

Social Prescribing Review Annex A Social Prescribing in Southwark: the patients' perspective

Interview findings (May 2019)

Introduction

Healthwatch Southwark are part of Community Southwark. Our role is to champion the views of Southwark residents around health and social care. We wanted to understand the potential benefits of social prescribing for residents, and to explore how social prescribing could work as effectively as possible for them.

Definitions

During the interviews we were interested to hear Southwark residents' views and interpretations of social prescribing. We heard about various routes into support within the community, the most common route being from the GP to a counsellor and then from a counsellor to an employed community 'Navigator' attached to a charity or social prescribing project. The Navigators assess the patient, investigate what support they might need, and help them to access services available, sometimes within their own voluntary organisation and sometimes more broadly. In most cases our interviewees also received ongoing support and follow-up from their Navigators.

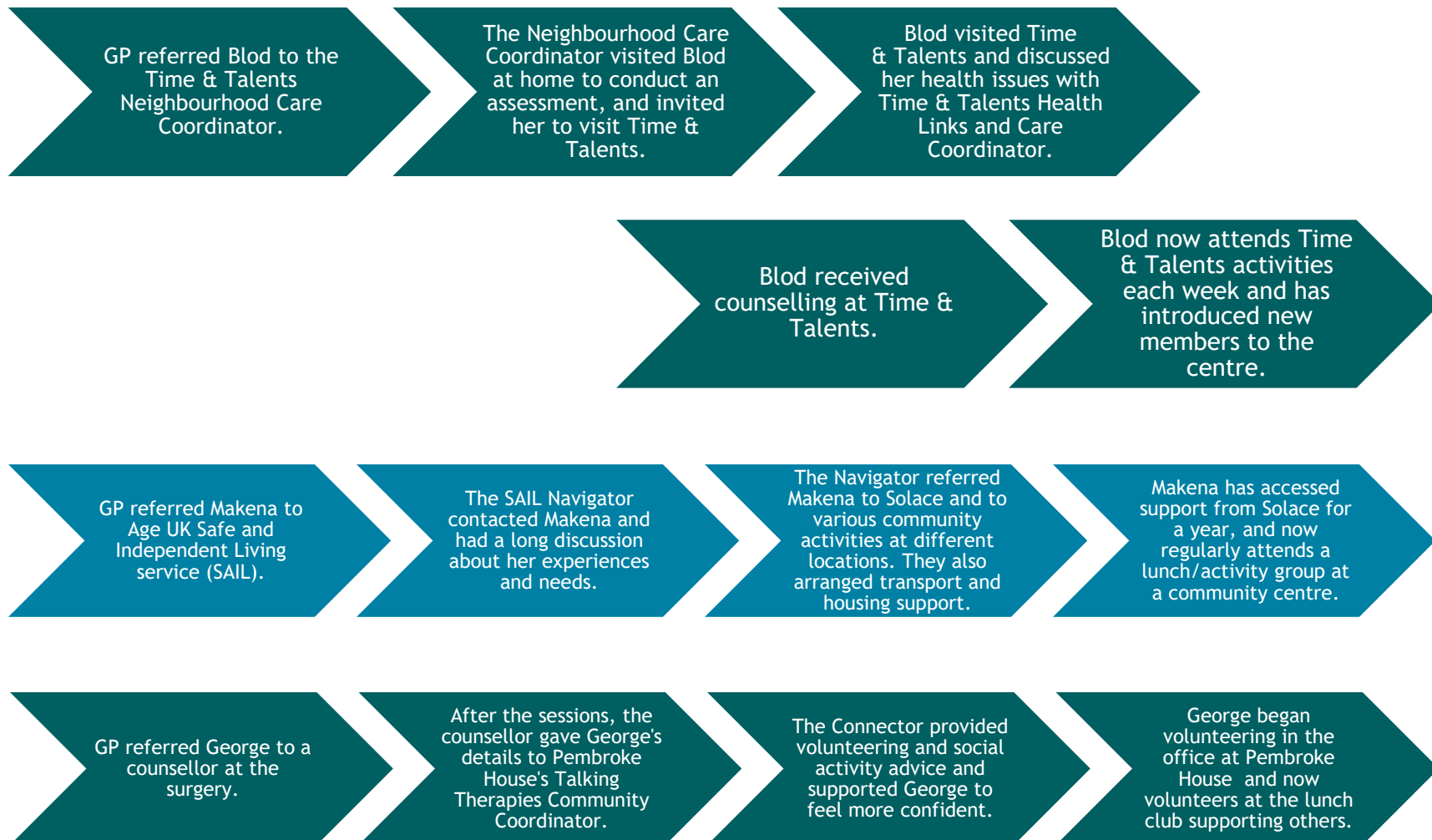
One of our seven interviewees said they were put in touch with the Time & Talents Navigator by a friend, without medical professionals being involved.

