



# Our data

- ❑ Questions developed by Navinder Kaur, based on her ongoing work with the Social Prescribing sector
- ❑ We wanted to capture data on three core issues around SP:
  1. Existing challenges
  2. How these challenges exacerbate existing health inequalities in society
  3. What actions we can take to make SP more inclusive
- ❑ The survey was conducted via SurveyMonkey
- ❑ 17 of you had replied by the cut off point (N=17)



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# Our analysis

- ❑ I used a mixture of content analysis and grounded analysis to interpret the data
- ❑ Content analysis is a statistical method which involves counting the recurrence of words and phrases (strings) to produce statistical data
- ❑ Grounded analysis involves thematic reading of the text, approaching the data systematically to extract overarching themes
- ❑ I used Excel and Atlas.ti

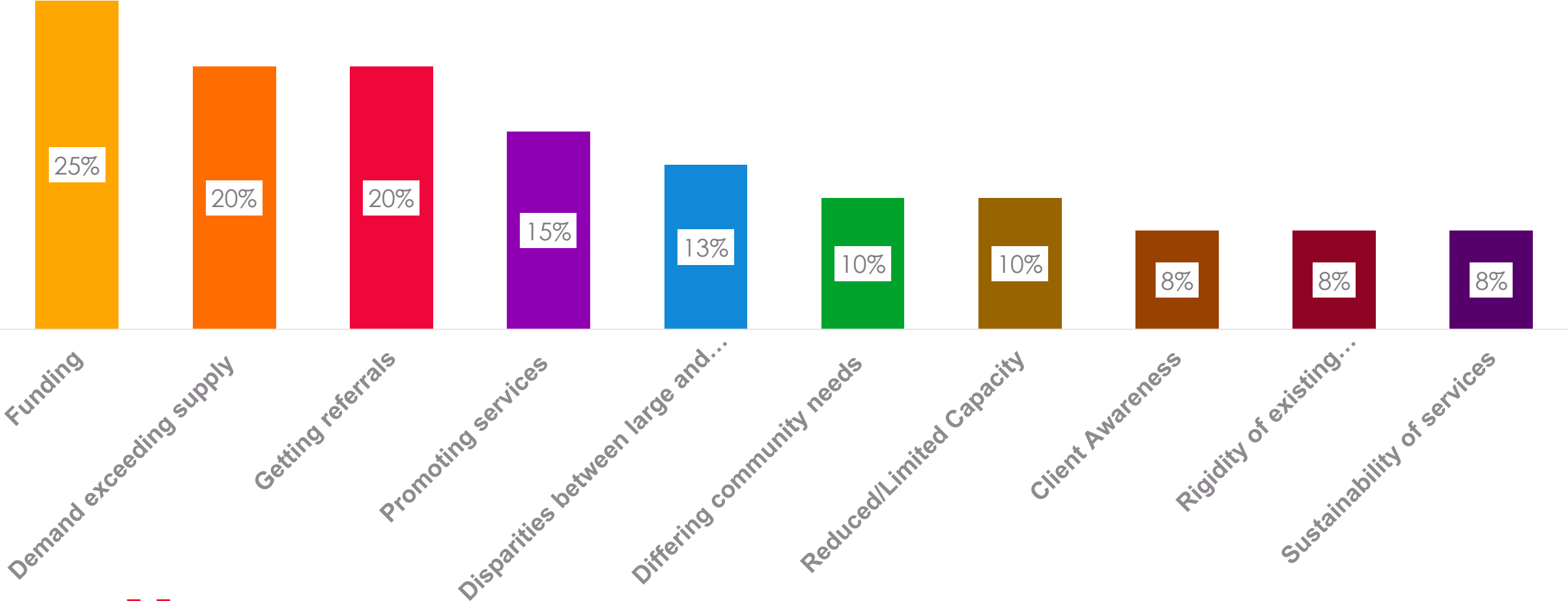


**What are the main challenges that existing social prescribing practices, delivery and funding models present for small front-line organisations?**



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# What are the main challenges that existing social prescribing practices, delivery and funding models present for small front-line organisations? (Top 10)



## What you said...

“A lot of the organisations have **waiting lists** and **cannot cope with new clients unless they have additional funding**. **The small front-line organisations do not have much financial resources to promote their services or have capacity to develop the quality standards that may be required by the Social Prescribers.**”

“Small front line organisations are made up of very small or non existence staff teams and lots of volunteers. **If a service from a small organisation gets used a lot, money doesn't follow. There needs to be some recording and subsequent financial support for referrals to smaller organisations**”

“**at the local level some statutory partners are struggling** (covid/crisis, changes in staff)to work together to develop a model/structure. **Lack of recognition and lack of funding resources are the biggest challenges for the small front-line organisations**”



