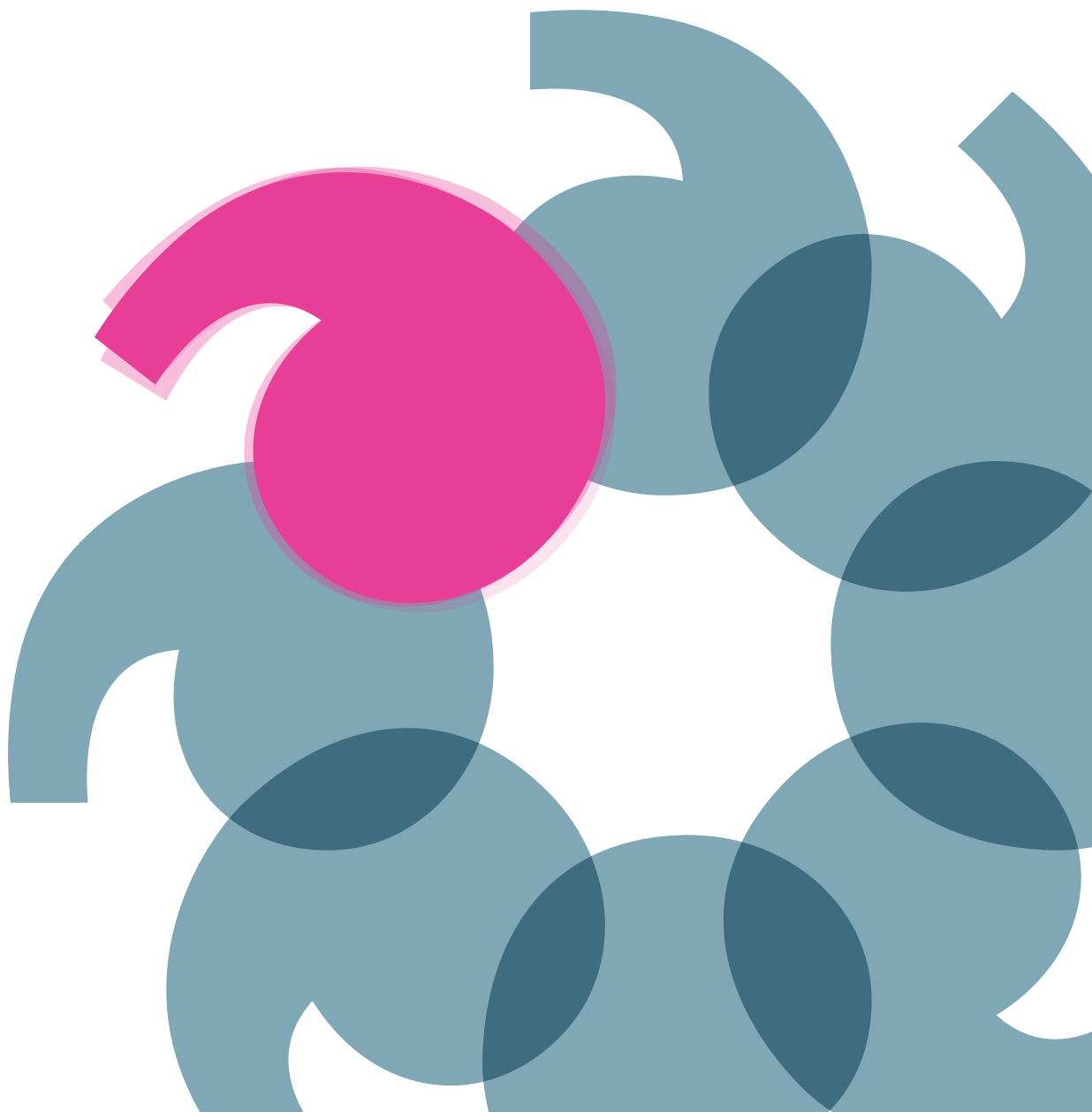


Social prescribing and navigation services in Islington



Contents

Diverse Communities Health Voice is a consortium of 10 Islington based organisations. The partners have many years of experience of advocating for clients and navigating them through health and social care services. Partners have a strong knowledge of how services work in practice, as well as a sound understanding of commissioning processes.