Methodology

We interviewed seven people who had benefited from Southwark social prescribing projects: two people connected to Time & Talents, two people connected to Pembroke House, two people connected to Paxton Green Time Bank and one person who had been assisted by Age UK Lewisham and Southwark's Safe and Independent Living (SAIL) project. The interviews (Appendix) were semi-structured, conducted face-to-face and lasted 1-1.5 hours. A Healthwatch Southwark staff member asked the questions with a volunteer supporting and taking notes.

Social Prescribing Pathways

Each person experienced interactions with a mixture of professionals (and in multiple cases, peers), which brought them into contact with a Navigator and voluntary organisations. (Names have been changed).



Lee was recommended Time & Talents by a friend.

Lee went along and was assessed by the Time & Talents Health Links and Care Coordinator.

Lee now attends Time & Talents activities multiple times each week.

GP referred Antonia to counselling at the surgery and she was then referred on to Talking Therapies Wellbeing Group for Long Term Conditions and Mental Health.

Antonia gradually started going to the cafe meet up after the group session.

Another 'meet up group' got set up organically for 'graduates' of the Wellbeing Group.

Antonia met a Paxton Green Time Bank worker and introduced them to Talking Therapies professionals. Paxton Green offered to host and advertise the cafe meet up as a time bank activity.

Antonia continues to help coordinate the meet ups and support other people to attend.

GP referred Jo to an Talking Therapies Wellbeing Group for Long Term Conditions and Mental Health.

Jo received advice from the group facilitator about a reading group at Pembroke House (which didn't suit her) and to a Tuesday cafe meet up after the Wellbeing Group.

Another patient involved with the cafe meet up welcomed Jo as a new member and encouraged her to attend each week.



Challenges faced by the interviewees

All of the interviewees had some experience of mental illness, including depression, previous substance/alcohol misuses, agoraphobia, panic/anxiety disorder, insomnia, and a 'nervous breakdown' with suicidal thoughts.

Four of the six also had at least one long-term physical condition - these included asthma, osteoarthritis, hearing loss, compartment syndrome (with pain), multiple sclerosis (MS), diabetes and a prior knee injury.

At least two people had problems managing their weight and several had mobility problems.

Many of the interviewees had also experienced difficult life circumstances intertwined with their illness. This included family estrangement, divorce, domestic violence, bereavement, unemployment and problems at work, being a victim of crime, a history of rough sleeping, or being a migrant.

