awareness, increasing resources, and improving waiting times to better meet the needs of those seeking mental health support.

Based on your understanding of social prescribing, what could be done to improve the social prescribing services? (Please select all that apply)



Here are some residents' viewpoints on what should be done to improve the social prescribing services:

"Need to improve the communication between different groups. Voluntary groups and other parties doing their own but not sharing. We need a central point so that things do not overlap, and we can find out what is happening. We don't know where to find the service now."

"Change the referral method."

"Not everybody knows about it, and it depends on the GP/hospital to know to share this service with the local community."

"The website is very vague."

Additional information or comments from respondents regarding the social prescribing services for mental health support in the borough:

“GP surgery should provide more advertisement as vulnerable people often go to GP. This helps people to know more about the service. The staff should know this service and mention it to the patients/clients as well.”

“I know this service from Age UK and through word of mouth.”

“More advertisement. If people need support, they will know where to go.”

“Lots of uncertainty about the service. I believe it can be helpful, but I am not sure how.”

“Need a lot more support in terms of mental health services, and vital to reduce waiting times and access for them.”

“This is an opportunity to meet people (break isolation) and introduce routine, and self-management to a point. Please support and promote this as an invaluable service. I hope to get going as the art therapy is very helpful. People are worried about what is going to happen after the sessions end and whether there will be follow-up. There is a need for a sensible venue for us to catch up and follow up. These activities/opportunities are so precious for us to have a group to connect with us, for example, some are isolated, lonely, and depressed.”

“We should have more educational, provisional sessions/awareness sessions. For example, introducing what is the social prescribing services and the role of the social prescriber.”

“If this needed to be referred by a GP this would be a joke as it is already difficult to book GP appointments.”

The residents' feedback highlights several important themes regarding the social prescribing service and its communication with the community. Many residents express a need for increased awareness and advertising of the service, particularly within GP surgeries, which are often the initial point of contact for vulnerable individuals. They emphasise the importance of GP staff having knowledge about the service and being able to inform patients and clients about it.

The feedback also indicates that awareness of the service is primarily spread through word of mouth. While some understand the potential benefits, there is a significant level of uncertainty regarding how the service works.

Residents view the service as an opportunity to combat isolation and introduce routine and self-management. However, there is a concern about the continuity of care and the need for suitable venues for follow-up and group activities.

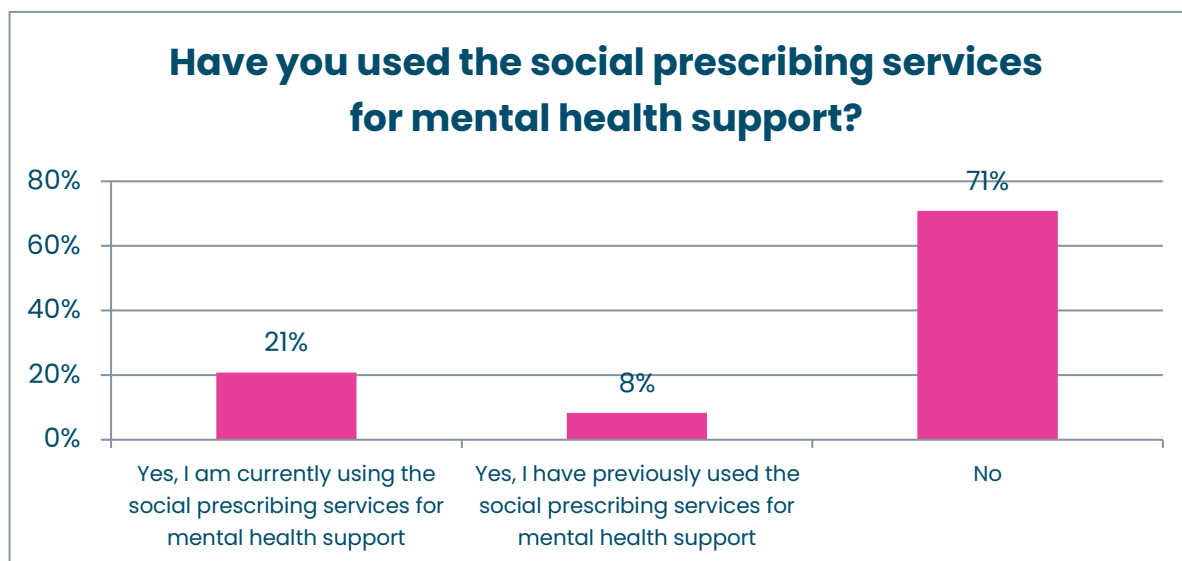
In response to the feedback, there is a call for more educational and awareness sessions to introduce social prescribing and the role of social prescribers. Some residents express concerns about the potential requirement of a GP referral, given existing difficulties in booking GP appointments.

Overall, the feedback underscores the importance of increased awareness, clearer communication, improved mental health support, and better access to social prescribing services within the community. It highlights the potential value of these services in addressing isolation and improving residents' well-being, while also emphasising the need for effective implementation and communication to make them more accessible and impactful.

3. Experience in using the social prescribing services

This section focuses on the experience of people who have used social prescribing services. The feedback and insights were based on a relatively small group of individuals (7 people) who have utilised the social prescribing service in Barking and Dagenham. While their feedback is valuable and provides valuable insights, it is important to acknowledge the limited sample size.

Among the people who had heard about the social prescribing services (24 people), most of them (71%) did not use the service, 21% were currently using the services and 8% had previously used the social prescribing services.