Healthwatch Islington is the partnership coordinator and is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations.

<https://healthwatchislington.co.uk>

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Introduction

In 2019 Islington Clinical Commissioning Group (CCG) engaged the Diverse Communities Health Voice partnership to test awareness of CCG commissioned social prescribing and navigation services. They also wanted to understand what other social prescribing and navigation was taking place in the borough.

Social prescribing is a means of enabling GPs, nurses and other staff working in the health and care sectors to refer people to a range of local, non-clinical activities and services. These activities are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of exercise classes and fitness activities. Social prescribing is often offered to residents with long-term conditions who may not be able to access these types of activity without support.

Navigation is a broader term used to describe the process of supporting people to find and access appropriate activities and services. Although the terms 'social prescribing' and 'navigation' are sometimes used interchangeably, navigation can also cover statutory and clinical services, whereas social prescribing focuses more on the social side of health.

The GP contract states that from July 2019 'social prescribing link workers' are to be employed within Primary Care Networks (PCNs). These are networks of GP practices supporting each other to provide patients with more integrated care. There are ongoing discussions locally as to how these link workers will be recruited and what the implications for our existing service providers will be. We intend that this report be used to inform those discussions.

Social prescribing in Islington

- 1.** Islington Clinical Commissioning Group provided the following list of agencies that have been commissioned to offer social prescribing in the borough:
 - Age UK Islington and Help on Your Doorstep both provide navigators/social prescribing link services.
 - Dementia Navigators (Alzheimer's Society), Stroke Navigators (The Stroke Association), and the ICAT team all socially prescribe.
 - The London Fire Brigade have a social prescribing link service in Islington called 'Safe & Well'.
 - Community Pharmacies accredited as a Healthy Living Pharmacy socially prescribe.
 - Camden and Islington NHS Foundation Trust's Recovery College does elements of this work, however they may not call it social prescribing.
 - Whittington Health Expert Patient Programme, Diabetes Prevention Programme, and Aquaterra's Phase IV Cardiac Rehabilitation also socially prescribe.

- 2.** Many voluntary organisations in the borough, including the Diverse Communities Health Voice partners, offer social prescribing (without receiving funding from the NHS to do so). If their clients also need clinical support, they direct them accordingly and support them to engage. The Diverse Communities partners work with residents from Arabic, Bengali, Cypriot, Eritrean, Ethiopian, Greek, Kurdish, Middle-Eastern, Turkish, Latin American, North African and Somali communities. The organisations in the partnership are as follows:
 - Arachne Women's Group
 - Community Language Support Services
 - Eritrean Community in the UK
 - IMECE
 - Islington Bangladesh Association
 - Islington Somali Community
 - Jannaty
 - Kurdish and Middle Eastern Women's Organisation
 - Latin American Women's Rights Service
 - Healthwatch Islington

Methodology

Diverse Communities Health Voice partners came together for an initial development session so that we had a shared understanding of the research aims and questions. This session was led by Healthwatch Islington. Partners then selected the most appropriate methods (focus groups or interviews) to reach participants in their communities.

Many of the clients invited to take part in the research were engaging with our partner organisations about benefits and access to welfare. Clients were experiencing social isolation, poverty including in-work poverty, tenancy issues, and health problems. All have English as a second language and some may experience cultural and language barriers to engaging with mainstream services.

Diverse Communities Health Voice partners carried out interviews and focus groups with 154 participants. 19 via focus groups, 111 via one to one interviews and 24 via telephone interviews. Each format used the same set of questions. Participants were self-selecting, with partners extending the invitation to a range of their service users. All participants needed to be registered with an Islington GP and/or be an Islington resident. Where necessary, interpreters were used or focus groups/ interviews were conducted in community languages.

As well as the community research, partners offered a workshop providing information about the borough's navigation and social prescribing offer, as well as a wide range of other health and well-being services. These workshops were open to anyone who was interested; participants did not have to take part in the research to attend.

A note on terminology

For the benefit of this report, we use the term **signposting/ providing information** for clients who are able to access services and information without support. They simply need to know what is available.

