



National
Academy
for Social
Prescribing

NASP and Race Equality Foundation webinar:
Social prescribing and health inequalities amongst Black, Asian and
minoritised ethnic communities

Thank you for joining us. The webinar will begin shortly.



Housekeeping

- Please note we are **recording** this webinar (*you will be sent the slides and the link to the recording, and they will be on NASP's website too.*)
- Please submit questions via the **Q&A function**. We will hold a Q&A session at the end of presentations.
- Please use the **chat function** for introducing yourself and networking. If you have any technical issues, please raise these in the chat, and a member of the NASP team will assist.
- BSL Interpreters will be on screen throughout. **Closed Captions** are available (turn these on at the bottom of your screen)



Chair:

Jabeer Butt, Chief Executive, Race Equality Foundation

Speakers:

Dr Jahan Foster Zabit, Senior Researcher, Race Equality Foundation

Gemma Jenkinson, Personalised Care Service Manager, Kirklees Council

Nathaniel Beckett, Social Prescribing Link Worker, Age UK Islington

Lamarra Alo, Deputy Social Prescribing Manager, Barnet Social Prescribing service

Nurjahan Ali Arobi, National Lead for Older People, NASP





Social Prescribing, Health Inequalities and Black, Asian and Minoritised Ethnic Communities

Dr Jahan Foster Zabit, Senior Researcher, Race Equality Foundation



Social Prescribing, Health Inequalities and Black, Asian and Minoritised Ethnic Communities

Dr Jahan Foster Zabit

October 2024

Race Equality Foundation

Who we are:

Led by Black, Asian and ethnically minoritised people, we are an evidence-based, policy and practice charity working to tackle racism and racial inequalities.

Our vision:

A society without racism.

Our mission:

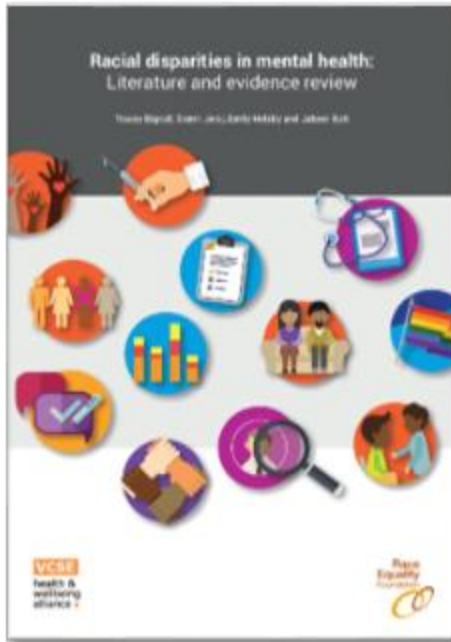
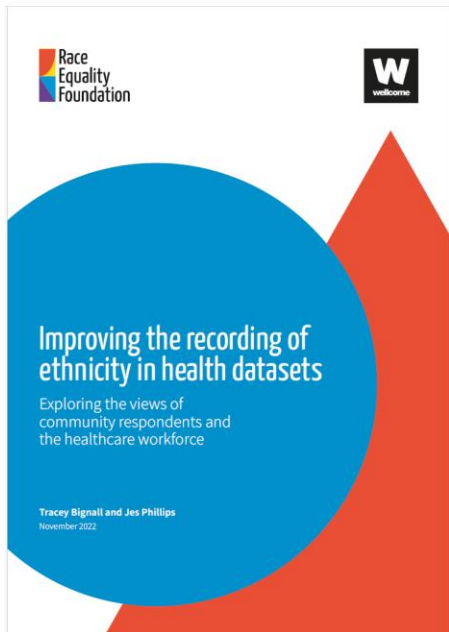
To tackle racism in UK society and positively transform the lives of our Black, Asian and ethnically minoritised communities.

