The client ethnography

Kate Gibson, PhD, Population Health Sciences Institute, Newcastle University kate.gibson2@ncl.ac.uk

This work is funded by the NIHR, Public Health Research Programme, Community Groups and Health Promotion, grant no. 16/122/33.
The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

The Participants

- A sample of 19 participants with t2d
  - 14 have one or more physical co-morbidity; and 2 have a mental health co-morbidity.
  - 8 men and 11 women aged between 40-74.
  - The group is largely White British, but includes 2 Bangladeshi-origin participants, 1 Indian-origin participant, 2 Pakistani-origin participants and a Southern African-origin participant.
  - 9 participants were referred into the intervention during its early years (September 2015-2017); 10 were referred more recently (January 2018-March 2019)
  - Over 200 hours spent with participants and/or family over 20 months (November 2018-July 2020)

Interviews

A space for the reflexive articulation of experiences and understanding of health, wellbeing, and the SP intervention.

- Initial interviews (n=19)
- Interviews with family members (n=7)
- Photo-elicitation interviews (n=9)
- Exit interviews (n=15, telephone/video due to COVID-19)
- Client data held by the intervention (e.g. notes made following meetings or telephone calls (n=15)

The dreaded tablets… Pat sorts all my medication for me.'
Steve

[In Bengali] say that I have tea twice and if I don't have it, I get headaches.
Labani

Participant observation/participation

A 'thick description' of participants' everyday experience of the intervention. (Hammersley and Atkinson 1995)

- Ethnographic encounters: Home visits, meeting in coffee shops, attending the gym, visiting the foodbank, debt advice, walking groups/going for walks, catching the bus, yoga, helping on the allotment, and attending link worker meetings.
- To explore how the intervention '**couples and embeds**' (Hawe 2015: 310) into local contexts.
- A temporally inflected and embedded vantage point from which to 'see' our participants' social worlds.

Hawe, P. (2015). 'Lessons from complex interventions to improve health.' Annu Rev Public Health 36: 307-323.
Hammersley M, Atkinson P. (1995) Ethnography: Principles in Practice. Second Edition edn. London: Routledge

1. Varied client experiences of interventional engagement/delivery

A VARIATION IN DOSE (sometimes aligned with client need, sometimes not)

- Some participants experienced an holistic intervention which was deeply connected with their lives and a key form of support
- Other participants' experienced a light-touch intervention comprised of unsupported signposting and 'out of the blue' contact

Retrospective recollections of social prescribing

Many participants engaged with the intervention in its fledgling years experienced a form of social prescribing which was tailored to their requirements

He [LW3] ordered the forms, helped me to fill them and then when I got the appointment, he met me at the office where we needed to go, the PIP office. I went in the taxi and I got paid for that. He went with me for the interview. He was a really good support because sometimes you want to say things but you don't want to say. Where I was, sort of, lacking, he would say something on his own behalf, what he has... I mean it wasn't choreographed or anything. He was there and if he thought I was not saying enough, he would elaborate.

Zaheer, referred February 2016

He [LW38] used to ask all about it [the gym], and how it made you feel and what you thought about this, and would you recommend it. Then he used to ask me to ask them questions

Brenda, referred December 2015

'Participants consistently reported feeling at ease and relaxed with their link worker, which enabled them to develop an open and trusting relationship'. (Moffatt et al 2017: 6)

Moffatt S, Steer M, Lawson S, Penn L, O'Brien N. Link Worker social prescribing to improve health and well-being for people with long-term conditions: qualitative study of service user perceptions. BMJ Open 2017;7:e015203. http://dx.doi.org/10.1136/bmjopen-2016-015203

Continuity and Supported Linking

Some participants referred into the intervention directly before fieldwork also experienced a personalised intervention tailored to their requirements

they talk to you about it, it sounds very easy, but when you implicate it, it's not that easy. I work full-time, I have a family-life, and I look after my everyday things.

Sandeep, referred January 2018

I've seen him probably once. I talk to him quite a few times, just over the phone. He rang me and asked me how I was doing with my daily activities and wellbeing. I feel like a friend, when he talks. I don't normally talk to any strangers about how I'm feeling unless it's a professional that I need to talk to. So, that's the only time I talk… …I feel that someone is taking notice and asking me. I feel that if somebody's helping you once, you try to feel proud of it.

