

Acknowledgments

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1. Introduction

This report details the involvement and access of people and organisations from Black, Asian and Minority Ethnic (BAME) communities with Rotherham's Social Prescribing Service (SPS) delivered by Voluntary Action Rotherham (VAR) in partnership with local voluntary and community organisations. The SPS service was first commissioned by NHS Rotherham in 2012 as part of a wider GP-led Integrated Case Management Pilot aimed at increasing the capacity of primary care to meet the non-clinical needs of their patients with long-term conditions. Since then, the service has continued to operate and develop as part of integrated case management. Whilst the value of social prescribing is often seen in terms of the reduction in demand for primary care, the service can also provide wider benefits to the communities it serves and to voluntary and community sector (VCS) organisations.

Social Prescribing in Rotherham is a service provided through the VCS to enable patients and their carers to access support from local community based organisations, with a view to improving their health and well-being, and their ability to manage their own conditions at home and within communities. The service has also built capacity within the VCS, enabling the development of new community based services with the potential to improve health and well-being, and promote self-help and independence.

This report details the findings of the survey carried out by You Asked We Responded (YAWR) Services as part of efforts to promote equality of access to social prescribing and respond to a perception that BAME communities are under-represented amongst patients accessing the service. As with many mainstream services, there is concern that people from minority backgrounds may have low take-up of social prescribing, notably people from BAME communities.

As noted in the Methodology section, the relatively small number of organisations surveyed means that this research is primarily qualitative although the sample is broadly representative of SPS providers used by BAME residents.

2. Background to the Research

Social Prescribing Services

The Rotherham Social Prescribing Service has been in operation since 2012. It helps people with long term health conditions to access a wide variety of services and activities provided by local voluntary organisations and community groups. Social prescribing is part of a wider initiative in Rotherham known as case management. Funded by Rotherham Clinical Commissioning Group, the case management scheme brings together health, social care and voluntary sector professionals, who work together in a co-ordinated way to plan care for people with long term health conditions. This joint working is known as integrated case management. GPs lead case management teams and are responsible for identifying patients who are eligible for SPS.

People can be referred by their GP to the service where they will then be contacted by a Social Prescribing Worker known as a VCS Advisor. The advisor will arrange to visit the person, either in their home or at the GP surgery, to discuss voluntary or community services that could help them to improve health and wellbeing. This is in addition to any NHS or social care support they may already be receiving. Social prescriptions meet people's social and wellbeing needs as well as addressing social isolation and other issues that have disconnected individuals from their communities. People can be referred to voluntary and community organisations that know their communities best and are well placed to offer this support. The support provided may include things like access to advice and information, having someone to talk to, reduce social isolation, housing issues and tailored services for the individual to improve their health and wellbeing.

Research carried out by CRESR at Sheffield Hallam University showed that for more than 8 out of 10 people referred to the SPS during 2012-16 who were followed up 3 to 4 months later, there were reductions in NHS use in terms of accident and emergency (A&E) attendance, outpatient appointments and inpatient admissions. The research showed that 7 out of 10 people reported feeling less isolated, over half were more active, and there was less use of NHS services. Exploratory analysis of the scheme suggested that it could pay for itself over 18–24 months due to reduced NHS use. Further research 2016-18 found that the likelihood of a patient referred to SP seeing a reduction in their use of secondary care in the 12 months following their referral is predominantly affected by how many times they accessed such care in the previous 12 months, with the highest users seeing the biggest reductions. People aged 80+ years are targeted.

More recent evaluations have reached similar conclusions. A community connector scheme in Bradford evaluated by CRESR reported improvements in service users' health-related quality of life and social connectedness. A programme in Shropshire, evaluated by the University of Westminster between 2017 and 2019, found that

people reported statistically significant improvements in measures of wellbeing, patient activation and loneliness. At three-month follow up, it also found that GP consultations among participants were down 40 per cent compared to a control group. Overall, the evidence available offers good reason to think social prescribing can deliver benefits for some people as well as savings for the NHS. Although the latter is often a driving force behind SPS, the social benefits to individuals and the wider community should not be overlooked and indeed celebrated.