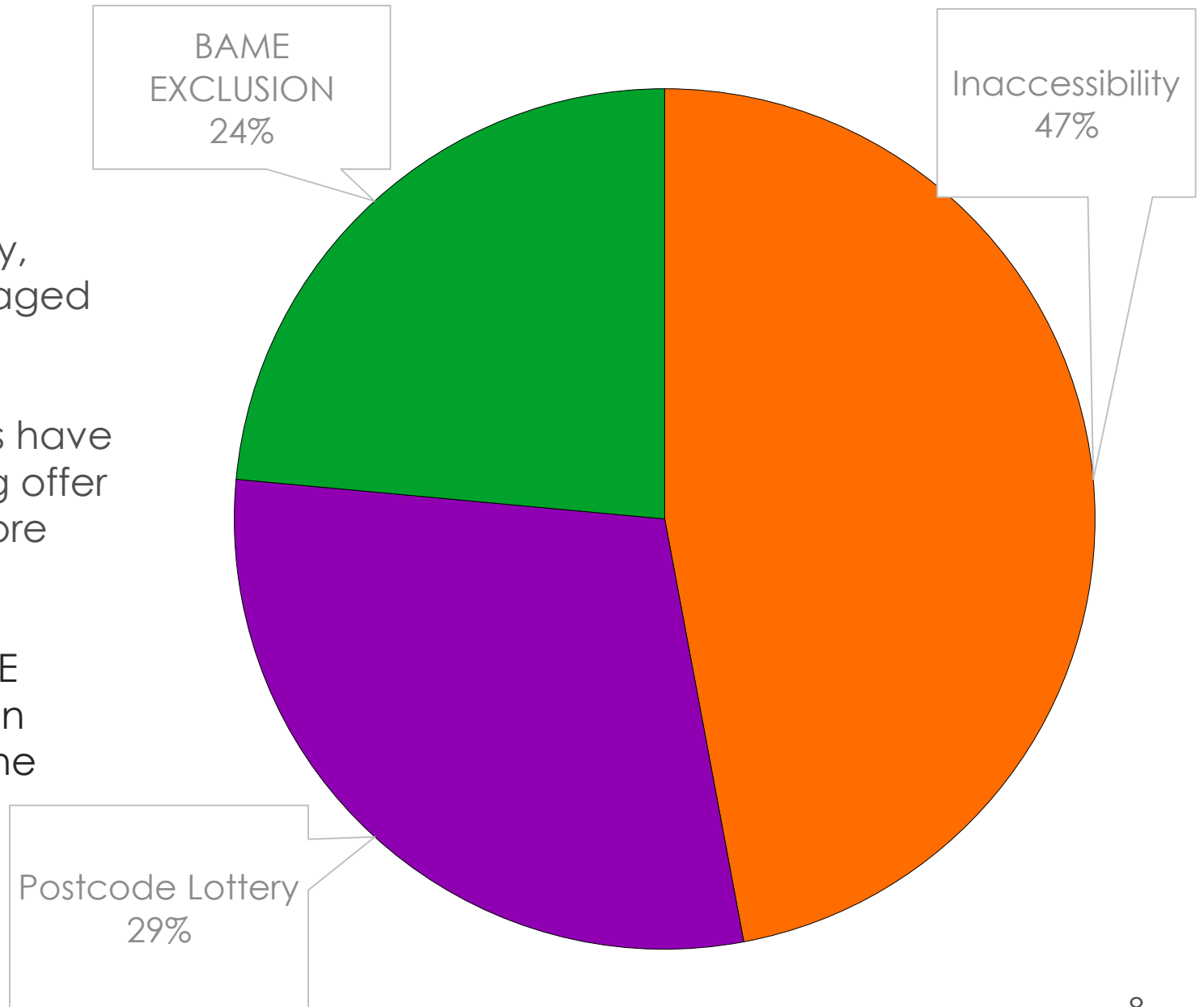
**How do these structural challenges  
contribute to persisting health  
inequalities?**



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# What some of you said - top 3 responses

1. **“A cycle of inaccessibility”**- existing services and models are not co-produced with the wider community, leading some groups to feel unengaged in developing policy and practice
2. **“Postcode Lottery ”** -Some boroughs have a more integrated social prescribing offer than others, so some areas have more accessible activities
3. **“BAME exclusion”**- The lack of BAME people in managerial positions within these organisations often results in the challenges they face being misunderstood or not recognised (unconscious bias).



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# What you said...

“The people that really need the support available can't, and don't, access it”.

“Few **BAME** people in **managerial positions** within organisations meaning **the challenges they face are often not recognised or understood.**”

“**Smaller organisations do not often have the capacity or ability to spend time applying for large grants in the same way larger organisations with a larger number of (paid) staff can, therefore continuing to prevent their growth and therefore meet demand**”

“Communities are considered last when discussing "health producers" "places of wellbeing" "services/functions to support health and social wellbeing"..... **services do not give people a good life, communities do**”



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**What actions should we take to ensure that social prescribing is more inclusive?**



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# Some recommendations

- Embed **diversity and inclusion practices in all aspects of social prescribing practice and delivery**
- Acknowledge that **inequalities exist and work towards raising awareness**
- **Set diversity targets for staff/leadership of organisations in receipt of funding**
- **Don't make rushed, tokenistic decisions, take the time to really understand the impact policies have or will have before imposing them**
- Let the local community voices be involved in shaping and driving change



# Some recommendations

- Provide resources and recognition for the VCS especially smaller organisations to be involved in supporting, shaping and delivering the services
- **Consider collaborative models where Local Authorities/Clinical Commissioning Groups commission front-line groups to ensure sustainability**
- Provide a framework for social prescribing so there is consistency in how these are used, described, accessed and what they are called
- Make the public more aware of social prescribing
- **Be creative and realistic....**



DD.MM.YY

# Over to you...

<https://www.menti.com/hiw9obinvf>

Digit Code: **84 55 9**

The link to our mentimeter poll has also been posted in the chat !



**Mentimeter**



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