An embedded intervention: when Sandeep's circumstances changed, the link worker was on hand to offer support

Importance of continuous and regular contact and 'persistent tinkering' with complexities and shifting tensions (Mol, Moser and Pols 2015: 14)

Mol A, Moser I and Pols J (2015) Care in Practice: On Tinkering in Clinics, Homes and Farms. Bielefeld: Transcript

In-house mutual support and exercise groups

A REGULAR link to the intervention, social connections and other activities

Before [the group], I didn't have a life. So, it fits in quite well. Now, I'm introducing, I start to get to know people. I didn't have anything. I just felt like a recluse.

The conversation moves to [name] pool opening and the link worker says 'I thought of you [A3] because I know you like swimming' … 'What would you need to help you to go?' the link worker asks. I don't know, A3 says, not right now. The only other female attendee [A4] says she'd go with A3 and the link worker suggests they call in for a coffee and see what it's like before they go. A2 interrupts with another story and while he's talking A4 quietly asks A3 what size swimmers she takes and offers to see if she has anything at home she can dig out for her.

Field notes

Attendees fostered (bio)socialities around shared experiences: personal issues were addressed collectively rather than individually (Guell 2011)

Guell, C. (2011) "Candi(e)d action: biosocialities of Turkish Berliners living with diabetes." Med Anthropol Q 25(3): 377-394.

A drift to 'light-touch' social prescribing?

Many participants referred into the intervention directly before fieldwork experienced signposting and less contact

I find out that Labani has been to the GP surgery to meet with the link worker. The link worker had asked about her health and Labani had asked about benefits. I ask if they received help with benefits and she gets out the contents of an envelope for me to look at. I notice a compliments slip which reads, "As requested, please find enclosed information…" Labani shows me two A4 printed pages …. on learning that they do not know what to do with the information, I explain to them that 'Welfare Rights' refers to benefits advice.

Field notes (Labani, referred November 2018)

Labani's benefits were sanctioned requiring her to borrow money '*from here and there*'

I ask if she's heard from the link worker. She says 'nope, I've never heard anything.' Apart from meeting her once in September and chatting on the phone about her gym referral before Christmas, Shirley's had no contact. She says 'I'd like to hear from her to find out what happens next.' I say, 'what do you mean 'next?'' She replies, 'what happens after the gym?'

Field notes (Shirley, referred September 2018)

Shirley's gym referral was postponed on account of high blood pressure.

'Temporal ruptures' could be unnoticed (and therefore unsupported) by the intervention

2. Context matters

Structural conditions position people differently to social prescribing

- Light-touch social prescribing/signposting requires individuals to be responsible for navigating their wellness journey irrespective of social context.
- Underlying material and social factors shape the client journeys through social prescribing

Andy

Home owner, university educated, long-term stable employment, T2D, work-related stress

I think of diabetes and think, "Blimey, you're going to lose your feet," which can happen. So, I got a bit of a fright, and got back into training, got back into wellbeing, got back to the gym, got back to football…

'It gives you the kick-start, reminder wise, and the memory of what you really should be doing'

'When I first went into my first (gym) session, it was like being back home …

I used to be really, really fit.'

…I'm a born-again gym bunny.'

'He [manager] would just say, "Get yourself away. Half an hour. Just log out. Go and have a little sit, have a good think, and if you want us to come, just ring us." So, that side of it, they were very, very flexible, and very flexible with appointments, as well'

Andy engages with social prescribing from a secure social context which enables a 'smooth and straightforward trajectory to better health' (Gibson, Pollard and Moffatt 2021: 6)

Gibson, K., Pollard, TM. and Moffatt, S. (2021) 'Social prescribing and classed inequality: A journey of upward health mobility?' Social Science and Medicine 280
https://doi.org/10.1016/j.socscimed.2021.114037

Tracy

Private rental, long-term unemployed, a number of LTCs, several hospital stays during fieldwork

'I was 9st until my mum died, and because of what happened with them in Wales, and pushing me out and what have you, I used to eat lots of chocolate. At least 40 bars of chocolate every day … but that's when it went bump, bump, bump, and that's why I'm like this.'

I'm nervous about the operation', she says quite abruptly. I ask her what the operation involves. She says she's not sure but prior to the operation she has to eat a special diet for her kidneys. I ask what that involves and she tells me that she doesn't know… 'My problem is that I'm carrying this because I lost my mum', she says, 'even though it was all those years ago, it's not gone. It's with me all the time.'

Field notes

'I haven't got anyone to go with, and everyone else seems to know someone, so I don't know what to do with myself.'

Field notes

Tracy engages with the intervention from a context of uncertainty and her journey to better health is 'thwarted' (Nettleton and Green 2014: 239) by a series of setbacks.