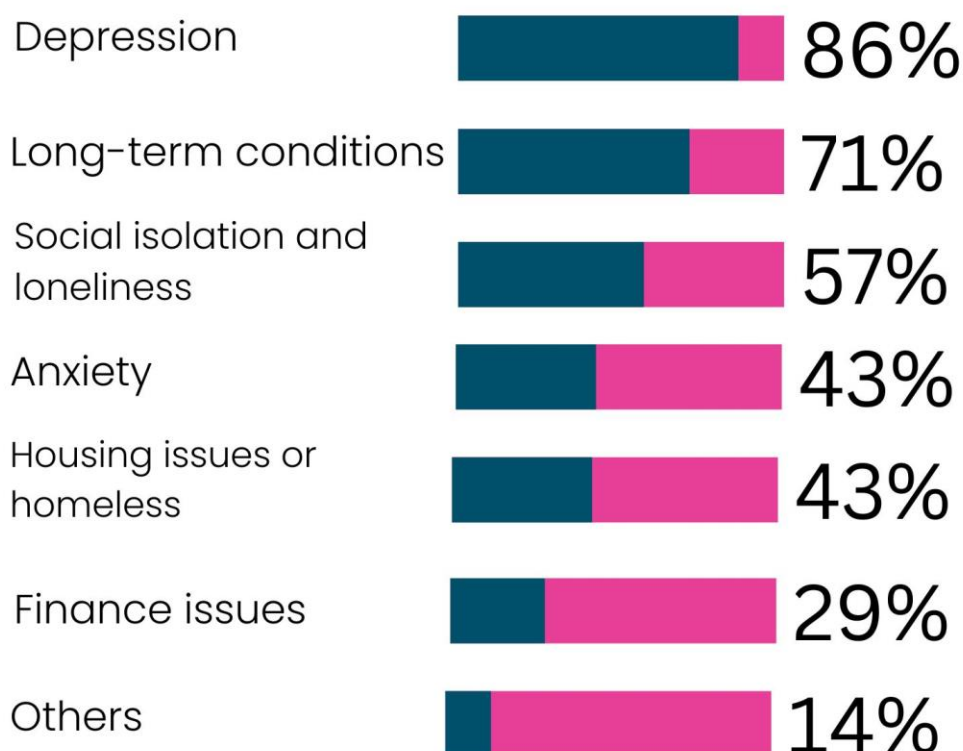
3.1 Reasons for Accessing Social Prescribing Services

Our results showed that a significant proportion (86%) of respondents reported accessing these services for assistance with depression, reflecting the prevalent demand for mental health support and demonstrating the importance of social prescribing in providing assistance for those affected. Support for anxiety was also reported by 43% of respondents, again reflecting the need for help with mental wellbeing and the need for a holistic community based approach.

In addition to mental health concerns, 71% of respondents indicated that they sought help for long-term conditions, emphasising the essential role of social prescribing in managing chronic health issues, for example by introducing healthier food habits and exercise. .

Social isolation and loneliness (57%) is also a major reason for accessing the service, highlighting the vital role that social prescribing plays in linking people to services that will enable them to meet other people and build community connections.

Housing issues or homelessness were cited by 43% of respondents, and 29%



identified financial issues as a reason for accessing these services underlining

the role of social prescribing in addressing a wide spectrum of social challenges that can impact upon wellbeing, particularly mental health.

Finally, 14% mentioned "Other" as a basis for seeking support. . These findings show that social prescribing is well placed to s to address a broad range of physical, mental, and social well-being challenges within communities.

3.1.2 Motivation to access social prescribing services.

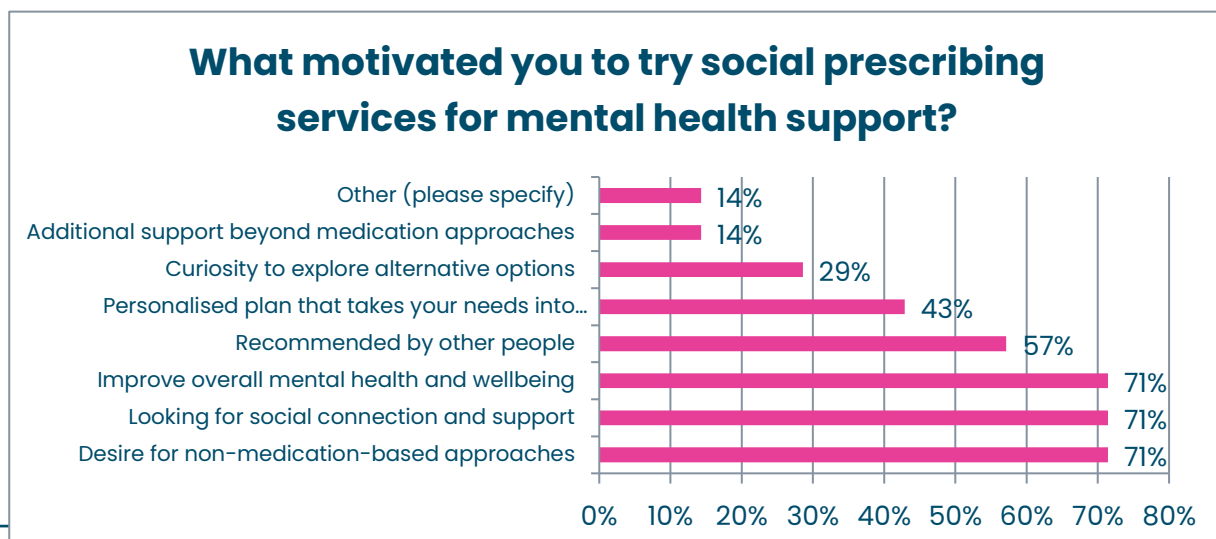
The top three motivations for accessing social prescribing services are as follows:

- Desire for non-medication-based approaches.
- Looking for social connection and support.
- Improve overall mental health and wellbeing.

These three motivations account for 71% of the respondents. This highlights an increasing recognition of alternative, holistic solutions to mental well-being and reflects the importance of social interaction in promoting mental wellness.

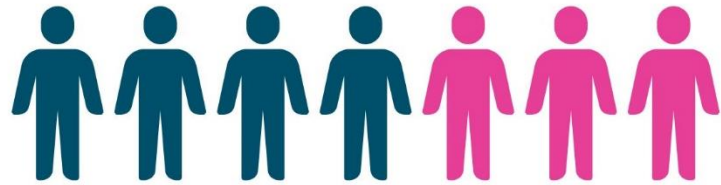
57% of respondents reported being motivated to try social prescribing by recommendations from other people, affirming the role of peer influence in making these choices. 43% of respondents chose social prescribing services because they offered a personalised approach that takes their unique needs into account. A sense of curiosity to explore alternative options (29%) and the recognition of the need for additional support beyond medication (14%) further demonstrate the versatility of social prescribing services in catering to varied motivations and preferences.