Some of our work



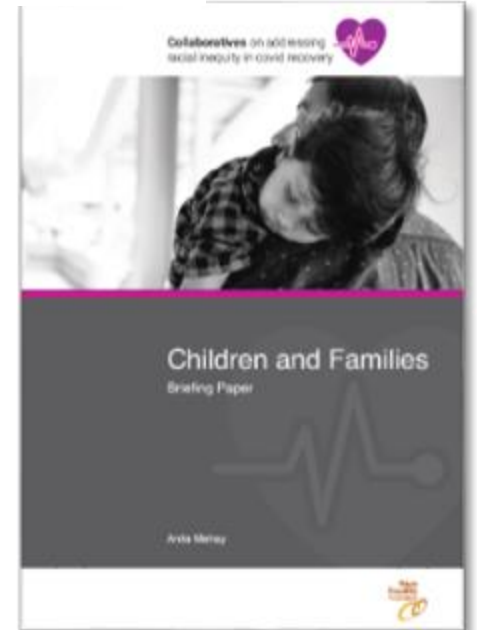
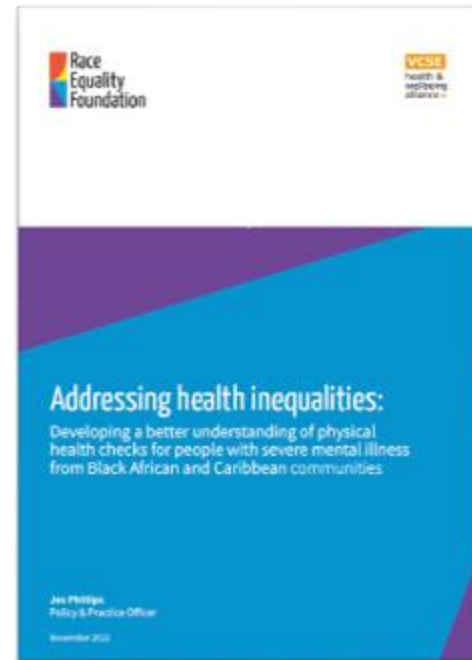
A community based approach to improving blood pressure monitoring

A qualitative study on the recording of ethnicity in health settings



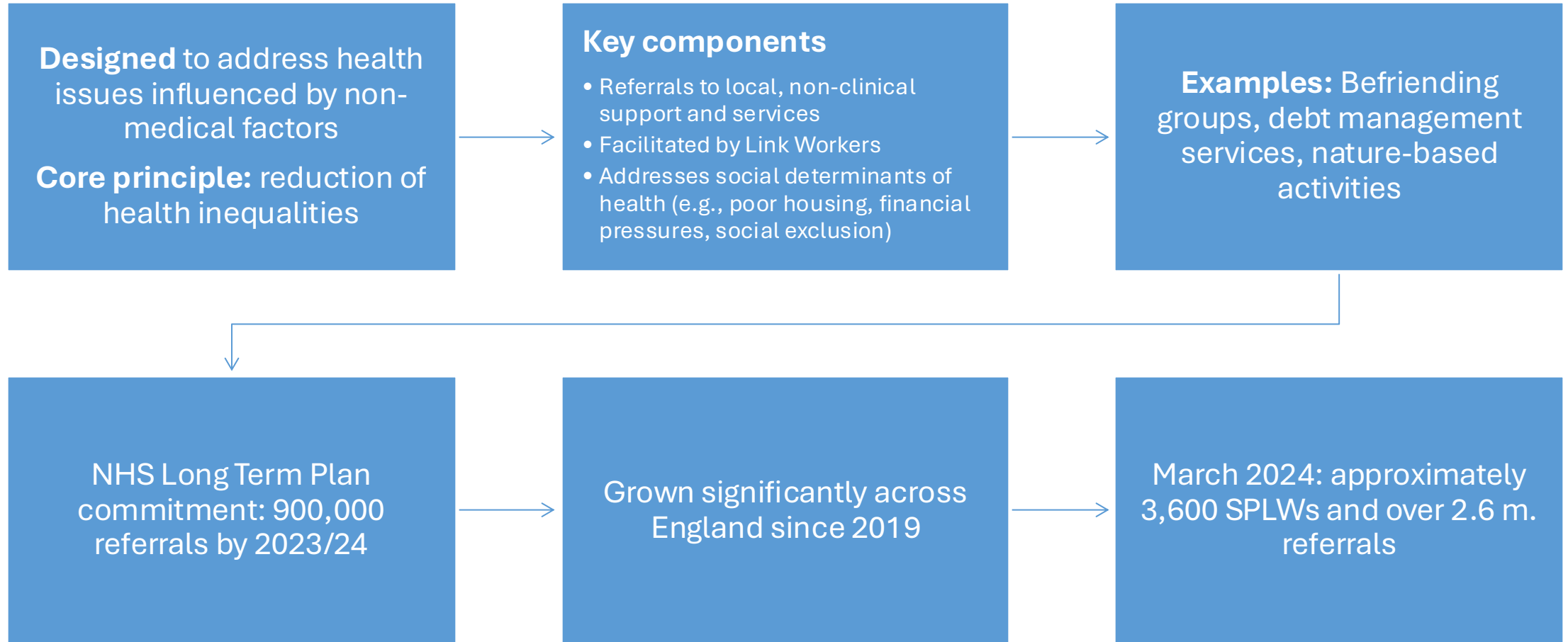
A literature and evidence review of racial disparities in mental health

Report on physical health checks for people with severe mental illness



A series of briefings as part of the race equity collaboratives on the impact of Covid 19 and what should happen next

The promise of social prescribing



What do we know about the impact of social prescribing?