Types of support and activities

The interviewees had been 'prescribed' various advice, services, activities and opportunities in the community depending upon their interests and requirements. These included:

- Counselling services including in-house counselling at Time & Talents, and referral to Solace Women's Aid. (In several other cases, social prescribing came *from* counselling services and groups).
- Mindfulness groups
- A long-term conditions wellbeing group
- Associated peer support/social groups
- Lunch clubs and social groups, such as weekly trips to the cinema
- Practical and creative activities (DIY classes, 'Sheds' project, painting, arts and crafts, knitting)
- Exercise group; another person separately became involved in Park Run
- Support to access transport services (Dial-a-Ride and taxi card)
- Housing advice and support
- Employment support. Time & Talents also provided support to one participant to find training and gain a qualification.
- Formal volunteering (for example in the community centre's office then helping to run a social club, or helping to set up a reading group and helping others to join).
- Many interviewees had become very involved in their communities, anchored around community centres such as Pembroke House and Time & Talents.

The impact of social prescribing

Improved mental health and management of substance misuse issues

All seven participants described improvements in their mental health following social prescribing and involvement in community activities.

'I don't get so depressed. I'm more outgoing... it's good. Meeting people. I've made a new friend.'

'It's helped my mental health, but you still get the bad days when you don't want to be around people, you shut people out, but then I think to myself, you need to get out, you need to get some fresh air.'

'A little part of me is getting my life back. Brought me back to me, before I was miserable and dwelling.'

'Now people listen to me. I suffered so much, I wouldn't have been alive now if it wasn't for last year.'

Several people mentioned a greater degree of confidence, *'willingness and openness to talk to people.'*

'One word: confidence. I'd been out of circulation for so long, I needed that, no pressure, no judgement. [The Navigator] was always there to talk to... Gentle re-integration, any problem I could talk to [her].'

Two also mentioned being more able to relax, one through their mindfulness group and one because creative activity *'takes me into a different world, takes away from the pain, relaxing.'*

Two participants said that being more integrated in the community and joining new activities had helped them to manage their **substance misuse issues**.

'I can talk to people without drinking alcohol now - the SAIL navigator, you, [people] at the group.'

Another participant explained how he has been five years sober and that having the focal point of activities has helped him to avoid relapsing.

Social connection

The interview participants' improved mental health was, in most cases, interrelated with being less socially isolated and more active in their day to day lives - often simply *'getting out more'* and *'trying new things'*. Some described their experience as being *'reintegrated'* into society.

'To be single living by yourself, not working and my support network and friends not living nearby: the wellbeing group was like, wow. It's given me the confidence to leave my home every day.'

Support from peers who had experienced similar problems to the individuals was often important. One person said she had not previously met other women who had been through domestic violence. Another said, *'Peer support has happened on my terms... conversations I have here are different than the conversations I have with other people, people understand [that here] everybody is dealing with a long term health condition... people might be dealing with a lot of pain and might advise each other.'*

Social prescribing also provided very practical routes to alleviate loneliness: one person described being given support to access transport (taxi card and dial-a-ride), which opened up new social opportunities.

Volunteering/helping others

Two people were 'prescribed' volunteer roles within a community. One person provided IT and administrative support, which he found rewarding, and then became a lunch group volunteer, where he learnt skills including how to engage with diverse groups of people. Another became the facilitator of a successful weekly activity and encouraged others she had met through Talking Therapies to join. Volunteering appeared to help people to establish themselves in a community and feel a sense of achievement and progress.

For other people, volunteering developed more organically. After benefitting from a café meet up, one person decided to help to facilitate an additional meeting each week, to offer peer support to others with long-term conditions. She continues to help coordinate this meetup and promotes it via her wellbeing group, encouraging others to come, and giving lifts to a wheelchair user.

(This person also described how another person had got to know a worker at the Paxton Green Time Bank and developed their own projects, *'He's into music and asked [a Navigator] for help with his idea so they are now arranging a party for disabled people in a club.'*)

Another person had introduced three new people to Pembroke House including neighbours and a new friend she met on the bus (which she connects to her new confidence and ability to meet people).

Others found similar satisfaction from supporting others in a more informal way through peer support, *'I can help others - cheer people up.'*

There was thus an important 'ripple effect' of social prescribing. Once an individual had been referred to a community activity or centre, and had been well supported by a Navigator, they then began to 'connect' or support others to become involved in

community activities. Southwark's social prescribing projects are resulting in positive effects for the individual who receives the social prescribing but also for others within the community.