Nettleton, S. and J. Green (2014). 'Thinking about changing mobility practices: how a social practice approach can help.' Sociol Health Illn 36(2): 239-251. https://doi:10.1111/1467-9566.12101

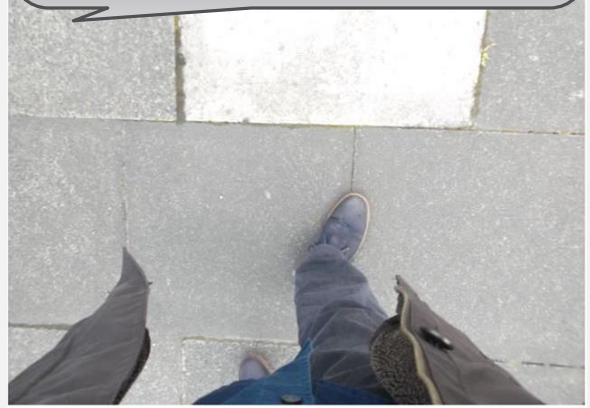
Eddie

Social housing, long-term unemployed, T2D, anxiety.

The lady goes behind the tables and hands Eddie a white bin bag full of food. The bag looks heavy and full of tins and dried products. It is knotted at the top. She tells him that today there is chicken and pastries and points out their location on the different tables. Eddie gets his shopping bag out of his coat pocket and seems to know exactly what he needs to do … The final table has potatoes and carrots and cabbages, he continues to walk by. "That's me," he says. He heads back to woman behind the desk and gives her a big hug. Thank you, he says. **Field notes**

I'm in limbo, you know, I'm not one thing or the other, so I just have to wait until they [DWP] come with their decisions on yes or no. So, it's like they're controlling my life at the moment.'

'Sometimes when I'm out, you see, I don't like to look ahead. I look down. I don't know why.'



Eddie 'tinkers' with the intervention in order to navigate through the immediate requirements of poverty

''Living poor' illustrates what is possible within the constraints of short horizons, the improvisations that people use in their day to day lives to deal with living presents, rather than anticipated futures' (Warin et al 2015: 314)

Warin, M., Zivkovic, T., Moore, V., Ward, P.R. and Jones, M. (2015). 'Short horizons and obesity futures: Disjunctures between public health interventions and everyday temporalities'. Social Science & Medicine, 128

Concluding thoughts

- The temporal nature of the fieldwork highlighted that trajectories to better health are not straightforward or homogenous.
- Access to resources (eg. employment, secure housing, regular incomes and supportive social networks) enabled some participants to prioritise health/engaging in social prescribing.
- A strong and supportive relationship with a link worker is integral to the workings of social prescribing (Husk et al 2020, Tierney et al 2020; Wildman et al 2019)
- Our findings show the value of social prescribing interventions which are flexible to and 'tinker' (Mol 2008) with people's lived realities.
- Can interventions targeted at individuals alter deeply entrenched social inequalities?

References

- *Gibson, K., Pollard, TM. and Moffatt, S. (2021) 'Social prescribing and classed inequality: A journey of upward health mobility?' Social Science and Medicine, 280* https://doi.org/10.1016/j.socscimed.2021.114037
- *Guell, C. (2011) "Candi(e)d action: biosocialities of Turkish Berliners living with diabetes." Med Anthropol Q 25(3): 377-394.*
- *Hammersley M, Atkinson P. (1995) Ethnography: Principles in Practice. Second Edition edn. London: Routledge*
- *Hawe, P. (2015). 'Lessons from complex interventions to improve health.' Annu Rev Public Health 36: 307-323.*
- *Husk K, Blockley K, Lovell R, Bethel A, Lang I, Byng R, et al. (2020) What approaches to social prescribing work, for whom, and in what circumstances? A realist review. Health Soc Care Community;28:309-24. http://dx.doi.org/10.1111/hsc.12839*
- *Moffatt S, Steer M, Lawson S, Penn L, O'Brien N. Link Worker social prescribing to improve health and well-being for people with long-term conditions: qualitative study of service user perceptions. BMJ Open 2017;7:e015203. http://dx.doi.org/10.1136/bmjopen-2016-015203*
- *Mol A. (2018) The Logic of Care: Health and the Problem of Patient Choice. Routledge.*
- *Mol A, Moser I and Pols J (2015) Care in Practice: On Tinkering in Clinics, Homes and Farms. Bielefeld: Transcript*
- *Nettleton, S. and J. Green (2014). 'Thinking about changing mobility practices: how a social practice approach can help.' Sociol Health Illn 36(2): 239-251.*
- *Tierney, S., Wong, G., Roberts, N., Boylan, A.M., Park, S., Abrams, R., Reeve, J., Williams, V. and Mahtani, K.R., 2020. Supporting social prescribing in primary care by linking people to local assets: a realist review. BMC medicine, 18(1), pp.1-15. https://doi.org/10.1186/s12916-020-1510-*
- *Warin, M., Zivkovic, T., Moore, V., Ward, P.R. and Jones, M. (2015). 'Short horizons and obesity futures: Disjunctures between public health interventions and everyday temporalities'. Social Science & Medicine, 128*
- *Wildman JM, Moffatt S, Steer M, Laing K, Penn L, O'Brien N. (2019) Service-users' perspectives of link worker social prescribing: a qualitative follow-up study. BMC Public Health;19. http://dx.doi.org/10.1186/s12889-018-6349-x*