We use the term **navigation/ social prescribing** to mean actively supporting a client to attend relevant services, and checking in on them to be sure they are getting what they need.

Engagement in activities for wellbeing

Do you go to activities or groups that improve your wellbeing?

Yes	No	No answer	Total
87	66	1	154

87 respondents said that they went to activities or groups that improved their wellbeing. 66 said they did not. Of those who answered the question positively, 5 described the activities they attended as one-off wellbeing activities and 82 described them as ongoing, or as a combination of one-off and ongoing.

Participants had a good understanding of the wide range of activities that can contribute to a sense of wellbeing. Many identified physical activities and exercise classes that they attended such as zumba, aerobics, gym, yoga, swimming, walking, and exercise in general.

Social activities that were identified included lunch clubs, gardening, art classes, textiles classes, spending time with people from a similar age group, spending time with people from the same community, and spending time at the mosque or at church.

Respondents also talked about health services such as physiotherapy, talking therapy, and therapies prescribed by a doctor. These were less frequently mentioned, but clearly valued.

Some participants identified activities supporting language acquisition as improving wellbeing. ESOL (English for Speakers of Other Languages), but also Arabic classes (so not always English).

We asked those participants who had taken part in activities what it was that kept them coming back. In responding, participants demonstrated a good understanding of the ways in which they gained. They pointed out the health benefits, and were aware that taking part in social activity enhanced their sense of wellbeing. Other things that kept them coming back included encouragement from their children or from their friends, the availability of same sex classes, and the opportunity to speak one's own language and to spend time with people with the same cultural background.

We asked respondents that had participated in activities or groups how they had found out about them. The answers were as follows (some respondents had used more than one route):

From the community organisation that supports me	23
I was referred by my GP	19
From friends or family	18
Word of mouth/ the wider community	11
I was referred by another type of health or care professional	4
I searched the internet	3
Other	18

23 participants reported finding out about activities directly via the community organisation that supported them, 18 reported finding out from friends and family, and another 11 from word of mouth/the wider community.

19 participants reported finding out about activities via GP referral, with four more identifying other health or care professionals. The activities accessed via this route were health services such as physiotherapy and talking therapy, or exercise on referral. Activities with a stronger emphasis on social interaction were not accessed via this route.

Other examples of ways people found out about activities were via their church or mosque, their children’s school, or their own existing knowledge.

‘The participants involved in this research rely heavily on Islington Somali Community for their social engagement as well as the local mosque. They use their local networks to discover services that are available to them, they also have a longstanding relationship with the organisation which has led to their ongoing attendance. They, however, do access other services outside of their social groups.’

Islington Somali Community

‘The main source of influence to engage in these activities appears to be people in whom the participants have a certain level of trust, such as friends or members of the church, or who have a reputation for reliability, such as nurses, volunteers, and school staff.’

Latin American Women’s Rights Service

Do you ever feel that you can’t go to activities in your community, or can’t use particular services?

Yes	No	No answer	Total
89	64	1	154

When we asked participants which activities made them feel this way, a variety of activities and services were identified. Respondents said that the difficulties they had accessing these were mainly due to language barriers or difficulties caused by ill health or a lack of confidence, rather than problems with the activities themselves, although there were some exceptions.

Some felt that community centres could do more to let people know what activities they provided. 'I see centres around the area but I am not sure what they offer.' [respondent 17, Jannaty]

Some activities were seen as age specific, excluding those who were didn't belong to that age group. 'Walter Sickert [community centre] seems to be catering for the elderly only. It's not very welcoming.' [respondent 2, Islington Bangladesh Association]

A lack of single sex provision was seen as a barrier, particularly for clients of Islington Bangladesh Association (they contributed 10 of the 14 participants who identified this particular barrier).

What makes you feel like you can't go?

Language barrier	26
Poor physical or mental health	25
No same sex session available at gym or swimming pool	14
Lack of welcome or reasonable adjustments	11
No free or low cost activity available	9
Lack of confidence	8
Lack of time	7
Other caring responsibilities	7
Lack of knowledge or information about available activities	6
Activities take place at inconvenient times	5
Lack of good service (these comments concern GP/ social services)	3
Not interested	3
No friends to go with	2

The sense that some of these activities were unwelcoming is perhaps also connected to the lack of information available about activities in appropriate community languages or via channels that these residents can access, 'We don't know about them so we are not invited. There is no communication of what's happening around us' [respondent 2, Jannaty], '[I'd be more likely to go if] they are given or at least advertised in Spanish' [respondent 16, Latin American Women's Rights Service].