These insights underline the evolving landscape of mental health support, where individuals are increasingly drawn to personalised, holistic, and community-oriented approaches for their well-being.



From the self-reported data, 4 out of 7 people were referred by general practitioners (GPs), and the rest were referred by other people. This included referrals through and psychological therapists.

4 out of 7 people were referred by the general practitioners (GPs)



Some of the respondents shared their experiences regarding the referral process, which are outlined below.

“I received a call straightforwardly after meeting with the GP and there was no need for me to worry about the process.”

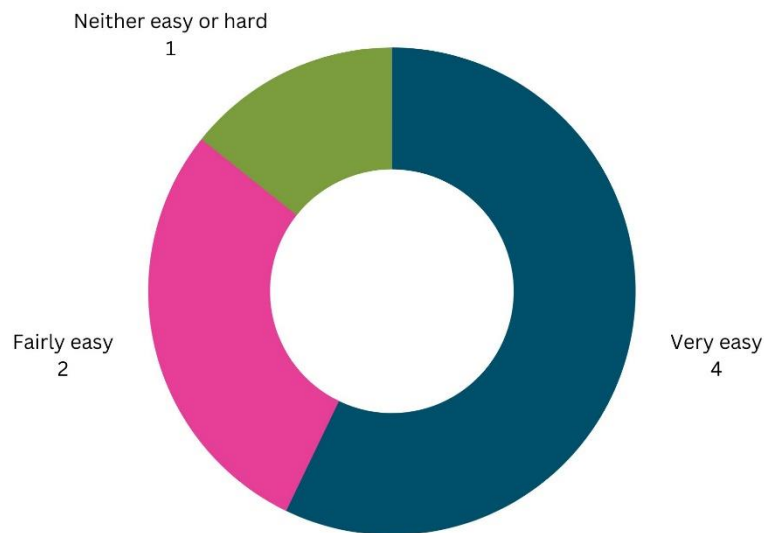
Since the existing referral pathway in Barking and Dagenham is primarily through GP referrals, Healthwatch Barking and Dagenham is interested in the possibility of exploring different referral avenues; this may mean an increase in the amount of funding given to social prescribing service.

All individuals who had used the social prescribing service suggested that the voluntary sector should recommend access to a link worker. 72% felt that the community mental health team should be able to make referrals. Pharmacies, social workers, hospital staff, local authorities and self-referrals were equally recommended by respondents as avenues to establish a link with a link worker, with 57% of respondents indicating their confidence in these local agencies as suitable referral sources.



2 out of 6 respondents were referred to a link worker in the past 6 months. 3 of the respondents were referred in the past 6-12 months, and one respondent was referred in the past 12-24.

Four respondents felt that the referral process was very easy or fairly easy. Only 1 respondent found it not very easy or hard and none of them found it fairly hard or very hard. Therefore, most individuals found the referral process to be straightforward and manageable, while only a minority encountered some level of difficulty.



We then inquired about the number of meetings respondents had with their link workers. 3 respondents reported having more than 7 meetings with their link workers. 2 respondents answered that they had 1-3 meetings with their link workers. However, 2 respondents answered that they did not have any meetings with their link workers.

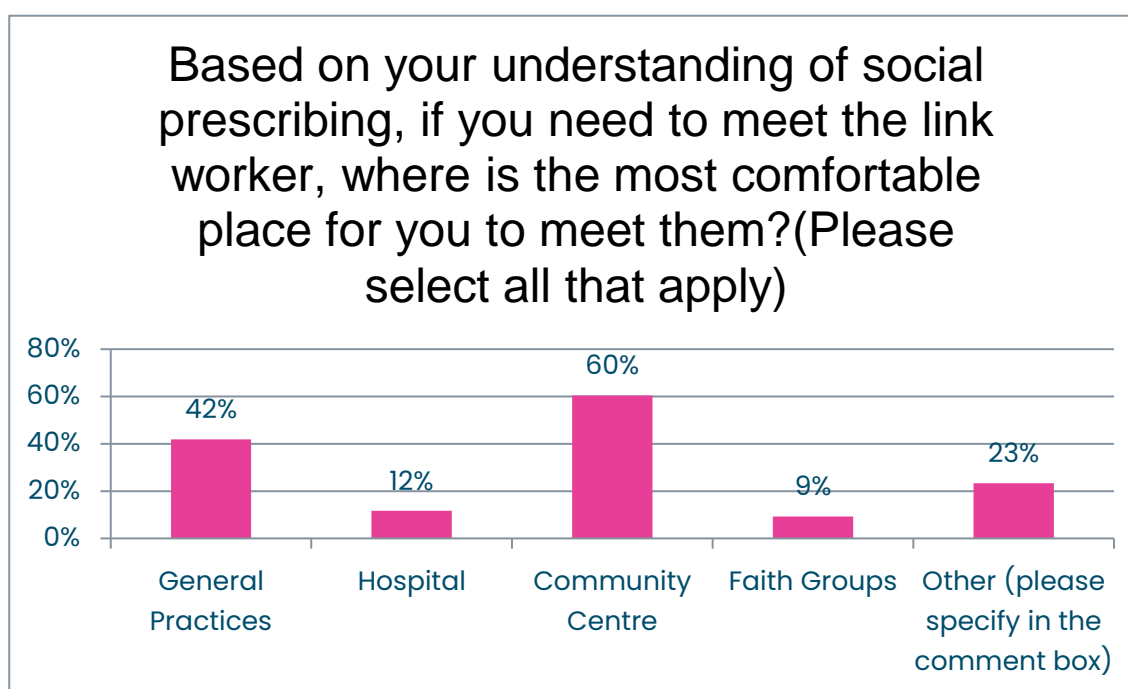
We asked the respondents how they felt about the number of meetings. People who did not have any meetings with their link workers expressed that they would have preferred to have met them. Other respondents reported that they had enough sessions with their link workers. They also said that the number of meetings should be varied depending on the needs of the individual. Respondents who had been offered meetings have also completed all the sessions.

