

Social prescribers in Community Organisations

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Health Equity Ambition

We are interested in understanding more about the impact that working with culturally attuned / affiliated social prescribers has on a range of areas including:

- Types of health needs identified
- Types of referrals made
- Barriers identified to health access and health improvement
- Impact on health outcomes

There are a range of examples of how locating services in communities enables access for those who may not access services through mainstream routes.

Social prescribing connects people to community-based activities, to support better health. Data on demographics of who accesses social prescribing is forthcoming; in the meantime it is reasonable to assume that uptake will be lower in communities where health access is consistently lower.

Assessing Outcomes

UEL are supporting the learning and assessment through:

- **One-on-one interviews with randomly participants** from prioritised ethnic groups.
- **Warwick Edinburgh** questionnaire at pre and post intervention
- **Focus group discussions** with participants from different communities

Learning methods are regularly reviewed to ensure that they are not unduly interfering with the delivery of support, particularly the Warwick Edinburgh questionnaire where feedback is that it is more intensive than usual interactions with health advisors.

Outcomes To Date (as of 31/07/2023)

Note: delivery began Jun 23. Comparative data not yet available; outcomes to date are around health needs of residents supported by the programme

Who

- **70 residents** supported
- Majority (78%) **women**
- Majority (65%) between **45 and 66** years old.

Presenting needs

- Most frequent presenting need is **housing**
- Loneliness, mental health, finance and food poverty also frequent

Barriers to access

- **Lack of English** is the most frequent issue – including inability to make appointments
- Financial barriers and poor mobility
- **Cultural mistrust of Western medicine**, stemming from past historical contexts;
- **Digital exclusion** and challenges using digital tools
- **Limited time for presenting medical cases** to health professionals

Still more to explore – eg how do the Health Advisor needs assessments and referrals compare to GP-based social prescribing,

The Approach

One Newham, the membership body for voluntary and community organisations in Newham, developed the approach based on experience supporting residents.

In April 2023, three organisations were selected through a competitive process to host community health advisors:

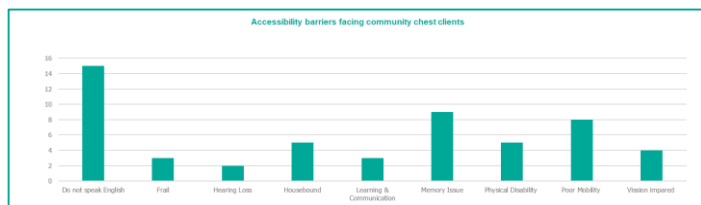
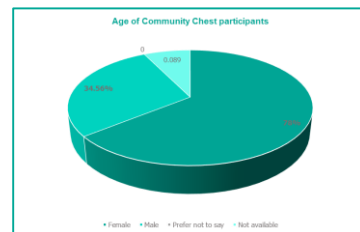
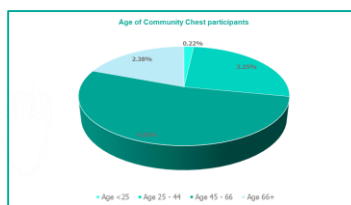
- **Blossom Place** – South East Asian residents;
- **HealTogether CIC**– Somali residents;
- **Salem Health** – West African French-speaking residents.

Health Advisor is the name chosen by the grassroots organisations for the role; it was felt that this name was more meaningful and engaging for residents.

A part time Health Advisor from the relevant community has been appointed in each organisation. They have received relevant training to hold group sessions and deliver 1:1 support for residents.

The Health Advisors use a range of different engagement methods including outreach into communities, one to one and group sessions.

Health Advisors provide direct support to residents and also refer residents to other services that can provide support. They are often supporting people to access these services.



Community specific findings:

Asian Community

- Increased need for awareness about health issues and diabetes and arthritis.

African Francophone Community

- Focus on drugs and smoking cessation and awareness and support for sexually transmitted diseases
- Not seeking medical attention unless ill