

Evidence briefing

How can social prescribing support older people in poverty?

Introduction

This briefing helps set out what the evidence currently tells us about how social prescribing could support older people who are living in poverty.

It summarises the key findings from a rapid evidence review, commissioned by NASP in partnership with Independent Age, and delivered by NASP's academic collaborative.

The methodology for the rapid evidence review, further detail of the results, discussion of the reliability of the data, and future recommendations can all be found in more detail [here](#).

Headlines

- The evidence tells us there are five main ways in which social prescribing could support older people in poverty: supporting food insecurity; supporting fuel poverty; supporting financial management; supporting digital inclusion; supporting social vulnerability.
- A range of approaches have been identified in the available evidence, including education and training, community-based approaches, financial advice, and changes to the home environment, including the use of new technologies.
- Key enablers of social prescribing to support older people living in poverty include developing peer training and supportive relationships, particularly around the use of educational and training approaches, or support to use new technologies; offering information, advice and guidance; multi-agency and local co-ordination; and developing trust through co-designed and co-produced services.
- The key barriers to supporting older people living in poverty through social prescribing included: stigma and embarrassment felt by some older people around financial problems and the accessibility of interventions, for example through lack of transport infrastructure.

- More research is needed, particularly to understand diverse experiences amongst older people, particularly those from marginalised groups and disadvantaged communities.

What the evidence tells us about how social prescribing can support older people in poverty

Supporting food insecurity

- Food insecurity refers to a lack of or uncertain access to sufficient and good quality, healthy food.
- Emerging evidence suggests that there are a range of approaches to supporting people with food insecurity that improve access to food.
 - These include educational approaches, community food activities, and food bank provision in mobile and other community settings.¹⁵
 - Access to food from food banks was improved when home delivery was available for older people with transportation or mobility problems, and if food banks were co-located in other community organisations.¹⁴
 - The way food support is provided can build community capacity in turn, for example engaging older people as volunteers, and enabling older people to identify and connect with other community-based resources.¹⁵
- Two studies have identified improvement in outcomes such as fatigue, physical functioning, skills, connectivity, and use of other community-based services.^{9,15}
- Barriers to alleviating food insecurity included: lack of funding for, and staff and volunteer capacity in, community spaces; transport to, and accessibility of, food banks; awareness among those who might use the support; lack of cold storage facilities limits what food can be provided; stigma experienced by some older people around using food banks.
- Enablers to alleviating food insecurity in the community included: Using community-based kitchens or cafes to build on community resources, rather than solely food provision.

Supporting fuel poverty

- Fuel poverty occurs when a household cannot afford to keep adequately warm in relation to household income. This is a risk for older people as living in cold homes has implications for increased ill-health.
- The evidence in this theme suggests that interventions to improve home temperature improved the physical and mental health of most participants.^{5, 12,13, 21, 22}
 - Energy poverty can result in inadequate heating temperatures in homes, increased allergens, and risk of mouldy and damp conditions. These can lead to increased respiratory and chronic health conditions, poorer general and mental health, increased use of health

services, and higher mortality. These outcomes are worse for older people at risk of health inequalities.⁵

- Improved heating systems were associated with higher mental wellbeing, fewer falls and fewer arthritis symptoms in one controlled study.¹² Older people may need support to use modern central heating or digital systems.¹²
- Home improvements to insulation, heating systems and ventilation improved self-reported levels of mental and physical health.^{5, 21}
- An intervention to remind older people to increase their home temperature described less self-reported medicine use.¹²
- Barriers to implementing energy poverty interventions may include: older people may have low knowledge of how to be energy efficient, or be unable to implement energy saving tips; older people may find complex bureaucratic procedures to gain good energy tariffs difficult to navigate, and in turn this may intersect with issues of digital exclusion for older people; stigma around claiming of benefits such as the winter fuel payment; and the short term nature of some interventions.
- Enablers of implementing energy poverty interventions may include: Link Workers actively asking older people if they need advice and support with energy efficiency or energy billing, and referring to community or home based support; co-designing interventions with older people to include visual and easy-to-remember strategies; electronic monitoring and prompting technology to help older people to take action to stay warm; checking that older people have access to all relevant government payments and schemes; commissioning long term interventions that are joined up to wider community initiatives.