YAWR Services

In 2010 Rotherham MBC commissioned the development of a Joint Improvement Programme (JIP) Toolkit to improve BAME access to adult social care services. This work resulted in the establishment of You Asked We Responded (YAWR) as a BAME social care advocacy specialist project funded by the Yorkshire and Humber JIP. The project soon developed into a social enterprise, which was approved as a social prescribing provider for the 2012 SPS pilot.

Between 2012 and 2014, YAWR delivered SPS through spot purchases of individual referrals from VAR, with YAWR to completing referral forms and monthly monitoring. In 2014 YAWR secured an annual grant to deliver an advocacy and support service with an agreed number of patients and a 6 month contract to deliver an engagement group activity for women only. With support from VAR, an Awards for All Grant provided funding to deliver group activity for a further year from January 2015.

YAWR has continued to deliver under SPS with yearly rolling contracts which are confirmed towards the end of the year when VAR gets confirmation from the funding bodies. From 2017 YAWR has also been delivering a Befriending Service under the mental health project through RDASH which is managed by VAR. All grants require monthly monitoring reports, case studies, review meetings and end of year evaluation reports. It has been a long and difficult journey for YAWR Services to become a recognised SPS provider. It has been challenging in terms of capacity building to obtain SPS status and contract readiness. YAWR became a registered charity in November 2020.

BAME Communities in Rotherham

Rotherham's Black, Asian and Minority Ethnic (BAME) population is a relatively small proportion of the Borough population compared with the national average but has grown and become increasingly diverse over the last two decades. According to the 2011 Census, there were 20,842 people from BAME communities or 8.1 per cent of Rotherham's population, more than double the number in 2001 when the percentage was only 4.1 per cent. As the 2011 Census is now 10 years old, more recent data needs to be taken into account. The school census (PLASC) shows that the percentage of BAME pupils in Rotherham schools grew from 13.7 per cent in 2011 to

18.7 per cent in 2020, which would suggest that around 11 per cent of the population is now BAME, about 29,000 people.

The largest BAME community in Rotherham is Pakistani/Kashmiri with around 10,000 people in 2018, just over a third of the total BAME population. Although the community is relatively young, it also includes a significant number of older people who came to Rotherham in the 1960s and 70s or who came later to join other family members. Other Asian communities number about 3,400, the largest groups being Indian and Chinese. There are also around 700 Arabs in Rotherham, mainly Yemeni who include some older people who came to Rotherham in the 1970s.

Rotherham's Black population has increased significantly from 400 in 2001 to around 2,300 in 2018, mostly Africans who include many refugees from Zimbabwe and other countries. There are a wide variety of backgrounds in terms of country of origin and circumstances.

The white minority population (mainly European) increased from 2,368 in 2001 to 4,320 in 2011, mainly as a result of immigration from the EU after 2004, a trend which has continued since. The largest group moving to Rotherham were Slovak Roma, who often arrived as whole families, intending to settle permanently. In 2020, there were 2,115 school children from non-British European backgrounds in Rotherham schools, part of a total population estimated to be about 9,000. Around half of this population are Slovak/Czech Roma and a further third are either Polish or Romanian. Most people from European migrant communities (post 2004) are working age adults or children, and there are few older people within this population.

Rotherham's BAME population is concentrated in the inner areas of the Borough with the majority living within two miles of the town centre. Using the Index of Multiple Deprivation 2019 and Census ethnicity, 44 per cent of BAME residents live in areas within the most deprived 10 per cent of England, double the average for Rotherham. Although English is widely spoken by BAME residents, there are many community languages in Rotherham, the most widely spoken being Punjabi, Urdu, Slovak, Polish and Arabic. In the 2011 Census, 44 per cent of BAME residents aged 3+ did not speak English as their main language and in 2020, 10.5 per cent of children in Rotherham schools spoke English as an additional language, giving an indication of the significance of community languages.

Age Structure and Health

The age structure of Rotherham's BAME population is important to understand as it is very different to that of the White British population. Almost all minority ethnic groups had relatively young populations according to the 2011 Census, including Pakistani/Kashmiri (38 per cent under 18), Black African (35 per cent under 18) and Arab (33 per cent under 16). The BAME average was 34 per cent compared with 21 per cent in the White British population. Only the Irish community has a much older age profile with just 4 per cent aged 0-17 and 42 per cent aged 65+ in 2011.