Fears of a lack of welcome can be exacerbated by low self-confidence, 'I am shy and wear a scarf which makes me feel scared if I am by myself.' [respondent 5, Jannaty]

Those with childcare responsibilities not only found it hard to find time to access activities, they also lacked information on activities that were suitable, 'I have a one year old baby. I don't know of any social activities that are multicultural or for mums and babies.' [respondent 3, Jannaty]

The social element of activities is very important and some respondents felt that this wasn't always sufficiently understood by those who designed activities, 'Activity that takes a long time and doesn't have enough time for socialising [makes me feel like I can't go]' [respondent 15, Eritrean Community in the UK]

What might encourage you to go?

Friends or family member to go with	16
More single sex provision	15
In my own language	12
Affordable or free of charge	11
Appropriate timings	8
Made to feel more welcome/ open day or invitation	7
If my health was improved	6
The health benefits	5
The social benefits/ socialising	5
If I was having ESOL classes/ my English was improved	5
Someone to go with me and encourage me	3
More information about what's available	3
If I had more time	2
Something I'm interested in	2
Activities that don't go on too long	2
Interpreting, so people could understand each other	2
In a space I feel comfortable/ With people from my own cultural background	2
Easier to access	1

We asked participants what might encourage them to go. There were a wide range of responses. Only 6 said improved health would encourage them to attend activities whereas 25 had identified poor health as a barrier - suggesting that improved health was not necessarily an outcome that all respondents expected. Suggestions from those who requested different scheduling of activities included during school hours for those who had to look after children at other times, and on Sundays.

Are there activities, not on offer, that you would like to take part in?

Yes	No	No answer	Total
94	56	4	154

Two thirds of participants were interested in activities that were not currently on offer. Some new activities were suggested here, such as massage, allotments, acupuncture, and water aerobics, but most suggestions were activities that other participants had identified as ones they already accessed. This suggests a lack of awareness of what was available, of courses not being accessible because they weren't promoted or delivered in community languages, weren't delivered nearby, took place at times when they couldn't be accessed, or were seen as too expensive (water aerobics). We will talk to partners about how this can be acted upon.

‘Swimming is the other form of exercise [besides the gym] for which women would like to see more provision, at the moment there is only one ‘women only’ session and sometimes there are male life guards. Women would like more days available during the day, not in the evening as they are scared to be out and about during the evening especially during short days in winter.’

Islington Bangladesh Association

We know that lack of access to services can make people more isolated. Islington has high levels of single-occupancy homes, high levels of newly arrived communities and carers reporting feeling disconnected. Our previous research shows that many residents lack time and resources to engage in activities. There are high rates of poor mental health in the borough.

Do you ever feel isolated?

Yes	No	No answer	Total
102	49	3	154

Most people who answered yes had engaged in activities in order to feel less isolated. There was a dependency on family networks, friends, and community support organisations.

Have you ever heard of the terms ‘navigation services’ or ‘social prescribing’?

Yes to both	Navigation services	Social prescribing	Heard of neither
4	5	3	140

Awareness of the terms was low. However, some people were familiar with the ideas behind the terms, if not the terms themselves.

‘Most of the clients didn’t know navigation and social prescribing by definition, but a few of them knew by practice when we explained it to them.’

Eritrean Community in the UK

CCG commissioned navigation services

We asked participants if they had heard of four specific navigation services available in Islington. These were the Age UK Navigator Service, Help on Your Doorstep, the Dementia Navigator, and the Stroke Navigator. Few people had heard of the services and few people had accessed them in comparison to the number of people who said they would have found them helpful if they had known about them.

Have you heard of these navigation services?