Physical activity and ability

Most interviewees reported being more physically active due to their activities.

'I walk to therapy sessions and when I go to the cafe so I exercise more.'

'The whole thing. Physical exercise and swimming again, social and psychological... my willingness to get involved.'

'I got terribly anxious not knowing if I could make it to a new place. I'm more active now, physically, I can trust my body enough now to make it to the place. I need to know [that], and for me that is big.'

Some participants had tried exercise groups and one was planning to join a walking group; both spoke positively about these opportunities although another had found exercise classes *'a bit much.'*

'Every week I do different things, last year I tried different things. I can walk with one leg after starting exercise.'

Improved routines

Improved weekly routines were mentioned by all seven participants with regards to being more active out and about in the community. Four people felt that their sleep patterns had improved and some that participating in social activities had helped them to improve their diets.

'Better sleep routine now. I eat during the day now which helps with diabetes and I've stopped having sugar in my coffee... Helped to change my routine, I'm normally a night owl.'

Another person said that courses provided had helped her manage her weight.

Community cohesion

Several people enjoyed being part of a voluntary sector community and taking part in a range of activities there, and some felt that it helped them feel more connected to their neighbours.

'No cliques... I made friends with residents and everyone, the mix of the place is great - Cambridge graduates, [people who] have come through the same route as me. Being a Londoner you're in the minority, the city has experienced great changes. I can engage with lots of people; white working class, Caribbean, African.'

What made social prescribing successful for these interviewees?

Simplicity/speed of the referral process

Several people noted that the person who made their social prescribing referral had asked permission to pass on their details, and that the Navigator had then taken the initiative to make contact. Other factors which ensured the process went smoothly included being able to 'turn up' at a centre to see how it felt, receiving updates and things happening quickly.

'If I hadn't done in within in 24 hours it might never have happened. Lucky with timings. [My therapist] actively made the introduction although I like to think I'd have contacted [the Navigator] myself there's a fair chance I wouldn't have. Then she contacted me within 48 hours and she got a date in to meet as soon as.'

'Yeah, it was easy. I just went along and I've now been going there for a year.'

'Easy to try out, came up here and that was it.'

'Process of referrals were smooth - I was passed informally to [the Navigator]; she then called me. Knowing that you haven't been forgotten about and that things are moving forward helps.'

Access to a Navigator, with the right skills and characteristics, who follows up on progress

'Without support things may not have happened at all.'

It was evident throughout the interviews that good quality community navigation from a personable, approachable individual was paramount to the success of social prescribing for the participants.

Three of the interviewees appeared to be particularly self-motivated and once they had received guidance from a Navigator, they were keen to seek out more beneficial activities to help them to improve their wellbeing. However, these participants still emphasised the importance of having support from their Navigator and knowing that someone was there to follow up on their progress.

A welcoming and supportive first meeting with the Navigator was important, as was a sense that they were really listening to what the individual wanted to do.

'First meeting with [the Navigator] she gets to know you and listened to my story and heard that I wanted to give back and find purpose. She explained everything at Pembroke House.... She was always there to talk to; she takes an interest in people in a positive way. I think the

'Navigator' role calls for a particular type of person or personality-approachable, enthusiastic.'

'She had a form to fill in and focused on what do you like doing.'

'He is like one in a million. He's got the patience of a saint.'

'When [the Navigator] called, I didn't trust at first, but when I told her everything, we were there for three hours... she is a wonderful woman, she's changed my life, given me a lot to be strong for.'

Being telephoned or visited at home by the Navigator helped interviewees to build trust.

One interviewee described a positive first meeting with his Navigator followed by a relapse in his mental health, throughout which the Navigator stayed in touch with him. This enabled him to return to the community opportunities successfully.

