

# Experiences of social prescribing during the COVID-19 pandemic

# Rationale

Vulnerability of the intervention population to infection + mortality [1]

High risk of loneliness, depression, anxiety and reduced physical activity levels from self-isolating/shielding [2]

Social prescribing's potential to meet public health challenges and support most vulnerable [3]

[1] Huang I, Lim MA, Pranata R. Diabetes mellitus is associated with increased mortality and severity of disease in COVID-19 pneumonia – A systematic review, meta-analysis, and meta-regression: Diabetes and COVID-19. *Diabetes and Metabolic Syndrome: Clinical Research and Reviews*. 2020 Jul 1;14(4):395–403.

[2] Steptoe A, Steel N. The experience of older people instructed to shield or self-isolate during the COVID-19 pandemic. *English Longitudinal Study of Ageing (ELSA) COVID-19*. 2020

[3] Razai MS, Oakeshott P, Kankam H, Galea S, Stokes-Lampard H. Mitigating the psychological effects of social isolation during the covid-19 pandemic. *The BMJ*. 2020;369:1–5.

# Aims



1) To explore service providers' accounts of how the social prescribing intervention adapted to meet clients' needs in the first wave of the COVID-19 pandemic



2) To explore the impacts of the pandemic on people's health and wellbeing, and how people managed during the first months of social distancing restrictions



3) To explore client accounts about how the intervention worked for them during this period

# Methods



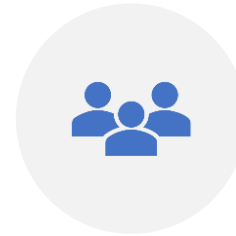
DATA COLLECTION MAY-JULY  
2020



29 SEMI-STRUCTURED  
TELEPHONE INTERVIEWS WITH  
CLIENTS IN THE 'EQ5D' STUDY



15 'EXIT' TELEPHONE  
INTERVIEWS WITH  
PARTICIPANTS IN THE CLIENT  
ETHNOGRAPHY (KG)



13 SEMI-STRUCTURED  
INTERVIEWS WITH LINK  
WORKERS AND MANAGERIAL  
STAFF



THEMATIC ANALYSES

# Findings

## Client demographics

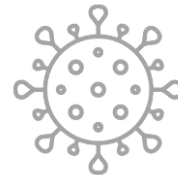
		<b>N</b>
<b>Gender</b>	Male	19
	Female	25
<b>Age</b>	40-49	6
	50-59	11
	60-69	17
	70+	10
<b>Ethnicity<sup>a</sup></b>	White British	38
	British Bangladeshi/Pakistani/ Indian	6
<b>Income</b>	<10K	13
	10-20K	14
	21-30K	6
	31-40K	3
	>40K	4
	Prefer not to say	4
<b>Employment status</b>	Full-time (FT) employment	4
	Part-time (PT) employment	8
	Furloughed	2
	Unemployed	13
	Retired	17
<b>Benefits claimed<sup>b</sup></b>	None	20
	Health-related benefits	18
	Means-tested benefits	6
<b>Number of LTCs<sup>c</sup></b>	1	9
	2 or more	35

# Findings

## Service Providers: Intervention adaptations



Adapted to provide support to other vulnerable people + existing clients



Intervention altered to provide advice and support around COVID-19



Aimed to retain contact with all clients BUT this was challenging due to high caseloads

# Findings

## Service Providers: Challenges & Opportunities



Digitally excluded clients



Knowledge of changing linked service provision



Remote delivery



Creativity in how to support clients

# Findings

## Clients: Impacts on and management of health and wellbeing

COVID-19 amplified the emotional burdens of illness management work due to fear of infection, social isolation, inaccessible routine healthcare, and inabilities to do self-care such as physical activity

Those who were shielding, living with complex conditions and in disadvantaged circumstances tended to experience worsening physical and mental health

Varied levels of coping connected to levels of social support, resources (social, financial, digital, and cultural) and socioeconomic position



# Findings

## Clients' experiences of social prescribing



Varied experiences: many recalled no contact with a link worker, others received regular or irregular 'check in' calls, some experienced consistent highly valuable support

*I thought that she was the kind of person that I could actually talk to... I found her manner was just exactly what I needed...She wasn't condescending or she wasn't pushing me to do things that I really didn't want to do at the time, and she has been quite a valuable person to me, ringing up and seeing how I am and things.... Well, it is somebody I can talk to who knows exactly what I have gone through, you know.... When she rings up, I always feel a lot better after I have been speaking to her... But especially at the time where I was going through the devastation of losing Jim (partner) and everything, oh, she was just brilliant, you know. She has given me so much encouragement and she tried to get me to see a positive side of things, as well, you know.*

(Gill\_60-69\_unemployed-IMD 1\_lives alone\_2+\_shielding)

# Findings

## Clients' experiences of social prescribing



'Just waiting': social prescribing 'on hold'

*I've had a few interviews [with the LW] and stuff and they said they're going to try and get me into a gymnasium. But with everything closing down and stuff- Swimming and stuff for my legs... So yes, I'm just waiting for that now... When the virus started, I've had a couple of phone calls off a lad, a man, but I don't know who he is. But he was asking how I was and stuff like that, and how I'm coping. And they're going to keep in touch... But with this virus, there's not much they can do. Because their hands are tied with what they actually can do. Because I can't actually go and physically see them one-on-one... if I see them one-on-one, it's a lot better, I'll get my point across a lot more.*

(Derrick\_60-69\_Employed part-time\_IMD 1\_lives alone\_2+)

# Findings

## Clients' experiences of social prescribing



Losing contact with social prescribing:  
Struggling and going 'back to square one'

*She (previous LW) was really good in getting me access and information on lots of activities.*

*I'm not very good at... If she's (new LW) not expecting me to call, I don't know. I don't know her... I knew the old one. I knew the old one quite well. I don't know her.*

*Now I'm right back to square one again.... You just get forgotten, don't you? You just feel like you just disappear. That's how I feel..*

*I don't know how it can be, because you can't really do anything or go anywhere. ....You've just got to put up with it I think, and get on with it..... at the moment I don't know what they [intervention] can do really, apart from just talk to me maybe.*

*(Reena\_60-69\_Employed Part-time (pre-lockdown)\_IMD 2\_lives alone\_2+\_shielding*

# Conclusions

A significant proportion of participants experienced significant negative impacts on their health. People who were shielding, had complex health issues or were living in the most socio-economically deprived circumstances tended to struggle most with their health and wellbeing

Social prescribing intervention in this study set out to respond sensitively to the needs of local people during the first months of the pandemic.

Experiences of SP during the first lockdown were varied, with some recalling no contact with a link worker, others receiving regular or irregular 'check in' calls, and some receiving valuable consistent regular support

Social prescribing was able to help navigate social determinants of health when support is consistent and regular