The 2011 Census is now 10 years old so a more current, but very basic, source is the ONS Annual Population Survey. Rotherham data for 2019-20 shows 44 per cent of the white population aged 50+ years, four times the proportion of the non-white population at just 11 per cent. Rotherham MBC's estimates for 2019 show BAME residents at 3.7 per cent of all those aged 65+, 9 per cent of all adults and 19 per cent of children. The 2011 Census showed 1,215 BAME people aged 65+, the largest numbers being Pakistani (356) and Irish (328). The Census also showed that only 5.8 per cent of BAME residents were aged 65+ in 2011 compared with 18.5 per cent of White British residents.

As people with long term conditions and poor health are mainly in the older age groups, their ethnic profile will have a relatively low proportion from BAME communities. However, the proportion of BME people in older age groups is growing and if the populations in 2011 are rolled forward 10 years using the number of people aged 55-74 in 2011 as a proxy for 65+ in 2021, the increases are 81 per cent for Indian, 53 per cent for Pakistani, 155 per cent for Chinese and 93 per cent for Black groups, compared with an increase of 27 per cent for the White British population. These trends suggest that whilst a younger age profile has been a barrier to accessing social prescribing, BAME communities are ageing at a faster rate than White British which will result in growing demand for a wide range of health and wellbeing services, which will be even more rapid over the next five years.

In the 2011 Census, people aged 65+ from non-white communities were slightly more likely to have a long term health problem or disability (64.7 per cent) than white people (61.2 per cent). Mental health conditions are less age related and often affect young adults as well as older people and have become more evident during the Covid-19 pandemic. Asylum seekers and refugees often report post-traumatic stress disorders due to past experience or war or persecution in their home countries.

It is evident that there are many different BAME communities in Rotherham and their characteristics and needs vary considerably. The same is true of their understanding of local services and ability to access them. People from new migrant communities are likely to be younger and have fewer health needs, but often face language barriers and are less familiar with services and their providers. Longer established communities include older residents who are more likely to have health conditions and may also face language or cultural barriers. Although most BAME communities are concentrated around Rotherham town centre, some such as the Chinese, Indian and Irish communities are widely scattered across the Borough.

Key messages about BAME communities are that the number of people is growing and the population becoming diverse, the number of older people is growing along with the need for more health and wellbeing services that is inclusive and culturally appropriate in its delivery.

3. Methodology

This research was commissioned by VAR to obtain information and views about social prescribing from local VCS organisations. The choice of YAWR Services to conduct the research was intended to provide a fresh perspective of organisational views. VAR also commissioned REMA to research the views of service users in a separate study, again to provide a different perspective from a strategic organisation rather than from a direct service provider. YAWR has experience of community research, itself being an outcome of a research project and has many years' experience as a leading BAME social prescribing provider and has experienced staff delivering to all communities, with a specialism of providing services to BAME service users.

YAWR conducted a survey of organisations in early February 2021, with a very tight timescale which provided only a week to obtain responses from organisations plus a week for analysis and reporting, this was very challenging. A questionnaire was designed (see Appendix 2) for either self completion or interview, depending on preferences. The questionnaire was piloted with local organisations to ensure capacity development of BAME Staff undertaking the research and appropriateness of the questions and well they were understood. Unfortunately, YAWR was not given a list of local organisations or the up to date contact details. YAWR used the knowledge of its own staff and partners in the BAME voluntary and community sector (VCS) to draw up a list and details of 49 local organisations known to deliver social prescribing services to BAME residents or which may have the potential to do so. The majority of these were from the BAME VCS although a number of mainstream organisations were also included where known to also engage and deliver service to BAME communities.