Positive outcomes

- Improvements in self-esteem, confidence, mental well-being
- Reductions in anxiety and depression
- Enhanced social connectedness and overall well-being
- Reduced loneliness

What's missing in our understanding of social prescribing and ethnicity?

Limited data on ethnicity

Underrepresentation of minoritised ethnic communities in data

Lack of location-specific data

Few studies in diverse urban areas

Small-scale studies

Poor design and inadequate reporting

Limited inclusivity of social prescribing initiatives

What did we do?

Study focus: London (most diverse region in England) and Kirklees, West Yorkshire

Data sources:

- Islington: Comprehensive data over two years (Dec 2021 - Nov 2023), 3236 clients
- Kirklees: Detailed data from April 2023 to December 2023, 4927 referrals
- Camden: Specific initiative data (2022-2023)
- Ealing: Specific project data (Oct 2022 - Feb 2023)

Methodology:

- Analysis of referral patterns, demographic breakdowns, and outcomes
- Compared data to 2021 Census

What did we find?

Key finding:
Higher
referral rates
for
minoritised
ethnic
communities
compared to
population
size

Kirklees

Asian/Asian British: 29% of referrals (19.4% of population)

Black/Black British: 4% of referrals (2.3% of population)

Islington

Black, Black British, Caribbean or African: 18% of referrals (13.3% of population)

Asian or Asian British: 8% of referrals (9.9% of population)

Is social prescribing reaching those who need it most?

Known health inequalities for Black, Asian and minoritised ethnic communities

Higher prevalence of certain conditions (e.g., high blood pressure, coronary heart disease, Type 2 diabetes)

Higher poverty rates (twice as high on average)

Disproportionate impact of COVID-19

- Kirklees data: 35% of referrals from top 20% most deprived areas
- Islington data: Most prevalent conditions – depression and anxiety

What do the gaps in data tell us?

Challenges in ethnicity recording

Inconsistent categories (e.g., multiple options for "White British")

High rates of unrecorded/refused data

Impact on analysis

Difficulty in cross-sectional examination (e.g., ethnicity vs. age, socio-economic status)

Limited understanding of specific health needs by ethnic group

Data quality

Lack of detailed outcome data by ethnicity in some areas

Missing or incomplete data

Examples of targeted action

Camden

- Targeted initiative for people from Asian, Black, Somali, and Arab backgrounds
- Strategies: Multilingual staff, community outreach
- Result: Increased ethnic minority representation from 56% to 65%
- Breakdown: 25.6% South Asian, 13% Somali, 7.4% Arabic, 15.3% Afro-Caribbean

Ealing

- Focus on isolated minoritised ethnic people aged over 65 years
- 25 referrals: 56% White, 32% Asian, 8% Black British, 4% other
- Outcomes: 17% decrease in GP follow-up appointments, 11% accessed additional community support

Lessons learned



Data-driven tailoring of support services

Identifying specific concerns and needs within communities



Importance of culturally competent staff

Recruitment from diverse backgrounds
Multilingual capabilities



Community engagement through relevant channels

Engaging with community centres, religious sites, cultural events



Patient-centred care approach

Addressing specific needs and preferences
Leading to high satisfaction levels

How to turn insights into action?

Promising signs

- Social prescribing is reaching Black, Asian and minoritised ethnic communities at higher rates compared to population size
- Potential to address health disparities effectively

Areas for improvement

Enhance data collection and analysis

- Standardise ethnicity categories
- Increase response rates for demographic data

Develop culturally competent services

- Training for healthcare providers
- Tailored interventions based on community needs

Conduct more comprehensive research

- Larger-scale studies with robust methodologies
- Focus on long-term outcomes and cost-effectiveness

What next?

- How can you improve ethnicity data collection in your organisation?
- What steps can you take to enhance cultural competency among staff?
- How will you engage with local Black, Asian and minoritised ethnic communities to understand their health and care needs?

Find out more

Dr Jahan Foster Zabit
Senior Researcher
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<https://raceequalityfoundation.org.uk>