Yes, I have heard of the Age UK Navigator Service	12
I haven't heard of the Age UK Navigator Service, but it is not a service I need	90
I haven't heard of the Age UK Navigator Service, and I would have liked to use this service	45
Yes, I have heard of Help on Your Doorstep	8
I haven't heard of Help on Your Doorstep, but it is not a service I need	100
I haven't heard of Help on Your Doorstep, and I would have liked to use this service	42
Yes, I have heard of the Dementia Navigator	12
I haven't heard of the Dementia Navigator, but no one in my family has dementia	105
I haven't heard of the Dementia Navigator, and I would have liked to use this service	33
Yes, I have heard of the Stroke Navigator	5
I haven't heard of the Stroke Navigator, but no one in my family has had a stroke	107
I haven't heard of the Stroke Navigator, and I would have liked to use this service	30
No answer*	4

*7 participants have no recorded response regarding the Age UK Navigator service. 4 participants have no recorded response for any of these navigation services.

Participants reported having heard about these navigation services from their community support organisation, from their GP, from friends and family, and through their work. Two participants said they had found out about the Age UK Navigator Service from seeing a leaflet. One participant said they had found out about the Stroke Navigator as a result of visiting St Luke's Community Centre.

There was some overlap of knowledge. For example, of the 12 respondents who had heard of the Age UK Navigator Service, two had also heard about Help On Your Doorstep, three had heard about the Dementia Navigator and four the Stroke Navigator.

A large proportion of respondents reported having no need for these services. However, in most cases respondents were already accessing navigation and social prescribing services offered by the partner organisation.

Experiences of using these navigation services

- ▶ Three people said they had used the Age UK Navigator Service. All three found it easy to access. One said they got what they needed from the service and two said that they partially had.

'Age UK helped me to fill in an application form to get a fridge. I have housing problems and need help to move council house but Age UK cannot help with this.' [respondent 14, Arachne]

- ▶ Three people had used Help on Your Doorstep. Two found it easy to access and one found it not easy. All three said they got what they needed from the service.

'I have received Disabled Living Allowance through them.' [respondent 10, Islington Bangladesh Association]

'They referred me to another organisation.' [respondent 11, Kurdish and Middle Eastern Women's Organisation]

- ▶ Five people had used the Dementia Navigator. Four found it easy to access and one found it not easy. Four said they got what they needed from the service and one said they did not.

'I used this service for my husband who suffered with dementia. They gave advice about keeping his mind active by doing crosswords and other games.' [respondent 1, Arachne]

- ▶ Four people had used the Stroke Navigator. They all found it easy to access and all four said they got what they needed from the service.

'I was trained how to manage my husband who had suffered a stroke, and how to communicate with my husband through his eyes.' [respondent 14, Arachne]

Navigation provided by the partners

As part of the conversation with research participants we had explained what navigation and social prescribing were, and given out information on the CCG commissioned navigation services. We also wanted to know whether respondents felt they had received similar types of support from the partner organisation supporting members of their community.

Have you used other services that sound like navigation or social prescribing, that have been provided by this partner organisation?

Yes	No but I haven't needed the service	No and I would have used the service	No answer
123	21	8	2

It was clear that participants did use navigation services and benefit from social prescribing. These services were provided by our partner organisations. They were not being provided to any significant degree by the organisations formally commissioned to provide navigation services in Islington.

The specific ways in which partner organisations had provided either navigation services or social prescribing were identified by respondents as follows. The activity has been grouped according to the type of support provided, but there will be some overlap.

Navigation to statutory and clinical services	
Advice, information and advocacy (housing, welfare and benefits, health issues)	58
Therapy and counselling (often provided in-house by the partner organisation)	13
Interpreting and letter translation	7
Support for survivors of domestic violence (provided by the partner organisation)	6
GP liaison and booking appointments	3
Social prescribing	
Trips, events, and activities that encourage socialising	22
Health workshops/other information workshops	16
Training courses	4
Lunch club	4
Arts and crafts	3
Gardening	3
Exercise classes	1
Day centre	1
Volunteering	1
Not defined	
General emotional or practical support	34

The vast majority of respondents heard about the partner organisation from friends and family, or from other members of their community. Other routes included churches and mosques, and outreach workers from the organisations themselves. A few respondents first found out about the partner organisation via a doctor, the police, or the council, though this was much less common.

How easy was it for you to access navigation services or social prescribing provided by this partner organisation?

