



# **Social Prescribing: Exploring Barriers**

**Engagement Report**

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# About Healthwatch Shropshire



Healthwatch Shropshire is the independent health and social care champion for local people.



We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

## What is Social Prescribing?

Social Prescribing is where we are 'prescribed' a social/community activity instead of a clinical solution. It is to help people who have social, emotional or practical needs, such as; pre-diabetes, loneliness/isolation, low-level mental health problems, lifestyle risks such as smoking etc.



Your GP, or community centre, refers you to a Social Prescribing Advisor who would help you to develop a personalised action plan to improve your health & well-being. This may involve support to access local opportunities and activities.

The purpose of Social Prescribing is to help with the prevention of clinical need.

## Context of Project

We were asked by the Healthy Lives team at Shropshire Council to engage with the people of Shropshire regarding Social Prescribing. We wanted to get a better understanding of the needs of local people and the challenges that social prescribing could face within the county.

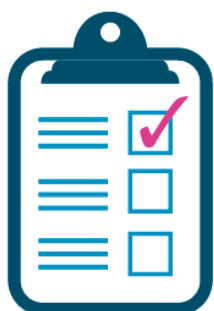
We would report our findings to the Healthy Lives Steering Group, to influence the direction of the Healthy Lives Framework.

We were asked to report on the following:

- Main themes that come out of talking to people
- What is preventing people from accessing services?
- Where are the vulnerable populations & why aren't they being reached?
- Where the possible gaps are?

The brief remit we were given by Shropshire Council was to contact people who live in sparse rural areas as a priority. Young men were a group they wanted us to link with, if possible. Preferably, we were to engage with people who were not already accessing social support and not in the over 65 age-group, as it was felt that they would already be supported by Community and Care Coordinators. We were also asked not to focus on anyone with very complex needs.

## What we wanted to do



We wanted to connect with people who are often less heard. We were always conscious of the Protected Characteristics as listed in the Equalities Act 2010 and the recognised seldom heard groups.

We wanted to reach people who wouldn't normally attend groups or forums. In our experience, a lot of groups locally are attended mainly by older people who we were specifically asked not to link with.

Also, by attending a group, a person is already accessing social/community support and we were keen to speak to those who were not as requested.

We hoped that the outcome from this piece of work would be an increased understanding of the health and wellbeing issues of people living in Shropshire, along with their challenges accessing social/community activities and the gaps in service provision to meet those needs, which could be met by social prescribing.

## What we did

It was a challenging project, mainly because we had to think 'out of the box' when it came to engaging with the required people.

Very few people we spoke to had heard of social prescribing and we found that people are not that interested in the subject.

However, by being enthusiastic, asking open questions and having free dialogue, we have had some interesting discussions with a good variety of people.

As we were trying to reach the ‘quieter voices’, we decided to try and reach people in a different way and so we contacted people via telephone and email. We also went to some more rural areas and simply talked to a variety of people. For example, outside shops/pubs/post offices, at the mobile libraries, farmers markets, walking their dogs etc. We attended business networking events, chatting with people and followed this up with emailed questions for them to circulate.

We gave a brief explanation about social prescribing and asked open questions such as

- How would you feel to receive a ‘social prescription’?
- Do you feel that you have needs that are not being met & why?
- What are the issues/barriers in your lives, or the lives of your friends/family, that are stopping you from accessing services?
- Who do you think are the people that may fall ‘through the gaps’ in services?
- Where are the vulnerable populations and how can they be reached?



We identified the more rural people from Healthwatch Shropshire’s membership and contacted them directly.

We spoke to people who work within the health and social care sector including social workers, Occupational Therapists, nurses, support workers, care managers, Voluntary and Community Sector Assembly members, along with church leaders and community group organisers.

We have engaged with rural communities, business parks (working people), colleges, refugees, people with disabilities, family carers, the sensory impaired, people on the autistic spectrum, people living in poverty some with substance misuse issues, farming communities, people with poor mental health

It was important to assure everyone that Healthwatch is independent and that all comments would be anonymised. We found that there was some mistrust of engagement from people seen to be in charge of services, and some worry that people’s voice would not be fully represented in an open and objective way. It was understood and appreciated that Healthwatch Shropshire had no ‘hidden agenda’ and that people were free to express themselves with absolute honesty.

## What we found out

### Family Carers

Family Carers told us that they see themselves as a vulnerable group of people who can be over looked and taken for granted. They claim that they definitely fall through the gaps.

They are unhappy about lack of formal support and would prefer that the council's focus was on improving statutory services rather than social prescribing.

We heard comments about how support services for carers in the county have deteriorated considerably compared to what they used to be.

- “I would be most annoyed if my GP fobbed me off with a platitude of other services”

It was felt that respite care is ‘virtually non-existent’ and so there is no time to take part in anything else away from their caring responsibilities.