Supporting financial management

- Knowledge, confidence, and skills in managing finances and income can significantly impact wellbeing.
- Older people may experience stigma and shame around income and financial management and may therefore be reluctant to share their circumstances with health professionals such as link workers.⁵
 - Older women were found in one study to be more likely to have financial problems than older men. The study also recorded instances of coercive control and economic abuse, along with feelings of shame and not disclosing financial issues.²³
 - Social withdrawal caused by stigma and embarrassment might in turn lead to impact on mental health, wellbeing and quality of life. One study found that a financial support intervention reduced social isolation and improved mental health and financial wellbeing.²⁴
- Tailored welfare rights advice for older people in their own homes found the intervention increased access to care, which in turn allowed them to maintain independence.⁸
- A financial advice intervention was felt to raise awareness of financial wellbeing, and in turn needed to be tailored to specific groups. Whole family approaches were found to be beneficial as these allowed family members to support older members.¹⁹

- There is a need for coordination between supporting agencies as financial poverty intersects with other social circumstances, and repercussions from financial issues can include loss of home, loss of job, and impact on health and wellbeing.
- Barriers to implementing income or financial interventions may include: social stigma around financial issues and poverty may prevent older people from disclosing those issues and accessing help; risky financial behaviour, for example gambling, can be hidden by older people; lack of financial literacy can make it difficult for older people to manage their finances longer term, and some older people's financial literacy may be constrained by cognitive impairment, such as dementia.
- Enablers for implementing income or financial interventions may include: appropriate training for link workers to spot non-disclosure of financial issues or signs of gambling in older people; peer support and volunteers to help destigmatise issues; access to early and tailored welfare advice for older people receiving benefits and personal care that enables independence; whole family support to facilitate decisions around financial planning and enabling people who may have cognitive impairment to be supported by care givers.

Supporting digital inclusion

- Digital access is needed to connect with government and other essential public services to support health and social care, and financial wellbeing.
- Interventions to provide energy poverty advice, energy monitors, and energy saving devices reported that participants saved money, and increased knowledge and confidence in managing energy consumption.^{17, 18}
- The available evidence suggests there are a range of approaches to engaging older people to promote digital inclusion and digital skills, which in turn can improve financial circumstances.^{3, 7, 16}
 - Engaging older adults at community level can increase digital self-efficacy, as well as facilitate effective use of social isolation interventions.³
 - Mobile applications were found to help older people to stay connected to families, linked to healthcare and encourage physical and mental wellbeing.³
 - Free digital skills classes gave the opportunity for social care teams to build support for digital skills into individuals' care journeys.⁷
 - Peer support networks have been able to support older people, and older people have valued peer recommendations and the social aspect of the workshops.⁷
 - Building trust and confidence into digital skills training and personalising the training so this is relevant for older people's needs were key enablers in one study.¹⁶
- Intergenerational and community-based skills programmes may reduce barriers to digital inclusion, which may in turn promote social and financial wellbeing.^{3, 17}
- Barriers to digital inclusion interventions included: Affordability of access to hardware and software, or to affordable technology support and training for

disadvantaged groups; lack of skills in older people to use digital tools linked to health and care support; many older people lack trust in the internet, and have concerns around safety and data security; and barriers in design of technology and applications for use by older people.

- Enablers for digital inclusion interventions for older people included: Hosting digital skills training in community spaces, such as libraries; health and care including digital inclusion in care planning, with sensitivity to trust and confidence barriers; using peer mentors and trainers for digital learning; group sessions may also help with loneliness, building trust and confidence into support helped with engagement; design of care apps should consider older people's skills and be co-designed to improve accessibility.