Kirklees Personalised Care

Gemma Jenkinson, Personalised Care Service Manager, Kirklees Council



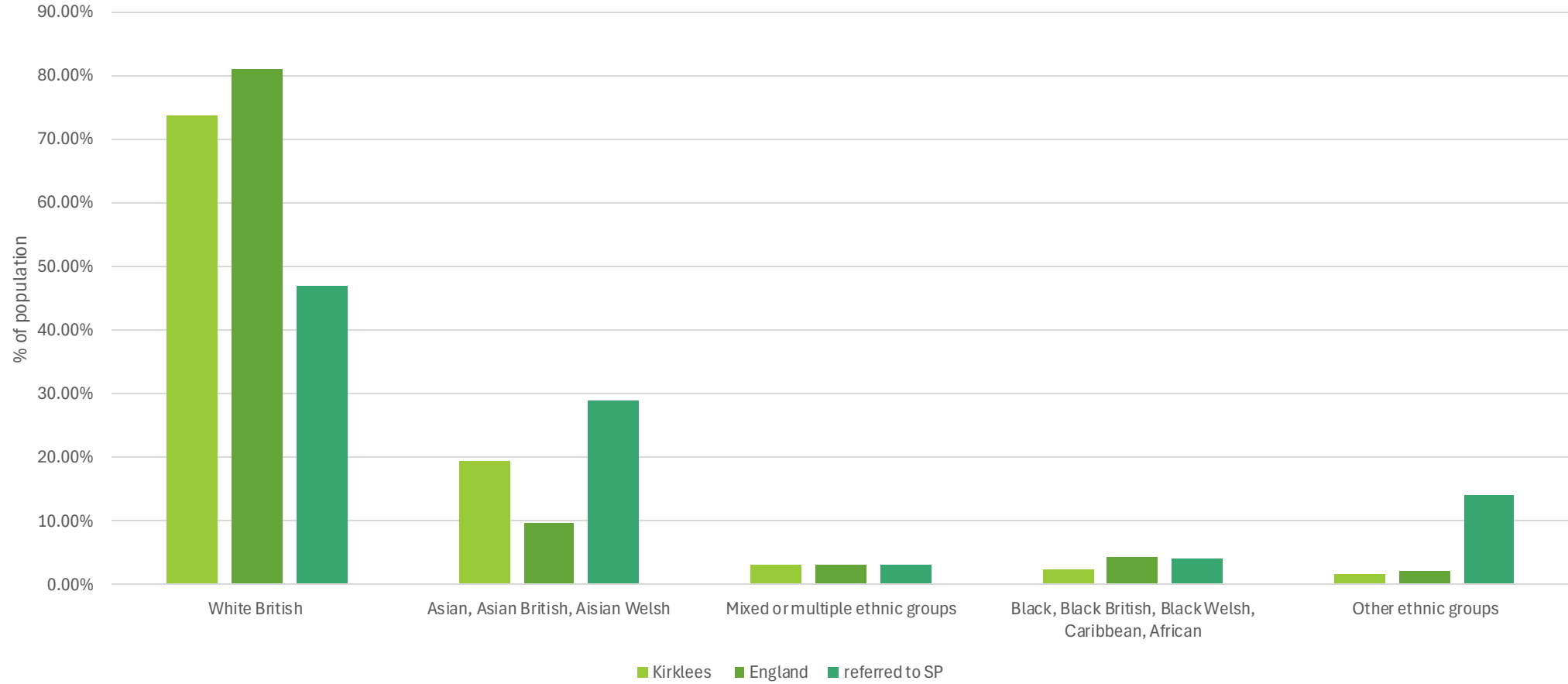
Who lives in Kirklees?

- Around 440,000 people live in Kirklees
- The majority of the population are White British ethnicity
- 1 in 10 people are of Pakistani ethnicity
- 1 in 4 children has a first language other than English
- According to IMD Kirklees is identified as one of the most deprived districts in England

White	73.6%
Asian, Asian British, Asian Welsh	19.4%
Mixed or multiple ethnic groups	3.1%
Black, Black British, Black Welsh, Caribbean, African	2.3%
Other ethnic groups	1.5%



Personalised Care Kirklees



The Data

- In 2022 we bought and developed a SystemOne ‘community unit’
 - Improve data collection
 - Improve accuracy and standard of recording
 - Linked to patient records
- The data enables us to;
 - Identify PCN need
 - Target specific areas
 - Identify people who can benefit most from social prescribing
 - Reduce health inequalities