'Extra follow up from [the Navigator]... if she hadn't have maintained contact I might not have gone back, knowing that someone is aware and that you're welcome anytime. Gently pushing me towards the more social volunteering.'

Other people also found continuous contact even after the first meeting to be helpful.

'I see [the Navigator] regularly as she's based at Pembroke House and she was emailing me encouragement. She does this with lots of people. In the early stages lots of contact is good.'

'He was caring when a kid on my estate was killed. He could tell I was down and checked I'm ok.'

One person also said that whilst they had felt able to set up their own activities following their initial involvement, it was helpful to still have the professional backup of a Navigator, who had coached them to manage a difficult situation.

'I feel it's right to be under the umbrella of Time Bank in that way, it's not just me bored at home, it's something more professional.'

Being supported by workers and peers to attend activities

In some cases, the Navigator also supported the person directly to take part in activities.

'She said I need counselling, she got me Solace, so I go out with her (to Solace) every Friday.'

In other cases, people met friends through their initial activities who then supported them to take on more activities.

'The wellbeing group was the most useful. I had a friend at this group, she came to mindfulness group with me too. She got me involved with other groups - the cafe meet up.'

At the same time as being referred to social prescribing via Talking Therapies, one person met somebody at her Talking Therapies group who actively encouraged her to join Parkrun (a 5k weekly event).

'Until someone says go to this, I'm going with you, I'll meet you there, I'd have gone, yeah, I can't do something like that... When she said I'll be waiting for you, that sort of... someone's expecting you, you have to go, otherwise I wouldn't have gone.'

This resulted in the individual becoming committed to Parkrun and big improvements to her mental and physical health.

The sense of a community of support was important in people feeling they could progress in future, *'I know where to go if I want more advice.'*

Choice and variety: activities and services that are right for the individual

Choice and variety appear to be important in successful social prescribing.

'The whole purpose of social prescribing which are very much about reengaging with whatever community makes you feel better and it might be a lot and it might be a little, but for some people I suspect, just go to a gardening group every so often.'

One person said that some sessions, normally popular with others, did not suit her interests, *'Therapy sessions and mindfulness were helpful. The Reader group wasn't for me, I'm not interested in gardening, and I do my sewing and knitting alone.'* However, she was supported and encouraged to try other options and ended up attending weekly peer-led café meet ups.

Another person found exercise classes *'a bit much'* but enjoyed arts and crafts. Another tried out numerous activities over a year, before settling upon a regular weekly lunch/exercise/knitting group - in some cases, the different activities might be via different organisations.

It was important that people felt their individual interests had been listened to, and even the process of trying out different things could be important in helping people develop confidence and a sense of opportunity.

'Every week I do different things. I think it helps people because people don't know what's on their doorstep. I wouldn't have thought things were there.'

(However, one person who overall had had a very positive experience of her initial assessment did also say that the Navigator *‘threw so many ideas at me that I got scared’.*)

Projects anchored in local areas or connected to community spaces

Community spaces where people could find a sense of ‘belonging’ seemed to elevate the success of social prescribing. This was most notable in the projects linked to the two settlements of Pembroke House and Time & Talents. Interviewees linked to these schemes built positive relationships with those who worked and attended there; this resulted in them visiting more often. The nature of these projects also meant that ongoing contact with the Navigator occurred naturally.

The welcoming café space used in the case of Paxton Green Time Bank helped with the establishment of an extra weekly meetup; this café was also next to a Talking Therapies work space. However, it was not perfect- *‘The cafe has limitations- too noisy for some people.’*

What can be improved about social prescribing in Southwark?