- “I get 2 hours off from my caring role each week. By the time I have got somewhere (as I rely on public transport), it is virtually time for me to get back home”

Even if they had some time to partake in something, they would be worrying about their cared for and so not fully engaging.

- “Isn't this just shifting more responsibility onto the 3<sup>rd</sup> sector?”

Carers felt that it would be useful for them to know what support is available locally, as they are too busy caring to research this themselves.

Carers of adult children with learning disabilities are terrified about what will happen to their children when they are gone or if they become unable to care.

There was an understanding about the importance of prevention and they try hard to stay well so that they can continue caring. However, they tend to put their cared-for first and cannot find the time to visit their GP, so their health can suffer and deteriorate.

- “We are ‘under the radar’ as family carers, especially if you are self-funding.”

## Parents of young children and pregnant women

There were many comments about the fact that parents support mechanisms had gone now that the Children's Centres have been closed down. They would prefer to still have these services available, to help address their mental health, isolation and loneliness and lifestyle choice issues. Essentially, these groups were parent's social prescription.



“It was great to have my local group close to where I live, where I could walk and my child had fun in a safe environment, whilst I could talk to the other parents about stuff that bothered me. Then the staff would help with things like filling out forms or baby concerns, as well as reminding me to attend clinics or introducing me to other organisations that could help me. I had postnatal depression and this group was my salvation. I am gutted for me and all future parents around here.”

Maternity leave was commented on as being a lonely time for some, especially if they live rurally.

There are lots of groups in the main towns, but parents felt that these “can be very expensive” and in some cases aren't able to attend because you need transport to access them; even when you live in a town, you may need 2 buses to get somewhere.

## Rural Communities

People from rural communities largely feel that they support each other well.

Lots of low key voluntary work is going on in villages and towns to help local people such as; lunch clubs, meal deliveries, craft lessons, help at home. It can be just one person, but they are making a huge difference.

Many claimed that they rarely go to the GPs. They try to stay well and don't like to 'make a fuss'.

“There is one bus a day here. There is no way I could attend anything in the nearest village or town”

There was a feeling that these individuals choose to live rurally because they don't want to mix or join groups.

“People can have severe problems but no one knows about it as they are behind closed doors in the middle of nowhere.”

These communities felt that rural areas are not well serviced, with Post Offices, shops, schools, pubs etc. all closing. Bus services are also being cut.

Voluntary driving schemes tend to concentrate on hospital appointments.

Broadband issues mean that accessing vital information can be impossible.

People who work and live rurally say that by the time they get home in the evening and carry out family duties, they do not feel like going back out and travelling to a group or activity. But then they cannot access daytime things as they are working, so they end up not doing anything.

## Younger People

We found that this group were less keen to engage. They didn't feel social prescribing was relevant to them, but could see how it could benefit older people who are at risk of illness, loneliness etc.



They feel that they support each other well with things like mental health issues and think they are more open to talk about it than other generations.

There are cost implications to joining gyms, groups etc. which can be a barrier.

We were told that to some young people, people in authority advising them what to do can feel patronising.

They feel their age group is well informed about lifestyle choices and very aware of what is healthy.

They want to look good and stay fit, so are motivated.

- “We Google what we want to know and have social media and apps to help us.”

## Refugees

Locally, refugees are well supported by groups and individuals in their communities. Because of this, they are aware of social prescribing.

There are examples of where they have been linked with community activities to help with their mental health and wellbeing.

They are very keen to integrate and learn about what is available to them and their families.

They are open to and very grateful for, any help and guidance. However, timings of things can prevent them from joining in as they are working and have families.



## Farmers

It has been widely reported that large numbers of farmers have mental health issues, with a high incidence of suicide.

Their farms tend to be isolated- plus they work where they live, so rarely leave or mix with others.

They have no time to attend GP appointments with critical things like hypertension or blood tests, let alone discussing their low mood.

- “Farmers tend to be too proud to admit they have a problem. I don’t know any that go to the doctor for check-ups. Even if we hurt ourselves, we just get on with it. We never ask for help or raise an alarm”

They don’t have enough time to access any activities or such-like as they work 7 days a week and very long days.

- “I support these people and they are definitely a vulnerable, high-risk group. Pride is their barrier. Plus, they are busy working so the timings of things often do not accommodate this.”

## Adults with Autism



There is a strong feeling amongst this group that social prescribing should be more accessible.

Adults with Autism may have communication problems such as talking on the phone or making themselves clearly understood. This could be a barrier in terms of social prescribing.

They may not want to talk to their GP about issues, as some have had previous bad experiences and not felt supported.

Some individuals stated that they would feel more comfortable talking to people at the Autism Hub and so they would like these trusted people to be able to refer them and for any meetings to take place there.

- “Any referral should be acted on quickly as it has probably taken a long time for someone to admit they would benefit from some help.”