Healthy You

Nathaniel Beckett, Social Prescribing Link Worker, Age UK
Islington



HEALTHY YOU

HOSTED BY AGE UK ISLINGTON'S
SOCIAL PRESCRIBING TEAM

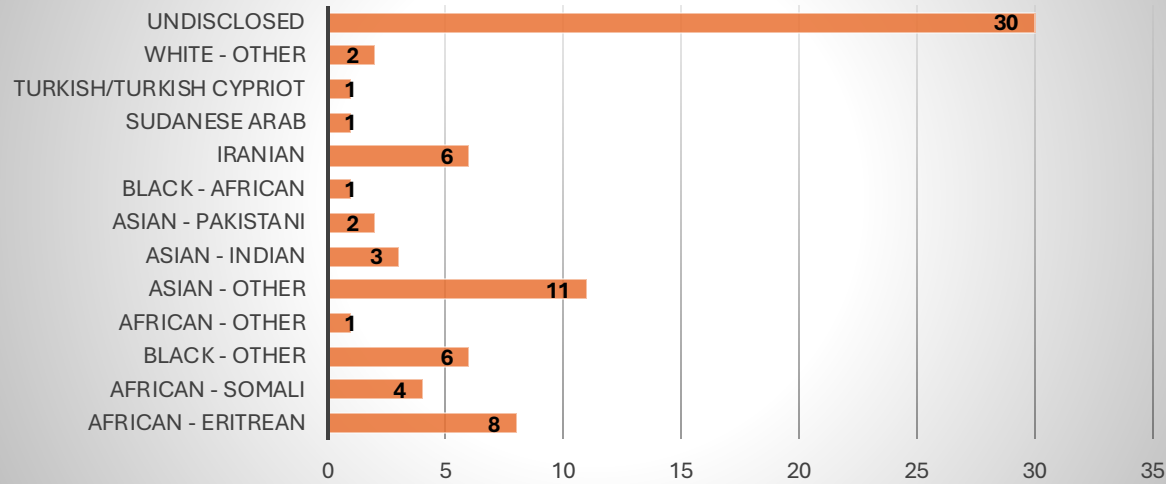


Overview

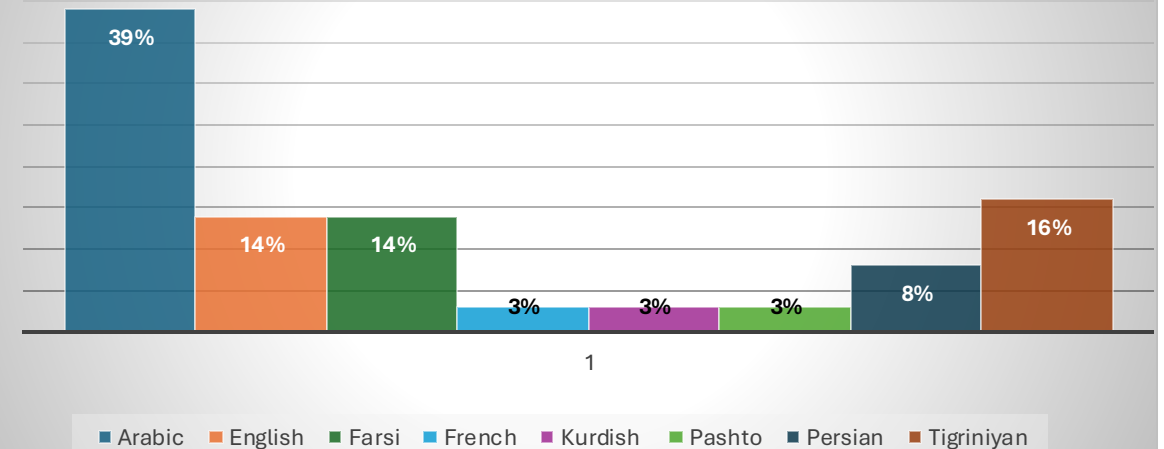
- **Session 1:** NHS services - GP access (Primary care vs Secondary care), medication, A&E, support from pharmacies and the NHS app; How to use Google translate: Food support – free and hot meals.
- **Session 2:** Motivation and Exercise at Hotel – Benefits of exercise, how to exercise indoors and what you can use, Sleep and personal hygiene.
- **Session 3:** What is a Green Gym, Waking Groups and facilities to exercise outside.
- **Session 4:** Local Activities and Services – organisations providing support to migrants, LGBTQ services, Community Centres and their programs
- **Session 5:** Local Activities and Services – How to register for different activities, what kind of free activities are available and online services.

Brief stat overview

Ethnicity



First Language



HOW
TO

Apply for Housing

Receive Biometric Residence Permit (BRP)
•After receiving refugee status, collect your BRP card.

BRP Card



Open a Bank Account
•Use your BRP to open an account, e.g., at Lloyds Bank.

Open a Bank account



Apply for Universal Credit
•Submit your claim for financial support.

Apply for Universal Credit



Complete Medical Forms
•You'll need to submit medical information to the council. If needed

•Retrieve your medical records using the [NHS App](#).

Medical forms



Find Housing

- You have 28 days after receiving an eviction letter to secure housing.
- Contact your local council (e.g., [Islington Council](#)) to begin the process.
- Expect to be offered housing outside London, likely in places like Birmingham.

Living in Birmingham

- You will get 2 years of support
- Support workers will help you find work, courses and local social

Want to stay in London?

You must find your own private rented accommodation.