Easy	Not easy	No answer
119	3	1

Did you get what you needed

Yes	Partially	No answer
113	9	1

Satisfaction with the navigation services provided by organisations in the Diverse Communities partnership was high. They were seen as easy to access and effective. What was reported as being needed was different across different groups. This could reflect what was on offer within their own community already, and the age/ gender/ interests of the participants.

‘I used their support and attended activities, they helped me well, and checked me out even after my support is done. They raised my self-confidence and made me feel stronger.’ [respondent 9, IMECE]

‘They were limited in time and access, so they could help me partially. But they made my phone calls. Also I started counselling sessions’. [respondent 11, IMECE]

‘All clients have used CLSS (Community Language Support Services) for support in a number of matters. Most heard about the service through word of mouth, mostly through friends and family. All service users found the CLSS to be easily accessible and were able to get the help they needed. They were able to receive support in a number of matters and in their first language. This support in a community setting, delivered in their first language was the main factor as to why clients found CLSS helpful and easy to access.

Community Language Support Services

Case studies

The organisations within the Diverse Communities partnership understand referral criteria for statutory services, and can navigate clients to these when needed. However, they are also able to treat needs holistically and offer some culturally appropriate activities and ongoing support, checking in regularly with clients to ensure that they keep coming back if needed.

Partners have a working knowledge of what clients could be eligible for and are able to challenge decisions, and recognise when a challenge is appropriate. Partners are able to support people to become 'social prescription ready' as often clients will be presenting with needs that are too pressing for a social prescription to be made.

Supporting a client to be 'social prescription ready' - Eritrean Community in the UK (ECUK)

The client has several medical conditions, including diabetes and blood pressure issues. Her application for Employment and Support Allowance was declined and both her benefit and her housing benefit had been stopped for some time, until ECUK intervened. ECUK gave her advice and helped her to appeal the decision. They also referred her to another organisation to represent her at the Tribunal. The client won her case and the Department for Work and Pensions has been paying her in full, including back payments. ECUK have now referred her to the women's group at the Old Fire Station to help her to socialise with others.

Supporting a client to be 'social prescription ready' - Islington Bangladesh Association

The client is in remission from cancer, which was initially detected in 2010. He suffers from a range of other health conditions. He is also a carer for his mother. They live in a council flat which has many repair issues. His wife and four children are still abroad. He came in to apply for both Employment Support Allowance and Personal Independence Payment as it was time for these benefits to be renewed. Islington Bangladesh Association helped him to complete the review forms. His repairs were also reported to the Council. Both benefit applications came back successful. His repairs are under review. Now some of these urgent concerns are being resolved, the organisation is able to offer him other support.

His GP had previously given him a social prescription for exercise classes at the gym, but the sessions had been mixed and he hadn't felt comfortable attending. Islington Bangladesh Association is now sourcing some male-only exercise sessions for him.

Supporting a client to be 'social prescription ready' - Islington Bangladesh Association

The client came in to apply for benefits. Her husband had recently had a stroke and was no longer able to work. She was the sole carer for her husband. Previously they were receiving Working Tax Credit. As he was now unable to work, Employment and Support Allowance and Personal Independence Payment applications were made.

The applications took a few months to resolve. Once they came through it helped the family immensely as the husband had been the main breadwinner of the family. The client has begun attending Islington Bangladesh Association's exercise classes on a regular basis. It has made her much more confident. She has said that coming out to the classes is a respite for her as she is always busy looking after family and now her sick husband. She has also recruited two of her friends to join the classes.

'I feel better by coming to Islington Bangladesh Association's exercise classes; this gives me respite from looking after my sick husband. I'm so happy that our benefits got sorted otherwise we would have been in poverty.'

Where appropriate and feasible, partners are able to offer opportunities within their own organisations.

Offering opportunities - Community Language Support Services (CLSS)

Client 1 was looking for employment or volunteering roles but was struggling with her confidence. CLSS referred her to Islington iWork (a local employment service offering one to one coaching and mentoring support) to help her to search for opportunities to teach knitting and sewing classes.

iWork are putting her forward to do a training course to get an advanced certificate in sewing and knitting. In the meantime CLSS have given her the chance to volunteer for them, teaching knitting classes to local residents. She is utilising her skills, giving back to the community and expanding her employment prospects. This will help her to become more independent and financially secure.