If an activity has a cost, that may be an issue.

They may need to meet the Social Prescribing Advisor more than once to complete a plan.

If they agreed to attend an activity, they may need the Advisor to accompany them until their confidence builds.

They feel very let down by services and expressed cynicism about social prescribing.

- “Have the Advisors been out to the groups or activities they are referring to so that they fully understand what they offer?”

This community appear to feel very vulnerable and think they frequently fall through the gaps. They don't feel listened to by health specialists and others in statutory services.

- “We need options to harness our creativity.”

## Community Churches

Those involved in community churches claim that it is getting harder to meet service user's expectations.

Generally, people do not want to pay for any service.

Social Prescribing was felt to be an excellent idea and agreed to be the way forward, but it was felt getting people 'through the doors' is the main challenge.

- “In our experience, we ask people what they want, set it up, but then they don't come.”

There was a feeling of pressure on voluntary services and churches to provide services, but a belief that there is no extra money available and these groups already have waiting lists because of lack of services.

People want things on their doorsteps and do not want to, or cannot, travel.

Their clients are having real problems with accessing the benefits system which can affect everything.

- “We support people living in poverty and with debt issues. It has taken a long time for them to accept our help or to trust us. This resistance may be a barrier to them engaging with the Healthy Lives programme.”

## People with sensory impairments

The Social Prescribing Advisors will need to have a thorough knowledge of available services and not just the obvious ones like Age UK or Walking for Health groups. Blind or deaf people may need specialist support.



There is some great support and encouragement in Shropshire to get people with sight and/or hearing loss out and socialising but you have to know it is there.

- “The My Guide volunteer <sup>1</sup> I was linked with changed my world. I can now walk to my GPs, get my own shopping and attend a local social group, which I never had confidence to do before. I went through my GP, Ophthalmology etc. but no one told me about this, I found it myself by accident. My Dad found lip reading classes for him too and that has enabled him to go back to his hobby group as he can now join in the conversation. I wish access to these things was easier.”

The sensory impairment itself may be a barrier to accessing help and support, therefore more encouragement and planning may be required when completing a plan.

We were told that having a sensory impairment can be very scary and it would be easy to just stay at home where they feel safe. Therefore, many thought that social prescribing is a good idea to support people to access things in their community.

## Homeless People and Substance Users

People told us that they do not care enough about themselves to expect help and don't think anyone else cares either.

They say there is no help available whilst they are using.

They feel judged, even by medical professionals. They claim not to be welcomed in standard services, even GP practices.

They are signposted 'from pillar to post'.

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<sup>1</sup> My Guide is a Guide Dogs service that enables people with a vision impairment to get out of their homes and into the community through the help of a volunteer acting as a sighted guide.

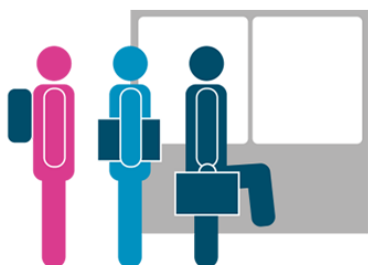
Someone claiming to be a ‘functioning alcoholic’ told us:

- “I have no time for anything else apart from working, keeping my family together and drinking. If I was offered services, I would say yes but then I’d back out. It’s too over-whelming for me. Plus I am scared that my problem will be discovered.”

The homeless people told us that they struggle to register with a GP and tend to end up needing emergency treatment. The outreach team take them to A&E.

Any kindness they receive, they are grateful for, but they do not believe that social prescribing will be offered to them.

## People of working age



The most common thing we heard was about the lack of time. People are working long hours and a lot of the activities only happen during the daytime, inside of working hours. This can immediately isolate this group from taking part in activities, willing or not.

Some of the younger men told us that they go to the gym before or after work, but the ones with family commitments do not have the free time or funds.

People also tend to avoid GP appointments due to being at work; they feel unable to take appointments during work hours, aren’t always aware of alternative hours or services. Also, they are aware that GPs are over-stretched and so do not want to ‘bother’ them unless they really need to.

- “I only go to the GPs when I am really unwell and need a prescription or a referral to see a Consultant.”

They understand the importance of preventative health and see how social prescribing could be of benefit to this.

It was commented that people need to know that they may have a problem and then be ready to accept help.

- “I know I need to lose weight for my health, but I need to be in the right head-space before starting a diet and exercise regime. Someone encouraging me would make no difference.”

People suggested social prescribing could have come about because of government and local cuts, resulting in a heavier reliance on volunteers and goodwill.

They commented that there are more obvious vulnerable people who we may immediately think of, but that there are many ‘working well’ people, who may be

‘ticking bombs’. That all offices, streets, towns have vulnerable people who would benefit from help, but reaching them is hard, especially if they do not go to the GP or link with anyone else who can refer them for social prescribing.