You will be street homeless before finding a property

Homeless Support

Scan QR code above to access Street Link

Housing help

If you live in Islington: Islington Housing Aid Centre

If you live in Camden: Route off the Streets

Social Prescribing Link Worker



Culturally Appropriate Social Prescribing

Lamarra Alo, Deputy Social Prescribing Manager, Barnet Social Prescribing service

Culturally appropriate social prescribing in Barnet

By Lamarra Alo

Deputy Social Prescribing Manager,
Barnet Social Prescribing Service.



Barnet Social Prescribing Service



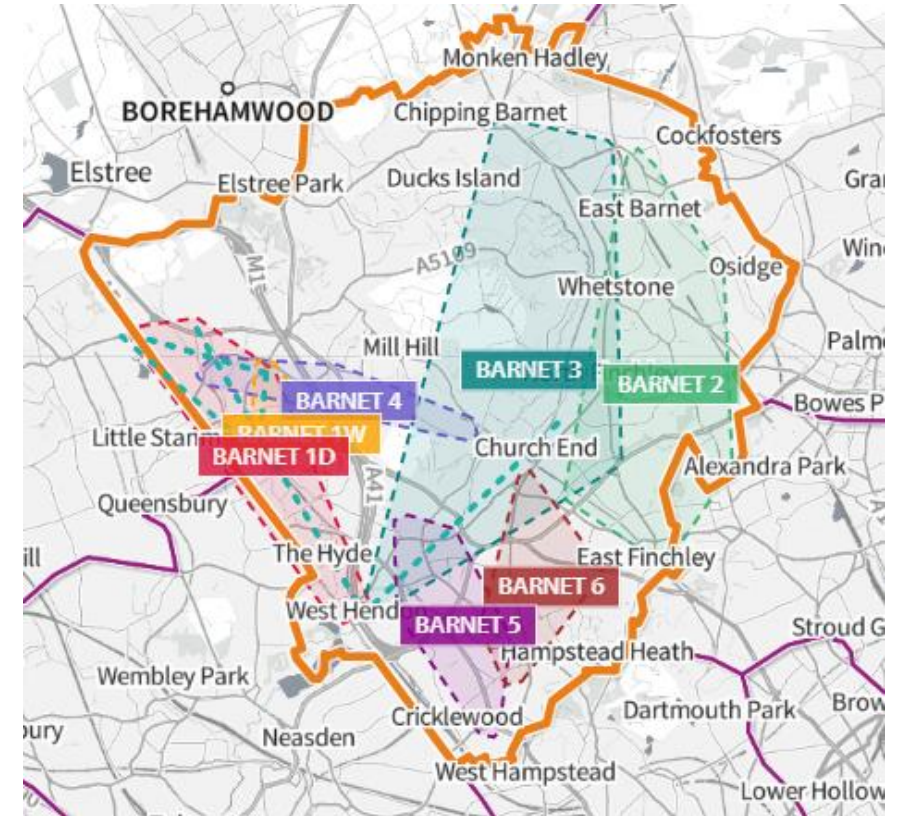
Launched: November 2019

Management: Delivered by Age UK Barnet, with all referrals coming through GP practices.

Team: 24 Social Prescribing Link Workers (SPLWs) across 7 Primary Care Networks (PCNs) in Barnet. Every GP practice has an SPLW attached.

Referral Rate: 500-600 per month

Eligibility: Adults (18+) registered with a Barnet GP presenting non-medical needs that require support or further information.