Client 2 suffers from social isolation due to being separated from her family in Italy. Community Language Support Services encouraged her to join the knitting group. She is now attending knitting classes at CLSS and enjoying herself, whilst feeling less isolated and building new friendships.

Collaboration between partner organisations can provide new opportunities for the clients.

Women Together in Finsbury Park - Islington Somali Community and Kurdish and Middle Eastern Women's Organisation

Within Islington Somali Community there was a group of women that wanted to attend yoga classes, in a location they knew and trusted. Having attended mainstream women-only classes, attendees reported feeling mocked for wearing modest clothing and being overweight. These women approached Healthwatch Islington for assistance with finding a tutor that would be able to run yoga sessions in their usual meeting place, which is Finspace in Finsbury Park.

Kurdish and Middle Eastern Women's Organisation deliver the 'Women Together in Finsbury Park' project funded by Comic Relief, which offers free exercise classes, including yoga, to local women from black and minority ethnic and migrant/refugee communities. Healthwatch staff shared the request from the women at Islington Somali Community with the member of staff at KMEWO co-ordinating this project. A meeting between both organisations followed and as a result a new yoga class for Somali women started in June 2019. It is taking place on Tuesday afternoons at Finspace.

Some of the need for navigation services comes about because statutory services are not accessible to some residents. The organisations within the Diverse Communities partnership are having to fill the gaps that this creates. For example, some clients are reluctant to make administrative phone calls due to language barriers, hearing problems, and fear of making a mistake. This is especially true for calls which require navigating several menus.

Navigating for clients for whom statutory services aren't accessible - Arachne Women's Group

The client mentioned that she needed to book an appointment for musculoskeletal services, but she was worried about the procedure, and the language barrier over the phone. Arachne staff called Whittington Health NHS Central Booking Service and made the appointment on her behalf. Arachne staff arranged for an appointment letter to be sent to the client. After some time the client had still not received the letter and was worried. Arachne staff called the Central Booking Service to chase this up and arranged for another appointment letter to be sent out.

Navigating for clients for whom statutory services aren't accessible - Islington Bangladesh Association (IBA)

The client has been looking for employment for a while. She has bipolar disorder and diabetes. She is also the sole carer for her elderly mother. Her mother does not use any services and hardly goes out. As sole carer she came to Islington Bangladesh Association seeking help for both her mother and herself. Her mother is around 60, suffers from dementia and has multiple health problems.

Islington Bangladesh Association (IBA) referred the client to Islington Adult Social Services, to get support for her mother. IBA's outreach worker has also been in contact with the mother to invite her to IBA's Lunch Club and Gardening Project. This is to help her meet likeminded people and help her to socialise. IBA's outreach worker made a home visit to explain about the services.

IBA also referred the client to Peabody employment and training services, as she was a resident. She was also offered an interpreting course at the Light Project, and a volunteering opportunity as a Bollywood dance instructor.

Since the client came to Islington Bangladesh Association for support, their staff have seen a huge change in her. She says she is sleeping better at night and is looking forward to completing her course. Previously she had little awareness of the services that were available to her, but now she feels much better informed.

Feedback from managers

We asked managers from the partner organisations about the navigation and social prescribing services that they offered. We asked whether they felt they had the capacity to meet the demand for these services:

‘Organisations like ours are able to meet these needs, but they are doing it through small grants and crowd funding. The sector takes its responsibility to clients seriously, and is creative and resourceful in finding ways to meet need, but this work is not strategically funded. The funding structure potentially then contributes to the further marginalising of these vulnerable groups.

‘Ninety percent of clients self refer. A few come from GPs and other agencies. They self refer to organisations like ours because they feel more confident that they will be understood, both in terms of language, but also culturally.

‘A key frustration for beneficiaries is the waiting time to be seen; appointments for advice services are always fully booked. A client might have to wait three weeks but sometimes the situation is more urgent. We also run drop ins where clients queue and some might wait but still not get seen. Demand outstrips supply but it is also hard to fundraise for this work. There are a decreasing number of funding sources.