Below are some selected quotes that capture the experiences of the respondents:

“Should be varied by client.”

“I feel that it is enough, but it also depends on the needs. At the time I needed a lot of help, so I had a lot at the beginning and now reduced the need.”

Our interview with a social prescriber in Barking and Dagenham informed us that most of the meetings were done through phone calls and face-to-face meetings were available upon request. Therefore, we wanted to find where respondents would like a face-to-face appointment take place.

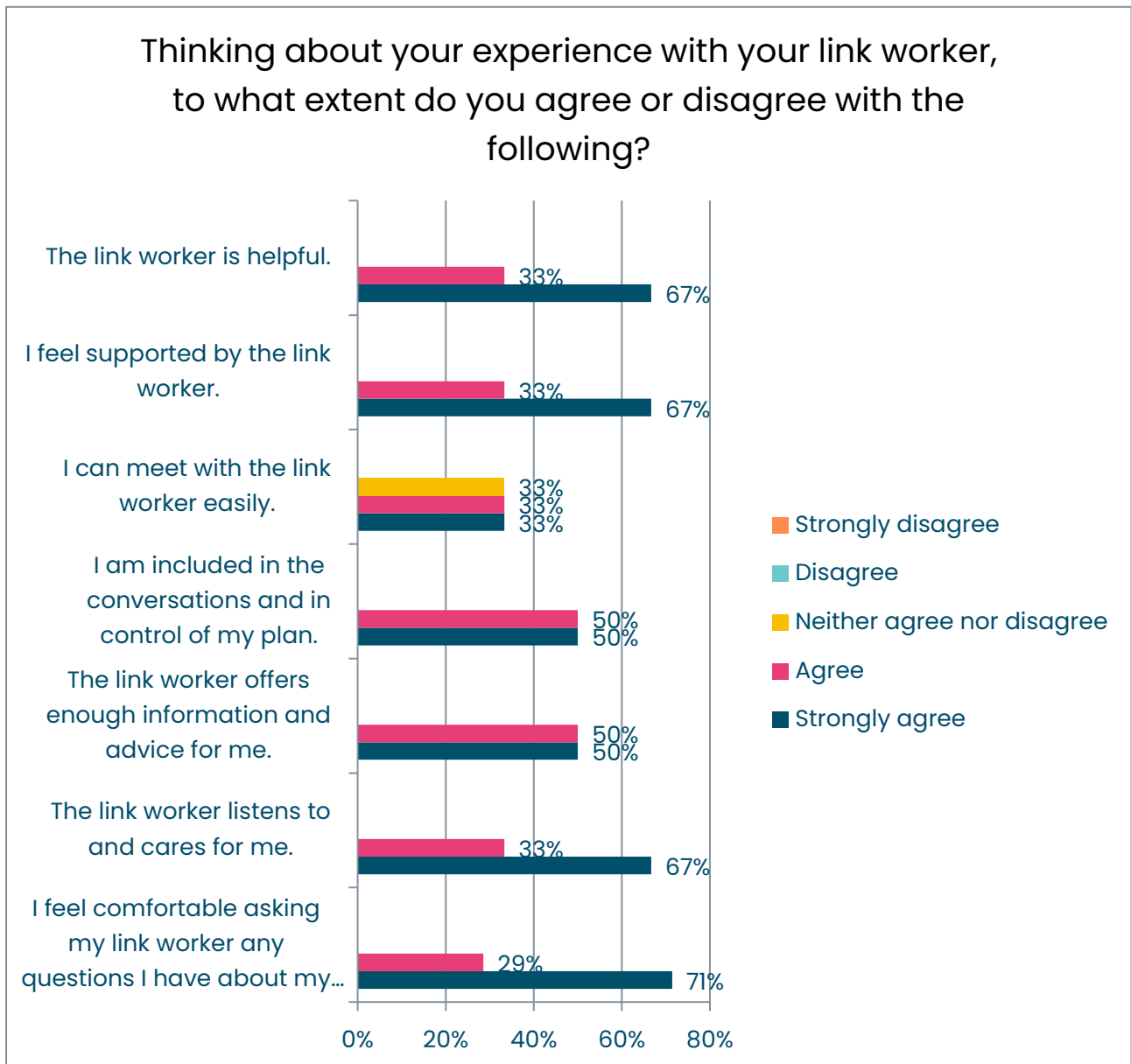


The findings are be summarised as follows:

- Community Centre: Most respondents (60%) expressed that they would be most comfortable meeting their link worker at a community centre.
- General Practices: Approximately 42% of respondents indicated that they would find general practices to be a suitable meeting place with their link worker. While not the majority, a significant portion still favoured this option.
- Other Locations: About 23% of respondents mentioned "Other" locations in the comments section. When asked to specify, respondents expressed these places would be a cafe, school, home, online space or library, as these spaces would feel less formal and clinical, and would help to embed the sessions into their everyday lives.
- Hospital and Faith Groups: Only 12% of respondents favoured meeting their link worker at a hospital, and 9% would like to meet them at their faith group.

In conclusion, the findings suggest a strong preference for meeting link workers at community centres, indicating that these locations are best placed for face to face social prescribing appointments. Additionally, a significant number of respondents expressed preferences for other locations, suggesting the importance of flexibility in meeting arrangements to accommodate individual needs and comfort.

3.3 Experience with the link worker



Overall, the respondents had positive experiences with their link workers.

The findings are summarised below:

1. Comfort and Accessibility:

- 71% strongly agree that they feel comfortable asking their link worker any questions about their situation.

- 50% agree that the link worker offers enough information and advice for them.
- 50% agree that they are included in the conversations and control of their support plan.
- 33% agree that they can meet with the link worker easily.

2. Listening and Support:

- 67% strongly agree that the link worker listens to and cares for them.
- 67% strongly agree that they feel supported by the link worker.
- 67% strongly agree that the link worker is helpful.

3. Overall Satisfaction:

- Most respondents (over 60%) strongly agree or agree with most statements about their link worker's performance, indicating a generally positive experience.