An overview of Barnet

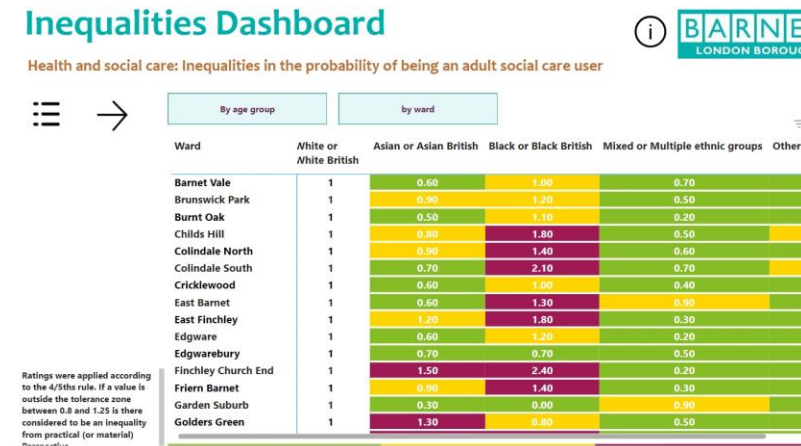
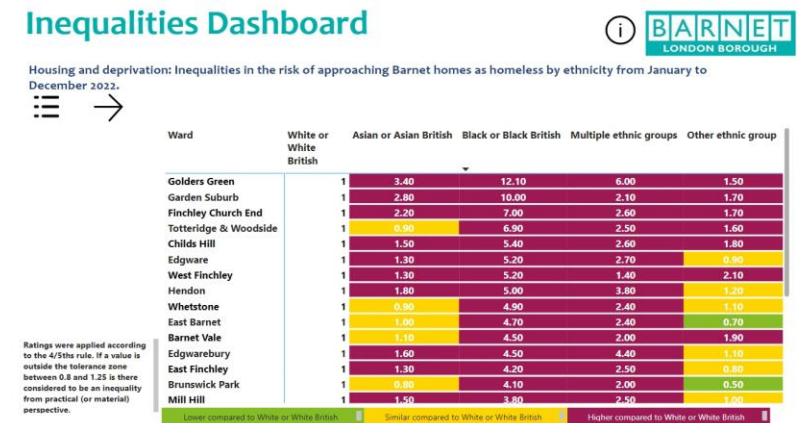
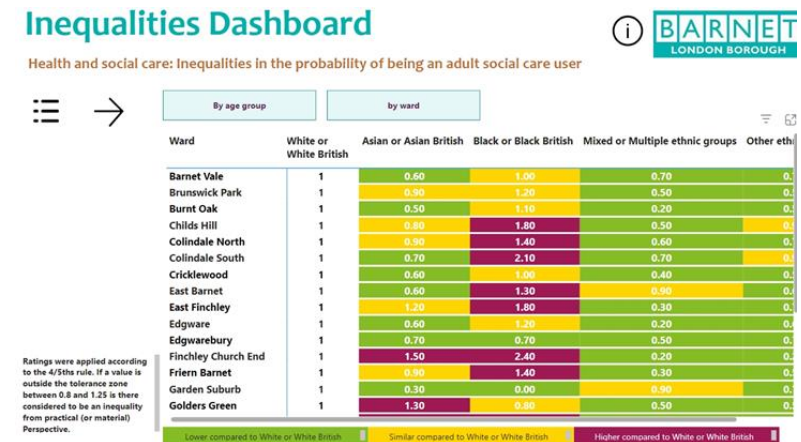
Barnet is the 2nd largest London borough by population size (approximately 389,340 residents)

The 2021 Census showed that 57.7% of Barnet's population identify as White, 19.3% as Asian, 9.8% as Other ethnicity, 7.9% as Black, and 5.4% as Mixed.

Black residents are 12x more likely in Golders Green and 10x more likely in Garden Suburb to approach Barnet Homes as homeless compared to White residents. **Asian/Asian British & Mixed ethnic groups** are 3.5x and 6x more likely, respectively, in Golders Green to approach Barnet Homes for homelessness support.

Black residents are 33% economically inactive (higher than both England (25.6%) and London (25.4%)). **Other ethnic groups** are 28.5% economically inactive (higher than national and London averages). Whilst **White residents:** 21.6% economically inactive (compared to 20.2% in England and 16.9% in London).

Black residents are twice as likely to use services as White/White British residents. **Other ethnic groups (Asian, Mixed, etc.)** had similar rates to White/White British but with ward-level disparities.



Culturally appropriate social prescribing (CASP)

Initially the project aimed to highlight the importance of culturally appropriate services for Black and Minority Ethnic (BME) communities.

The concept CASP emerged from discussions with BME patients who seek services tailored to their cultural needs.

Initial Aim: To Inform Social Prescribers about existing community resources for BME individuals.

Propose a session to educate on available services and create a comprehensive resource document.

An initiative that aims to tackle health inequalities and enhance access to appropriate care.

CASP: The PROCESS

Discussion groups :

Held with Barnet Social Prescribing Link Workers to discuss their experiences with BME patients.



Data Collection:

Capture findings from these discussions and key highlights that were going to shape the project.



Project Expansion

Developing confidence to conduct culturally sensitive conversations

Enhancing cultural literacy.

Suggesting and providing resources for culturally relevant services.

Providing resources for effective implementation.



Research and Resource Gathering:

Conduct research to compile resources and develop an informal, interactive training session.



Directory Development

Create a directory of culturally relevant services for Social Prescribers to utilize. Filled with local and national organizations.



Training Delivery:

Delivered the training session during National Inclusion Week, equipping Social Prescribers with the necessary knowledge and tools.