Supporting social vulnerability

- Social vulnerability relates to any individuals' social circumstances and the extent to which these make them vulnerable to adverse health or social events, including poverty.
- A common thread across the evidence in this theme is the importance of community connectedness, through activities offering social interaction and the provision of local services that support this.
 - Wider community infrastructure to support this is important.
- Home improvements for socially vulnerable older people to improve warmth, safety and repairs can benefit health and wellbeing.
 - Older people were the group most likely to access support in an initiative to encourage uptake of benefits and grants to tackle poverty and social isolation, including warm homes subsidies and boiler repairs.¹⁰
 - Home safety improvements, connections to community services and 'warm homes' all improved self-reported health.¹⁰
 - The importance of access to transport and broadband in rural areas, in order to access local services, was highlighted.¹⁰
- A wide-ranging systematic review found evidence of improved function, cognition, subjective health and reduced hospital utilisation (emergency department or hospital admissions) in socially vulnerable older adults. This was as a result of interventions that focused on strengthening social and community context.⁴
- Peer support with navigating health information and communicating with care providers may also be beneficial.
 - Trained peer supporters for less able older people in their communities increased self-reported wellbeing and interaction in one study, along with loneliness, mood, and depression.¹¹
- Barriers to implementing support for socially vulnerable people may include: the lack of a robust rural transport network for people to access support and activities; lack of access to digital hardware and rural broadband to access information and support; lack of training for peer mentors; lack of access to support interventions may prevent link workers from being able to connect older people with social activities, home improvement help and financial support.

- Enablers to implementing support for socially vulnerable people may include: improving transport links to help alleviate social isolation; investment in better rural broadband; peer mentors receiving suitable training, with clear referral pathways; and capacity in the system to refer into.

How reliable is this evidence?

- The evidence base for social prescribing is relatively new and emerging. It also varies in terms of how well it was designed, and how well factors such as participation, or changes in health and wellbeing were measured.
- The quality of the unpublished studies included in this review was checked using a standard methodology, involving an assessment of how well the studies were carried out according to agreed standards.
- The peer reviewed studies had some limitations in how they were designed and carried out. For example, wellbeing outcomes were sometimes self-reported, using questions that had been designed for the study itself, instead of validated measures. Follow up time and the amount of data collected varied between studies. Further evidence using more robust methods is needed to confirm the findings in this review.
- Some evidence included in this review is from outside the UK which may limit how the findings can be applied to UK settings.

Evidence informed implications for policy, commissioning, and delivery

- A **multidisciplinary and locally coordinated** approach is needed to ensure that all services and professionals in a locality can work together to provide the support an older person needs who is in poverty.
 - For the recently introduced setup of Integrated Care Boards, this may mean more long-term commissioning of VCFSE organisations and services needed to support food, energy, digital, social, and financial aspects of a person's life.
 - Several poverty related issues could be addressed concurrently by one activity e.g., support to manage food security issues provided at a hub that provides digital access support and social interaction.
- A locally joined up approach to **actively find, engage and support older people who may be hiding their poverty related issues** due to the embarrassment and the social stigma they may perceive.
 - There are several groups of people identified that include: those with gambling problems; women aged 55-64 years who are most likely to have suffered domestic abuse and coercive control, vulnerable older adults, and/or older adults without digital access or with mobility issues.
- Professionals such as social prescribing link works, care coordinators and other professionals should **put developing the trust of the older person at the heart of their interaction**.
 - This may take several visits with a social prescribing link worker for instance and therefore the number of visits allocated per person

needs to account for this, when services are being designed and commissioned.

- Training should highlight the prevalence of stigma and shame in the older generation and provide professionals such as social prescribing link workers the confidence on how to open up and navigate these delicate conversations.
- Community activities, support services and apps should **be co-designed with older people**. This can identify issues and solutions and make the offers more accessible and effective for older people. This can also identify gaps in current service and support provision.
 - Some older people may experience more confusion with complex information or difficulties with memory, and this should be accounted for when interacting with an older person.
- **Peer volunteers and peer mentors** have been noted in several sections of this review as beneficial for activities providing support for older people.
 - Appropriate support and training are needed, but evidence shows that the volunteers value their role and being able to support their peers. Link workers and health coaches may play a valuable role in identifying prospective peer volunteers.

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