

National Academy for Social Prescribing and Race Equality Foundation webinar - 23/10/24

Nurjahan Ali Arobi, National Lead for Older People at NASP - Closing Remarks:

Social Prescribing - This is the [global definition of social prescribing](#). I've included it here to illustrate that 'community' is at the heart of social prescribing and also any work with minoritised ethnic communities to address health inequalities. At NASP we aim to 'change lives and strengthen communities' and one way we are doing this is by working with Independent Age, a national charity that has funded two voluntary sector infrastructure organisations Reaching People Charity in Leicester and Hastings Voluntary Action. Their role has been to engage, codesign and deliver social prescribing initiatives with older people facing financial hardship. Both places for example are working with local Hindu communities as their population health data and local deprivation data highlighted those groups as having greatest need. Therefore, they are targeting their project where there is need.

Connecting - Engaging with people and communities, is what we've heard about in the session. Colleagues in both Hastings and Leicester like in the places highlighted by the speakers, went to where people are, where they gather and feel safe. They listened to them directly to gain a full understanding of what matters to them. Both Hastings and Leicester have reported they were able to engage people quickly where they already had relationships established and indeed early findings from Leicester are that in the ward where they didn't have an established relationship, groups have been unsuccessful. [Leicester and Hastings have written up their top tips for engaging older people](#). As part of connecting with your local populations and gaining a sense of the needs and assets of local communities - link in with local Social Prescribing Link Workers. They get out and about in local communities to know what happening so they can effectively co-produce social prescriptions.

Workforce - We've heard in the session and it's my experience that the best way to engage with people of different communities of interest, identity and health beliefs is to have a reflective workforce, to authentically understand the cultural differences and nuances not only between people of different ethnicities but socio-economic backgrounds or disability lived experiences and so on. An additional effective method is linking in with the people your local populations trust - their first points of contact- and frontline staff such as social prescribing link workers. I used to run Bradford's Social Prescribing Service, and we recruited from areas of deprivation, so peer support really meant peer support. We also recruited from interpreting and translation services to reflect all the languages and cultures in Bradford. NASP, Natural England and Heritage England have produced toolkits based on the evidence that demonstrates people respond to support from others like them such as [Nature Buddies](#) and [Heritage Buddies](#) who leads groups.

Data - As we've heard from the session it is absolutely crucial to not only to identify what needs to be done but also for and with whom so gaps are identified as well as communities which may be underserved. Using demographic data is

essential to understand your local population including who is living there, and what their lives are like such as health status and levels of deprivation. Data also allows for comparisons but only if the same data sets are used. So, consistency is key and whole systems working should support this consistency in local places.

Evidence - Data also helps generate evidence of impact and helps influence change. Evidence can take the form of case studies or both quantitative and qualitative evaluations. The more consistency in data the better evidence to demonstrate change which as we know can lead to accessing funding. [NASP has used data to evidence the value of social prescribing](#) for example highlighting reductions in GP appointments and unplanned hospital care. Reviews of social prescribing projects also suggest they provide a social return on investment of between £3 and £8 for value for every £1 invested.

Call to action - So finally our call to action is for you to please ensure you are connecting with local people and communities, utilising a workforce that reflects the local population, using ONS data sets for demographic data allowing for cross-sectional comparisons, lastly share the evidence you collate to highlight your learning, progress and achievements highlighting particularly impact on intersectionality.