4. Information and Advice:

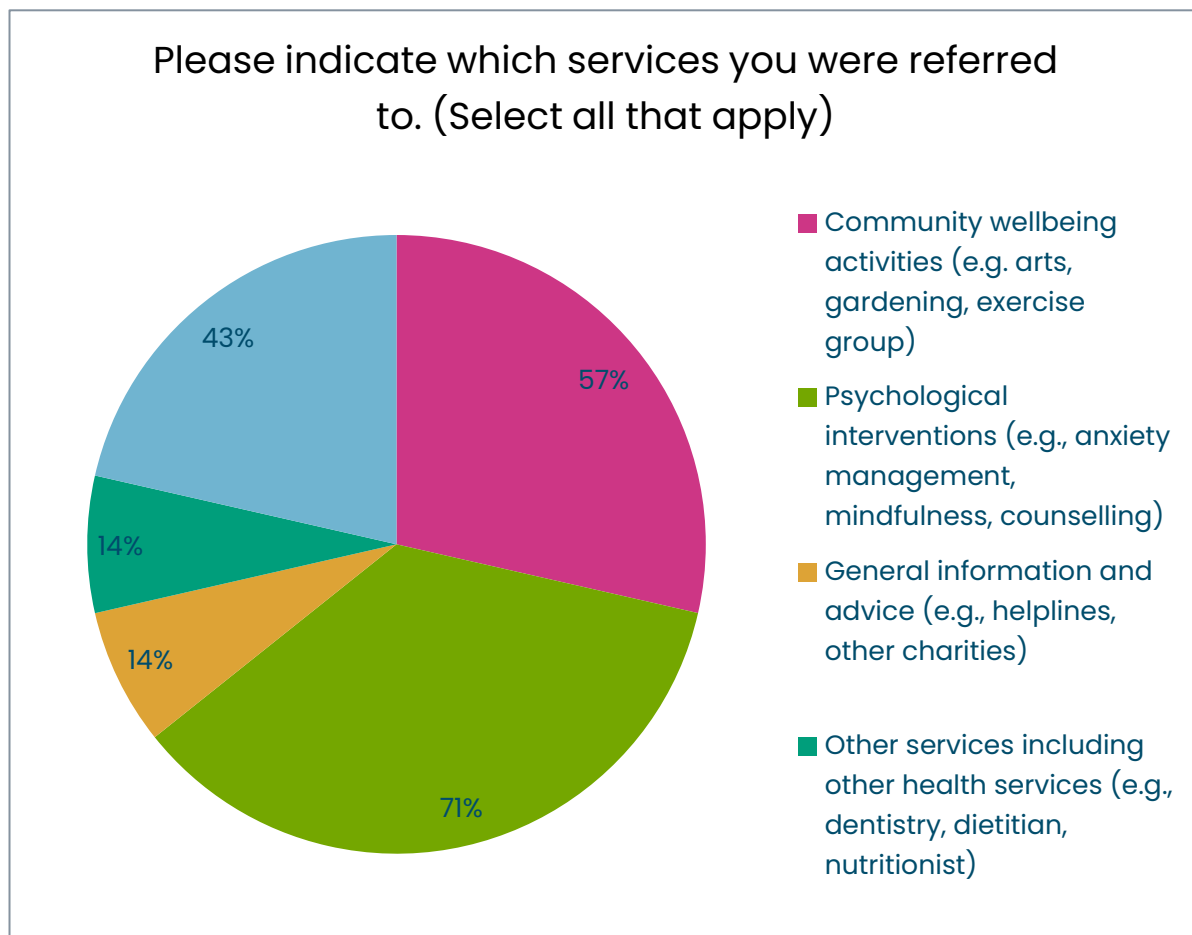
- Approximately half of the respondents feel that they receive enough information and advice and are included in the planning process, suggesting that there is room for improvement in these areas for some clients.

5. Accessibility Challenges:

- About a third of respondents feel that they can easily meet with their link worker, indicating that there may be some accessibility challenges for a portion of the clients.

In conclusion, most respondents seem to have a positive and supportive experience with their link workers. However, there are areas such as providing information and advice and ensuring ease of access where improvements can be made to enhance the overall quality of service.

3.4 Experience in using suggested activities or services from link workers



Respondents were signposted to different activities depending upon their issue. 71% were signposted to psychological interventions (e.g., anxiety management, mindfulness, counselling). 57% were referred to community wellbeing activities (e.g., arts, gardening, exercise group). 43% were referred to services to help with socio-economic needs (e.g., benefits advice, housing). The remaining were provided with general information and advice (e.g., helplines, details of other charities) and other services including other health services (e.g., dentistry, dietitian, nutritionist).

Respondents also listed some of the groups or organisations to which they had been referred, as indicated below.:

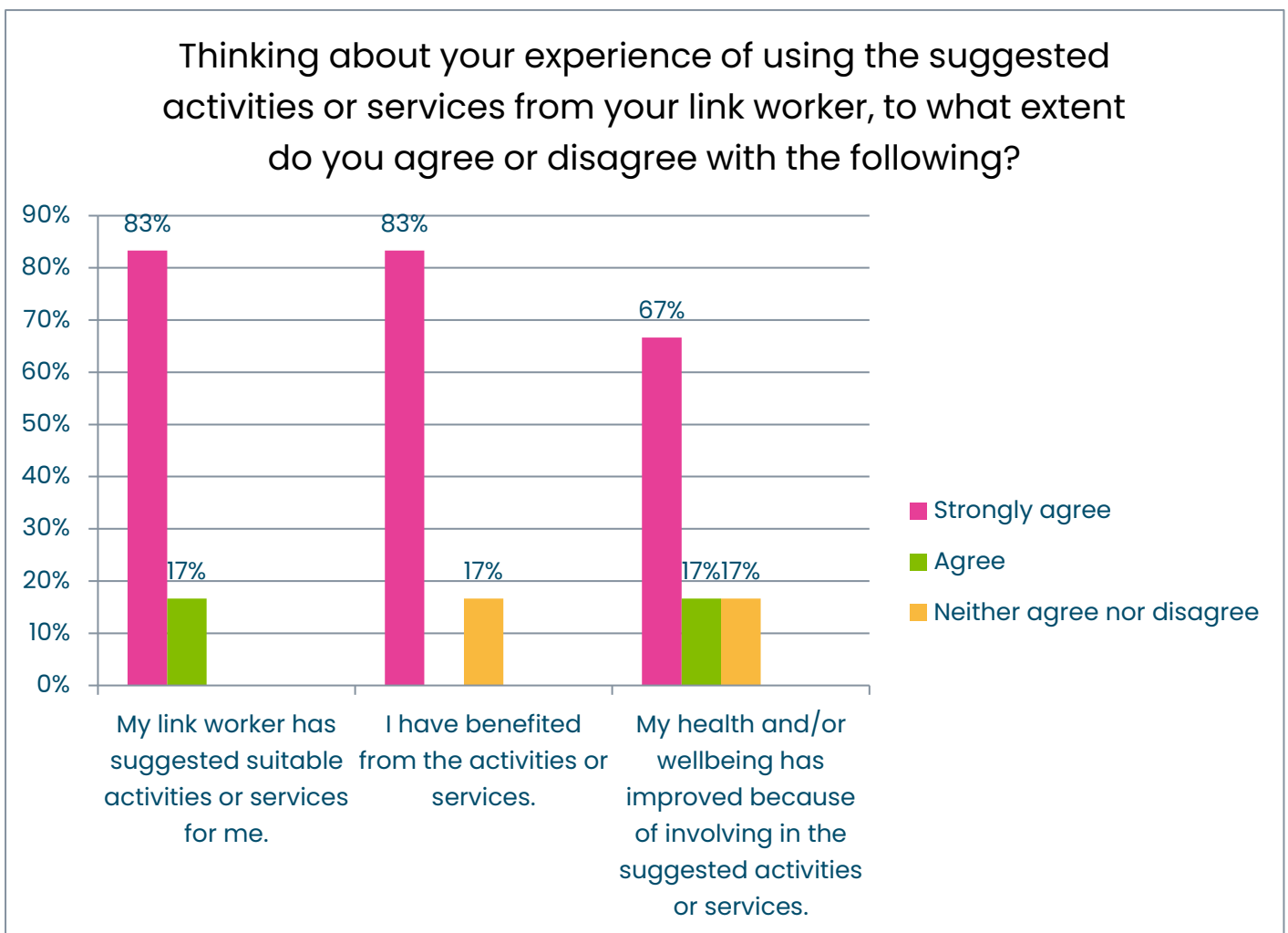
- Grief counselling service
- Art therapy: Gogh off drawing class
- Thames Life
- Creative Wellness

- Evening Rush Green sewing group
- Volunteering at Barking Library
- Gardening at Eastbury Manor as a volunteer

They also mentioned the places they had been to for these activities:

- Victoria Centre, Raphael House
- Chadwell Heath Community Centre
- Online
- Hornchurch

Overall, most of the respondents have positive experiences with their activities or services referred from their social prescriber.



The findings around the experience of using suggested activities or services from link workers are summarised below:

1. Suggested activities and service suitability:

- 83% of respondents strongly agree that their link worker has suggested suitable activities or services.
- 17% agree with this statement, indicating a high overall satisfaction with the appropriateness of the suggestions.

2. Benefit from the activities or services:

- 83% of respondents strongly agree that they have benefited from the activities or services suggested by their link worker.

3. Health and wellbeing Improvement:

- 67% of respondents strongly agree that their health and/or well-being has improved because of engaging in the suggested activities or services.
- 17% agree with this statement, suggesting a positive impact on health and wellbeing for a significant portion of respondents.

In conclusion, the findings indicate that most respondents have had a positive experience with the suggested activities or services from their link worker. They find the activities are suitable, believe they have benefited from them, and report improvements in their health and well-being. These findings suggest social prescribing is successful in directing people to the most suitable service for their issue, and that the service is benefiting the person by improving their health and wellbeing.

Respondents shared their positive experience of the activity or services below:

“Excellent.”

“Was helpful.”

“Positive experience, the therapy works and more art please.”

“Gogh off activity allows you to be yourself, to be with people and community and be open, not being judged which is good. It improves self-confidence and I am still a bit in need of help, but I am better than before.”

These responses convey how the social prescribing service is helping and supporting people who have low level mental health issues.

In addition to the positive feedback, respondents also suggested some improvements to the service. For example, a respondent expressed that the activities were helpful but only lasted for a short period, and would have been more beneficial if they lasted longer. This suggests that a longer duration of sessions would be more beneficial to service users.

Another respondent pointed out that the social prescribing service is highly dependent on the patient’s motivation and willingness to contact the services suggested. This highlights that people may benefit from engagement with link workers in order to motivate and encourage them to attend the service they have prescribed. One suggestion for this could be by providing an

accompaniment to go with people for their first session. This finding is echoed by a project coordinator of creative workshops for adults in the borough, as seen below:

Case study: The need for a support worker in maximising client's engagement for referred activities

I work for an arts charity which provides creative workshops for adults in Barking and Dagenham. I get many referrals through the Joy app from social prescribers, but I find most referrals will not attend our workshops and therefore they get no benefit. I strongly believe people who are referred to a service should be provided with a support worker (at least for their first workshop). Often their mental health is particularly bad at the time of referral, and it proves too difficult for them to attend alone. When I call referrals, they are often very emotional and lacking in support. They also often say this is the first time they have been offered a service. It is too much for them to do alone.

3.5 Overall experience of social prescribing services

Overall, most of the respondents have expressed positive experiences with the activities or services that they have accessed when referred by their social prescriber.

Regarding your overall experience of social prescribing, to what extent do you agree with the following?

Based on the provided results from the survey about the experience of using suggested activities or services from a link worker, the following findings can be summarized:

1. Confidence and Self-Esteem:

- 80% of respondents agree (60% agree and 20% strongly agree) that their self-esteem has improved.

2. Wellbeing and happiness:

- 80% of respondents agree (60% agree and 20% strongly agree) that they feel more confident having accessed prescribed activities or services.
- 60% of respondents agree that their wellbeing has improved, while 40% neither agree nor disagree.
- 60% of respondents agree that they feel happier.
- 60% of respondents neither agree nor disagree that they feel more hopeful about their future.