The Ethnographic Studies: Conclusions

Prof Tessa Pollard, Department of Anthropology, Durham University

t.m.pollard@durham.ac.uk

This work is funded by the NIHR, Public Health Research Programme, Community Groups and Health Promotion, grant no. 16/122/33.
The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

Valued social prescribing

Some of our service user participants experienced greatly valued support at challenging times in their lives

Link workers shared a commitment to helping improve the health and wellbeing of their clients, though varied in their approaches to achieving this

Balance within the intervention

Primary care “buy-in”

Link worker autonomy

Client led support

Differentiated primary care engagement

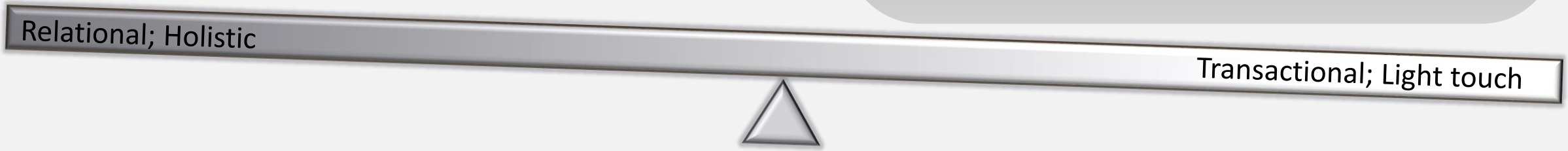
Local funding arrangements

Output targets and caseloads

High staff turnover

Increasing focus on lifestyle and behaviour change

Wider social and structural factors



Calderón-Larrañaga S et al (2021) BJGP Open https://doi.org/10.3399/BJGPO.2021.0017

Impact on health inequalities

Intensive support helped some disadvantaged service users negotiate challenging lives

But as an intervention focused on individuals, social prescribing could not directly address the sources of health inequalities

Class and other inequalities shaped service users' priorities; those most in need were less able to respond to a light touch intervention requiring personal responsibility

Gibson K, Pollard TM, Moffatt S (2021) Social Science and Medicine 280: 114037
Mackenzie M, Skivington K, Fergie G (2020) Social Science and Medicine 256: 113047

Implications

Link workers offering intensive and responsive support to service users are most likely to have a lasting impact on service users' lives

Our observations of pressures pushing social prescribing into a 'light touch' model suggest that attention is needed to ensure link workers have the opportunity to offer more intensive and responsive support

Social prescribing can help service users living with disadvantage but is likely to have a limited impact on health inequalities, particularly where the focus is on promoting personal responsibility

References

Gibson K, Pollard TM, Moffatt S (2021) Social prescribing and classed inequality: A journey of upward health mobility? Social Science and Medicine 280: 114037

Mackenzie M, Skivington K, Fergie G (2020) "The state they're in": unpicking 'fantasy paradigms' of health improvement interventions as tools for addressing health inequalities. Social Science and Medicine 256: 113047

Further reading

Brown RCH, Mahtani K, Turk A, Tierney S (2021) Social prescribing in National Health Service primary care: what are the ethical considerations. Milbank Quarterly 99: 610-628

Calderón-Larrañaga S, Milner Y, Clinch M, Greenhalgh T, Finder S (2021) Tensions and opportunities in social prescribing. Developing a framework to facilitate its implementation and evaluation in primary care: a realist review. BJGP Open https://doi.org/10.3399/BJGPO.2021.0017

Husk K, Blockley K, Lovell R, et al. (2020) What approaches to social prescribing work, for whom, and in what circumstances? A realist review. Health and Social Care in the Community 28: 309-24

Tierney S, Wong G, Roberts N, et al (2020) Supporting social prescribing in primary care by linking people to local assets: a realist review. BMC Medicine 18: 1-15