More activities and capacity

We asked what else people would like professionals to be able to offer when social prescribing. Most people described additional activities or an expansion of the programmes already on offer. This included:

- *‘I think it would be a good idea for Time & Talents to have more health social groups [weight, breathing etc.], so you’re more aware of what’s going on in your body.’*
- *‘Guidance at the hospital’*
- Help to understand how to control one’s illness
- Help with losing weight
- Education; English literacy classes
- More socialising opportunities/meeting more people
- More charities like Time & Talents

Another person indicated that a different ‘prescription’ for support might not always have gone as smoothly as it had at for them at Time & Talents, due to demand, *‘I’m waiting on GP referral for diabetic support group, have had to wait ages.’*

Another suggested that she would like to have longer-term or follow-up/ongoing, saying that her time with Solace was coming to a close but that *‘I want to talk again about my experience.’*

One person was very cognizant of the barriers people might face in attending a social/support group and the need to make this as easy as possible, which might be limited by resourcing.

'We are removing as many barriers as possible to make people less hesitant... looking for funding so people can get a cuppa at the meet up. 25% [of the population] will have mental health conditions so they should fund community centres to help.'

Some people described **issues with accessing medical help within the NHS** and suggested the potential for more short-term and light touch support, indicating a potential blurring of lines between traditional and 'social' prescribing.

'I'd appreciate an open session, to just speak to a physio... instead I have to go to the GP and wait for ten weeks, it could get worse in that time or it could disappear when they finally see me... Same with counselling - I don't always need four months' counselling but can I just speak to someone to express my fears? Ways to manage.'

Participants also felt there was a relationship between access to timely healthcare and maintaining the benefits of their social prescribing.

Improving people's knowledge about social prescribing in Southwark and expanding on who can provide this

'Sometimes [social prescribing] comes from someone who is not an obvious medical person; the more people who are aware of options the better.'

Two interviewees felt they had learnt about opportunities somewhat based on chance and that this was dependent on the people that they had met and their knowledge.

'I haven't encountered natural signposting... It's all been based on the person I meet, so everything has been organic in that sense. Maybe if there was just a generic email address/contact point that everybody could know.'
'If any of those people hadn't been aware of other people it would have fallen apart, it was the combination of they know someone who knows someone who can get me onto the next stage... The doctor probably didn't probably have a clue about any of the stuff I'm now doing or the route into it.'

This person and another both emphasized the role of their own initiative and their prescriber's willingness to develop their knowledge:

'Some therapists may have taken the initiative to 'social prescribe', others may not. I thought what will I do after this? I wanted to do something productive. At that point the therapist wasn't knowledgeable; three weeks after the last session she contacted me and said there is place called Pembroke House...'

'You need to be ready for the information, and be able to ask, I think I need this, and asking questions. That's contributed quite a lot. Maybe that information wouldn't have been volunteered if I hadn't asked... Yes I've been proactive.'

For each process there were a mix of professionals involved as well as peers. Participants thought that social prescribing could be something that everyone could help with. There could also be space for awareness raising among the public to make peer to peer advice more of a common occurrence.

Appendix: the semi-structured interview questions

1. **Tell us a bit about yourself?** (Your background, home life, what you like doing, who and what is important to you, any support you currently get, health conditions you have.)
2. **Who provided you with social prescribing?** (GP, Nurse, Social Worker, Receptionist, other.)
3. **How was did that conversation go? And how did it come about? Did they listen to you and get to know your needs)**
4. **Can you tell us about the process of social prescribing?** Did you find it easy or tricky? (referrals, waits, assessments etc)
5. **What did your "social prescriber" recommend to you?** Can you tell us about the places/activities/services? Did you decide to go for all of it?
6. **Did you get further support from your "social prescriber" after being told about these options?** (E.g. did he or she go with you? Did a volunteer or peer go with you?)
7. **Do you feel like the social prescribing was, or was not, helpful?**
8. **Which places/activities/services were helpful/ not helpful?**
9. **Do you feel like the social prescribing has impacted your health and/or your lifestyle? If so how?**
10. **Anything else you'd like professionals to be able to 'prescribe' or do when social prescribing? And anything else to add?**