‘Most clients come through the door for advice about housing and welfare or statutory services to start with, and then we find ways to encourage them to access other services and activities that could be of benefit.’

Deniz Uğur, Director, IMECE Women’s Centre

‘A lot of our clients come for the counselling and pyschotherapy services. They can’t access statutory services because of the language barrier. For their physical health needs, some of them prefer to go to Spain to be seen so that they can be seen in their language. Also, do generalist services really understand the needs of people experiencing domestic abuse?’

‘Sometimes their needs are too complex for us to support them, but there aren’t the NHS services to refer them to because of the language. We will liaise with their GP for them, via letters and so on to relay to the service what the client needs, but the NHS don’t fund us to do this.

‘There are very few services in general offering access in Spanish and (Brazilian) Portuguese.’

Gisela Valle, Director, Latin American Women’s Rights Service

'Awareness of the CCG commissioned social prescribing services was low. We've only had one referral from Help On Your Doorstep, and none from Age UK.

'People get directed to us, sometimes for things we're not funded to do, but what can we do? We can't turn them away. They come because they have a language barrier for example, that's what happens if they need an interpreter. Organisations like the CAB [Citizens Advice] direct them to us. It's hard to get funding to offer general advice. We are no longer funded for that kind of work.

'We are funded to support people with domestic violence and related queries. Our clients experience a lot of isolation and depression. As a result of domestic violence, clients are often very stressed and miss appointments and lose things and need a lot of support.'

Sawsan Salim, Director, Kurdish and Middle Eastern Women's Organisation

'It's always hard to judge how much time someone will need because they could come with so many different queries. We don't have enough staff, but we do work with partners to share duties. For example, we can't take on new people for our exercise class so we re-direct them to other organisations. It's hard though, as people want to wait until a space becomes available in our class again. Often we direct them to an organisation just around the corner, but they find it more comfortable to come here. They know people here and they can come with someone. People don't like to go out on their own. They're afraid because of Islamophobia. This makes them afraid of going out on their own, and afraid of going to other services.

'People come to us mainly through word of mouth. We are a well-established organisation. We've been in the borough for over thirty years. Some people come to us because their adult children found us on Google. We get a very small number of referrals from GPs, we get more from Social Services, and some from Housing. Those agencies approach us or refer to us because they need language support to communicate with the client, and because the clients are socially isolated and they are looking for support for them.

'We aren't able to reach people who are housebound. We might go out and do a one-off visit but it's hard to provide specific services for people who are housebound because we don't have transport and we don't have capacity, but we know there is a huge demand there.'

Muhsina Akhtar, Project Coordinator, Islington Bangladesh Association

Recommendations

Overwhelmingly, social prescribing and navigation services were provided to the participants by relevant organisations within the Diverse Communities partnership, rather than by the organisations formally commissioned to provide these services in the borough (pages 11-12). Nevertheless, the introduction of social prescribing within healthcare is a positive step in supporting local residents. It is important to consider how can we make the model as inclusive as possible.

Considerations and recommendations for the social prescribing model in Islington

1. The model for delivering additional 'social prescribing link workers' needs to be accessible to as diverse a range of residents as possible. To achieve this, the organisation hosting the link worker could spot purchase support from organisations with language and cultural expertise. Alternatively the organisation hosting the link worker could work in partnership with these organisations, for example sharing staff, so that specialist knowledge or interpreting can be provided.

This could help to ensure that the navigation and social prescribing work provided by organisations with language and cultural expertise is appropriately resourced.

2. More needs to be done to provide residents with information about what is available to them. Commissioners and providers need to help all organisations that are providing navigation and signposting support to keep residents up-to-date. This could include work to increase awareness of social prescribing within the local community, and to raise the profile of providers so that more residents can benefit.
3. Many organisations provide navigation and social prescribing in the borough. Commissioners should work to draw together information from all these providers to get a fuller picture of where residents are being directed across the borough and North Central London (as many organisations work cross-borough).
4. The borough should bring together organisations receiving social prescriptions to see what opportunities there are for organisations to work together to extend their offers. The collaboration between KMEWO and Islington Somali Community detailed on page 17 is a good example of how this can work well.

healthwatch
Islington

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