3. Physical health and connections:

- 60% of respondents neither agree nor disagree that their physical health has improved.
- 60% of respondents agree that they have created connections with the community and its members.

4. Control and loneliness:

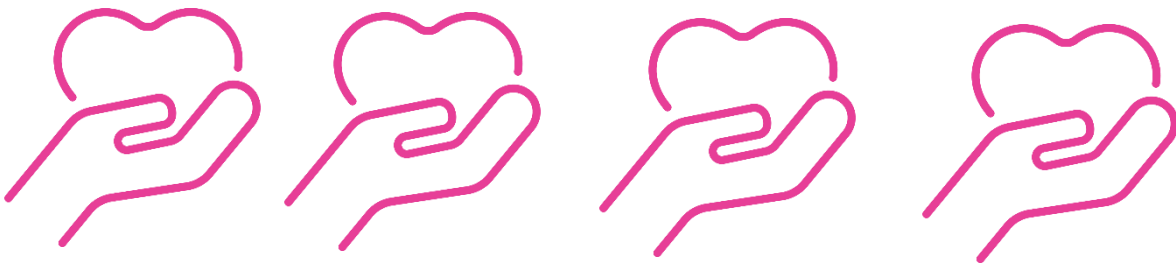
- 40% of respondents agree that they feel they have more control over their lives, while 40% neither agree nor disagree.
- 80% of respondents agree that they feel less lonely.

These findings demonstrate that the suggested activities or services from link workers have had a positive impact on various aspects of the respondents' well-being, including self-esteem, confidence, happiness, and social connections. While physical health improvement and increased hope about the future are not experienced as much, the overall result is one of positive change and improvement in the lives of those who have engaged with these services.

3.6 Overall satisfaction with social prescribing services

We asked the respondents to rate the social prescribing service on a scale of 1 to 5, where 1 is "Not satisfied at all" to 5 is "Extremely satisfied."

The average satisfaction rate for the social prescribing service is 4/5 which shows that the respondents are quite satisfied with the service.



Respondents also indicated they would 100% recommend the social prescribing service to others; this is a significant success.



Case studies

Psychological well-being practitioner from Talking Therapies

I want to know what happened next for my clients: A psychological well-being practitioner's story

Streamlining the referral process

"I am a psychological well-being practitioner in Talking Therapies. Clients refer themselves to Talking Therapies or GPs refer them. We then undergo the triage assessment to assess their suitability for the talking therapy service. If the therapy is not suitable, clients may be signposted to other services, for example, social prescribing services. In the past, referrals were made through email. We would complete the form and email it to a designated address."



Recently, the introduction of the Joy platform has streamlined the referral process, which enabled us to complete the form via the app and submit it digitally.

Challenges in following up on clients' post-referrals.

Despite the benefits of the Joy platform, there have been challenges in following up with clients post-referral.

Lack of feedback on the clients' progress, making it a hit-and-miss situation.



"For example, once I had done the referral, I did not know what happened next to the client. Without this information, I am uncertain about the outcome of my referrals and whether clients receive the support they need."

The importance of understanding the services offered by social prescribing in detail



Social prescribing was quite effective in addressing issues like finance, homelessness, and social isolation. However, the website is very vague. It is good to know what social prescribing offers in detail for our clients and continue to know their journey.

"A one-page document with all information about what the service offers and the process will be beneficial. For example, explaining how the referral process is, how long is the wait, what is the assessment process and what the meetings will look like. Breaking down how things work on the journey of social prescribing would enable the clients to know what to do and what the social prescribing service offers once they are referred."

Voluntary perspective: Community Chest

Empowering Communities: The Impact and Challenges of the Community Chest for Social Prescribing

The Community Chest for Social Prescribing is a grant fund from NHS Health Inequalities to help build capacity in local Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations to engage more fully in social prescribing. In 2022-2023, there were 15 projects led by local community groups through the Community Chest. It is also worth noting that two thirds of the funded organisations were Global Majority-led. These projects covered a wide spectrum, ranging from well-being and mindfulness sessions tailored for mothers and daughters to conversational English programs for adults with English as a second language. The allocation of funding followed a participatory budgeting approach and was supervised by a steering committee comprising VCFSE organisations.

The Community Chest plays a crucial role in supporting social prescribing services in several ways. It has significantly increased awareness of social prescribing within diverse community groups that were previously unfamiliar with this service. Secondly, the Community Chest supports and empowers these organisations by guiding them through the grant application process, helping them pitch their ideas effectively and facilitating their access to funding.

Although the Community Chest works well, they are facing some challenges. For example, they noticed a lack of knowledge and referrals coming from social prescribing, primarily because many organisations were unsure about social prescribing services and their potential benefits. The Community Chest also discovered that many organisations were uncertain about the number of referrals they had made to social prescribing services and whether these referrals had resulted in actual attendance. Additionally, many organisations associated with the Community Chest had not established connections with social prescribers or link workers, which is crucial for the effective implementation of social prescribing services.

In conclusion, the Community Chest provides strong support for social prescribing services. It has had remarkable success in increasing awareness of social prescribing among previously uninformed community groups, and its role in empowering organisations through grant application guidance has been helpful for local community groups. Addressing these challenges is essential to further enhance the Community Chest's role in supporting and strengthening social prescribing initiatives within the community.

Client Perspective

A story of a local person that has benefitted from social prescribing

Barking & Dagenham Social Prescribing service have a number of case studies collected from their clients. One involved Rosie, who had been referred for support around mental health and domestic abuse.

As conversations began to flow, Rosie advised that she would also like support in accessing counselling for her mental wellbeing. Rosie also wanted to explore support in reducing debts

and getting some legal advice. Together Rosie and her link worker began to plan, looking and Rosie's concerns and goals.

Support information and options were discussed with Rosie and the following referrals were made: Havering Mind, Citizens Advice Bureau and the Community Food Club. Rosie was signposted to further support and advice around housing, mental health and domestic abuse. Due to Rosie being in private accommodation, the team were unable to move her but were able to give her the right advice in making this happen. Rosie was able to seek housing support from High Wycombe council and was placed into Temporary Accommodation. Rosie is now getting housing support and feels safe.