Launched Directory

Data from discussions

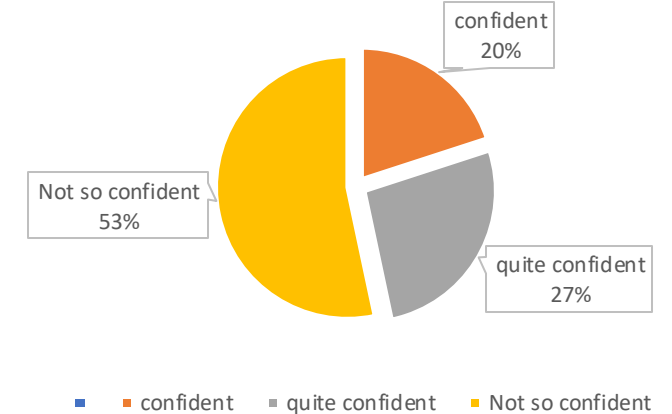
Key findings from discussion groups with Social Prescribing Link Workers:

- More than half of Social Prescribers (53%) stated that they're not confident suggesting culturally relevant services.
- 40% stated that they constantly struggle to find culturally relevant services. Some mentioned they have high knowledge compared to others.
- 73% stated that their patients would benefit from culturally appropriate social prescribing.
- More than half of Social Prescribers stated they do not feel comfortable bringing up ethnicity or culture in conversations with patients.
- 100% of social prescribers stated that they'd benefit from CASP training.

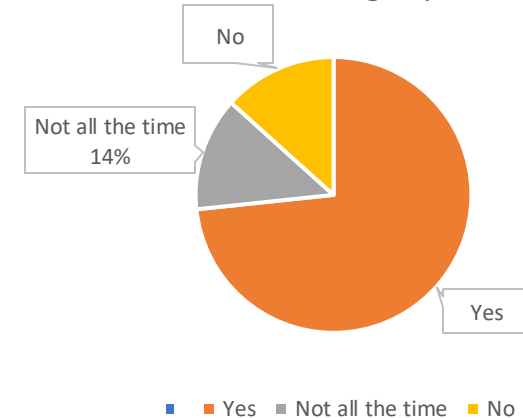
Ethnicity?

White	384	3.5%
Mixed	44	0.4%
Asian / Asian British	271	2.5%
Black / African / Caribbean / Black British	91	0.8%
Other Ethnic Group	112	1.0%

How confident are you in suggesting culturally relevant services?



4. Do you think any of your patients will benefit from culturally related community services and groups?



Training and Feedback

The CASP Training was delivered to Barnet Social Prescribing Team on National Inclusion Week. The directory was also launched on Elemental.

- The training included:
 - cultural literacy & understanding bias,
 - Having culturally sensitive conversations (workshop),
 - An exploration of what a culturally relevant and appropriate services are and the importance of the existence of these services
 - How to suggest these services in an appropriate manner.

The session was 2 hrs, interactive and fun and was a space for sharing experiences with one another.

Results from feedback form – 100% positive

Next steps

Prioritize Cultural Sensitivity in Social Prescribing

- Encourage all social prescribers to actively seek out culturally relevant services and resources to better serve BME patients.
- Emphasize the importance of ongoing training and reflection on how cultural identity shapes patients' experiences and healthcare access.
- All Social Prescribers should feel confident to record ethnicity

Strengthen Partnerships with BME Community Organizations

- Advocate for stronger collaborations with organizations like The Empowerment Group, Tell MAMA, and Asian Family Counselling Service to create more accessible pathways for BME communities.

Expand the CASP Directory & Training

- Highlight the ongoing need to expand and update the CASP directory of cultural services to ensure it remains a dynamic resource for social prescribers.
- Encourage regular participation in cultural sensitivity training to maintain knowledge of available resources and best practices.

Tackle Health Inequalities Together

- Reducing health inequalities requires collective effort. Social prescribers, healthcare providers, and community leaders must work together to ensure all patients, especially those from minority backgrounds, receive personalized, culturally appropriate care.
- A need for ongoing research and understanding to effectively provide culturally appropriate prescribing.

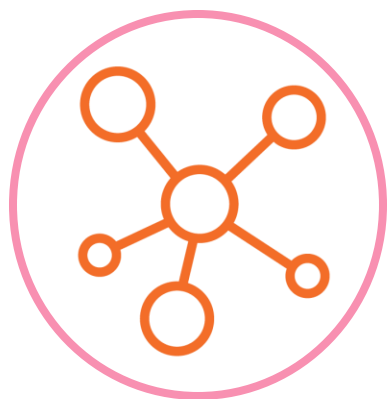


Closing Remarks

Nurjahan Ali Arobi, National Lead for Older People, NASP

Closing remarks

‘a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription—a non-medical prescription, to improve health and well-being and to strengthen community connections.’



Connection



Workforce



Data



Evidence



Call to Action



National
Academy
for Social
Prescribing

Get in touch

socialprescribingacademy.org.uk



@NASPTweets



@NASP_insta

Q&A