## People who work within health, social care and voluntary sectors

- “I have always felt it to be an advantage for social work staff to be based within GP practices. I think there is less stigma attached. Many people do not mind going to the GP for help and advice, so hopefully most would be accepting.”

We found that people working within these fields were not familiar with social prescribing, however the voluntary sector were.

They are concerned that they already work to capacity, are applying for small grants to sustain their services and struggle to recruit/retain volunteers, yet the pressure to help more people is going to increase with social prescribing when they already have waiting lists.

Most commented about the importance of preventative health and how positive social/community activities can be, resulting in positive outcomes for service users.

- “We have always helped our service users to access appropriate groups and activities, signposted and supported them through the process. Empowering them to take responsibility for their own health and wellbeing. Tell me, how is social prescribing different or new?”

Possible barriers mentioned were: lack of time, lack of available information and a reluctance to engage.

- “This service needs to be accessible to all, not just those visiting a GP or who have a social worker for example. Many in need will miss out.”



There was concern about how the Community & Care Coordinators fit in with social prescribing. Many feel that this is the role that they fulfil and questioned why another ‘project’ has been set up.

- “A barrier may be that some people just prefer things to remain as they are, or don’t want others interfering perhaps. Some people don’t realise that advice from others could benefit them.”

It was queried whether GPs have time to get to the real issues as to why a patient is seeing them. They may present with a sore throat, but actually they are struggling

with their mental health and on-going stress. They may leave with some antibiotics but their bigger issue has not been addressed.

- “Cuts in services results in less places to refer to.”

A need was expressed for the social prescribing team to work closer with social care practitioners in the hubs and to share information.

## Summary of Findings

The main barriers to people accessing services appear to be:

- Not knowing about social prescribing
- Not linking with a ‘referrer’
- Lack of knowledge and/or acceptance that help is needed
- Not wanting to engage
- Not wanting to ‘bother’ their GP
- Lack of time
- Being in full-time employment
- Transport issues
- Cost implications
- Lack of local appropriate services- both in type of service and availability
- Fear

The most vulnerable people are considered to be:

- Older people
- People with mental health issues
- People on the autistic spectrum
- People with learning disabilities
- Farmers
- People with undiagnosed dementia (or other cognitive impairments)
- Isolated people with no support network
- People living in poverty
- Family carers, especially hidden ones
- People with access issues
- There are vulnerable people in all communities, not just the obvious ones such as areas of deprivation

The people who may fall through the gaps are considered to be:

- People who don’t visit their GP (or other Referrer)
- People who don’t meet the criteria
- People who don’t know social prescribing exists

- People living rurally
  - People who don't acknowledge they have a problem
  - People who don't like to ask for help or may be embarrassed
  - Hidden carers
  - Working people
  - Busy parents
- 

## Recommendations

We suggest that the following points are considered by the Healthy Lives team:

- We would strongly recommend that to make social prescribing more accessible and to remove barriers, people need to know it exists. Professionals need to be fully aware as well as the general public.
- There needs to be promotional material dispersed everywhere the service is available. In churches, community notice boards, village halls, shops, public toilets, colleges etc.
- Social media presence is vital to raising awareness, as well as newspaper articles and radio interviews.
- Successful outcomes from the work should be celebrated publicly, to encourage people to consider the service for themselves.
- From what we have heard, we feel the referral pathway needs expanding. Work needs to be done to make it easier for people to get referred into the system; there should be less reliance on just GP practices.
- Self-referrals are necessary to avoid people falling through the gaps, as well as others such as family members, friends, neighbours being able to refer directly on behalf of people.
- Communities may need to be encouraged and supported to set up more groups or activities to support the growing needs. A focus on encouraging people to set up groups accessible to those of working age.
- There is a need to continue building links and alliances with existing networks. A thorough knowledge is needed about everything that is available, not just the more well-known services. This is especially needed in more rural areas where people are quietly supporting their communities.
- Some people may need more support than others when first joining a new group or activity. A 'buddying' scheme could work really well, where the service user is paired with someone who travels with them, walks in with them and stays until they feel comfortable to do this alone.

- We think that many people could offer their services on a voluntary basis as part of their social prescription, instead of being a service user. For example, a young man with social anxiety may have vast IT knowledge and could help a charity with their database or social media campaigns. This may be more preferable to him than joining a group, but he is engaging, growing in confidence and making a difference.

Someone with Asperger's may not want to join a public gym but needs to lose weight and get fitter. They could volunteer for an environmental charity, clearing public footpaths, cleaning up streams, building styles or such-like. They are exercising, have their own clear role which they get satisfaction from, learning new skills to build self-esteem and the charity gains a valued volunteer.

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## Acknowledgments

Healthwatch Shropshire would like to the services and people who took the time to share their views with us.

### Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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