"I feel the support of Social Prescribing has been amazing! Before I was contacted, I felt I had no idea where to start, or who to go to for support. As soon as I was contacted by my link worker, a whole load of support was offered. I really appreciate the support given and feel the conversation made me feel non-judged. I feel this has really helped me and I now have a good understanding of what support is available to me"

Social prescribing model in Havering

A story of a social prescriber working for the Marshalls Primary Care Network (PCN) in Havering

The Marshalls PCN commissioned Family Action to provide their social prescribing service. As per the Barking & Dagenham model, they work with individuals to develop personalised well-being plans centred around the "What Matters to Me" principle, with a holistic perspective, and connecting people with local VCSFE groups.

Most of their referrals come from GPs, with some from pharmacists, practice nurses, paramedic practitioners, occupational therapists, Talking Therapies, and self-referrals. The service offers a telephone number for self-referrals, a feature that the social prescriber believes has contributed to the increased number of referrals. Self-referrals can also be made through an appointment link sent by GP receptionists or other health professionals.

The social prescriber firstly conducts an initial assessment with the client, and based on this assessment, they make appropriate referrals and offer support tailored to the client's requirements. The social prescriber handles a diverse range of referrals, such as cases involving social isolation, housing issues, carers, dementia, social group activities, lack of transportation for older patients, requests for fuel and grants related to cost of living, as well as mental health support connections.

The social prescriber maintains regular contact with the client, typically making 1-3 follow-up calls to monitor their progress. The service provides 6 sessions, and if a client requires long-term assistance, the social prescriber is prepared to provide ongoing support. As per social prescribing in Barking and Dagenham, the social prescriber ensures that the client receives the intended services. They make sure the client has received the required support before closing the file. For example, when referring a client to community activities, the social prescriber conducts a follow-up call after two weeks to confirm that the referred service has made direct contact with the client. They are open to conducting face-to-face meetings.

The social prescriber expressed their appreciation for the robust support network available in Havering. They noted that the Primary Care Network (PCN) is highly aware of the work of social prescribers and social prescribers are invited to participate in a variety of meetings, including joint-up meetings, Integrated Care meetings, dedicated social prescriber meetings, and local authority meetings. This involvement not only helps social prescribers establish a strong network both within and outside their organisations but also ensures they stay well-informed about available resources in the community, a crucial aspect of effectively assisting their clients.

Furthermore, the presence of live directories, which provide an up-to-date list of available services, equips social prescribers with valuable information to guide and refer their clients effectively (much like the Joy app that is used by Barking and Dagenham). These resources enables them to make informed decisions about which services to recommend or refer clients to. Below is a success story shared by the social prescriber:

The social prescriber received a referral from a parent who, along with their children, was in insecure accommodation. The parent was experiencing bereavement and lacked a support network, necessitating mental health support. The social prescriber effectively facilitated connections to housing and children's services, enabling them to collaborate in providing the necessary support. And now, the parent and the child have been offered safe accommodation.

Recommendations

After a thorough evaluation of all the data gathered for this study, we would like to offer the following recommendations:

- Increasing the service's visibility is essential, given that the results suggest low awareness and a lack of information about the service. This could be in the form of multimedia campaigns, videos from trusted community/faith leaders in different languages, and targeted outreach.
- Residents expressed a need for increased advertising of the service, particularly within GP surgeries, therefore we recommend training for staff at GP surgeries to enable them to raise awareness of the social prescribing offer.
- Healthwatch recommends reviewing the information that is currently available about social prescribing and detailing clear guidelines for its process. Providing a comprehensive and detailed overview of what social prescribing offers to residents with clear explanations of the services and support available, the process of accessing them, and the potential benefits will help convey the positive changes that social prescribing offers.
- Ensure that the website is transparent about the services available, eligibility criteria, and the steps involved in participating. Residents should easily find the information they need to make informed decisions, and ideally be aware of how to access the Joy platform to see all available activities and services, at present this is not visible.
- Recognise the importance of patients' motivation and willingness in determining the success of the services. For example, by considering providing a 'buddy' to accompany people to their first time at activity or session.
- Healthwatch recommends introducing a system of regular follow-up with patients. A longer and more consistent engagement can foster motivation and change. Clients are more likely to feel supported and encouraged if someone is checking in on their progress. This ongoing contact can help maintain their commitment to the recommended services.
- We recommend that Barking and Dagenham social prescribing service learns from and shares best practice from services operating in other boroughs, in order for ongoing improvement of the service, and consider different referral routes to improve access.

Acknowledgements

We would like to express our sincere gratitude to all the participants who dedicated their time and insights to the social prescribing project. Your invaluable contributions have been instrumental in the success of this initiative. We would also like to extend our appreciation to the following organizations for their support and collaboration throughout the project (arranged according to alphabetical order):

Age UK, Chadwell Heath Community Centre, Green Shoes Arts, Healthy Lifestyle Team Barking and Dagenham, Marks Gate Relief Project, Marshalls PCN Havering Social Prescribing Service by Family Action, Talking Therapies in Barking and Dagenham and Redbridge CVS.

Your dedication to distributing and facilitating semi-structured interviews has played a crucial role in gathering essential data and ensuring the project's effectiveness. Together, we have made significant strides in advancing the field of social prescribing and improving the well-being of individuals in our community. Your commitment is deeply appreciated, and we look forward to continued collaboration in the future. Thank you for being an integral part of this meaningful endeavour.

Response from Provider

The Service Manager of Healthy Lifestyles/Social prescribing team kindly provided a response to our report:



Although the number of social prescribing referrals received from a GP has grown significantly since the service started in 2019, the report has demonstrated that there is still a lack of awareness about social prescribing from the general public.

One of our aims is to open a self-referral pathway that is advertised on the practice websites utilising the joy marketplace so residents can also self-refer to a number of services.

This will work alongside introducing Joy connect as part of the clinical system meaning that practice staff can make direct referrals or signpost to a range of services which will support with the current capacity issues.



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Barking and
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