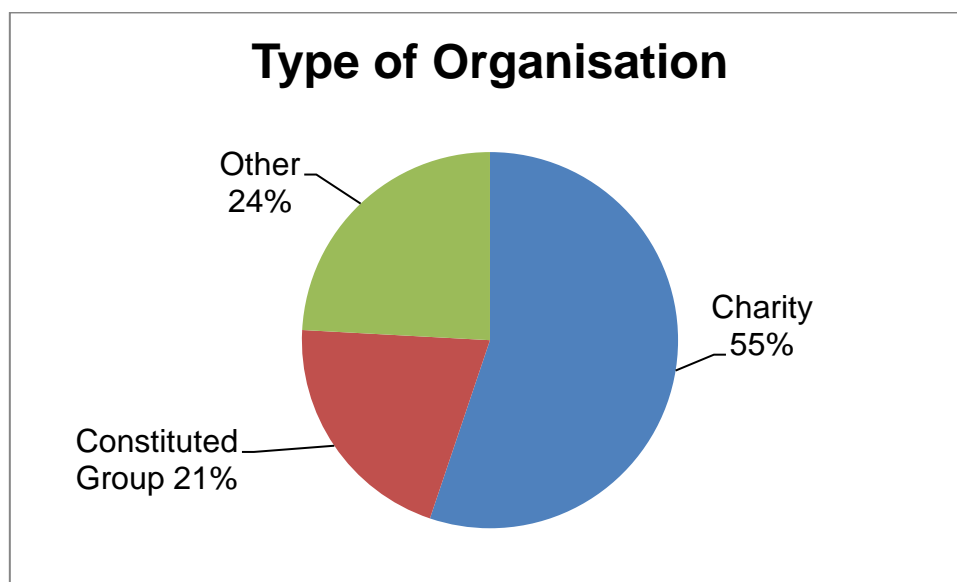
As the survey took place during a national coronavirus lockdown, face to face interviews were not possible. Questionnaires (Appendices 1 & 2) were sent to each organisation and interviews by telephone or Zoom video call were then arranged, unless the organisation preferred to complete and return the questionnaire themselves. A total of 30 organisations took part in the survey although only 29 responded in time to allow analysis of the results, which were compiled to provide aggregated information. The confidentiality of respondent organisations has been respected in how the results are presented in this report. However, organisations were asked for their consent for YAWR to share their details in confidence with VAR if they were interested in providing social prescribing services or being supported to deliver such services.

4. Research Findings

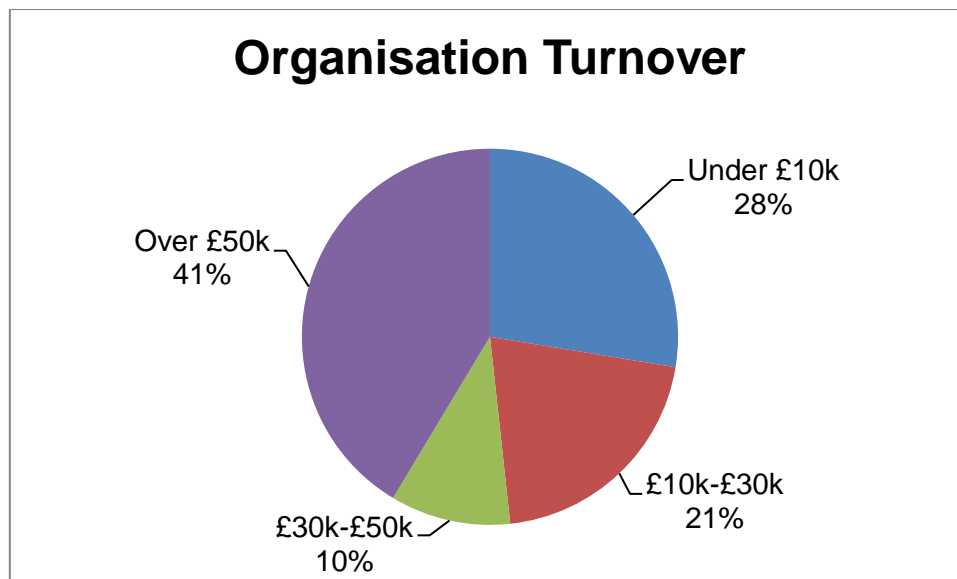
This section details the results of YAWR's survey of organisations who deliver social prescribing services to people from BAME communities and potential service deliverers.

Organisational Characteristics

There was a variety of organisations type amongst respondents, but the largest category was charities which made up over half of the organisations surveyed. The charities were divided equally between the BAME led and mainstream sectors. The constituted groups were all BAME led. The 'other' category included companies, public sector and sole traders.



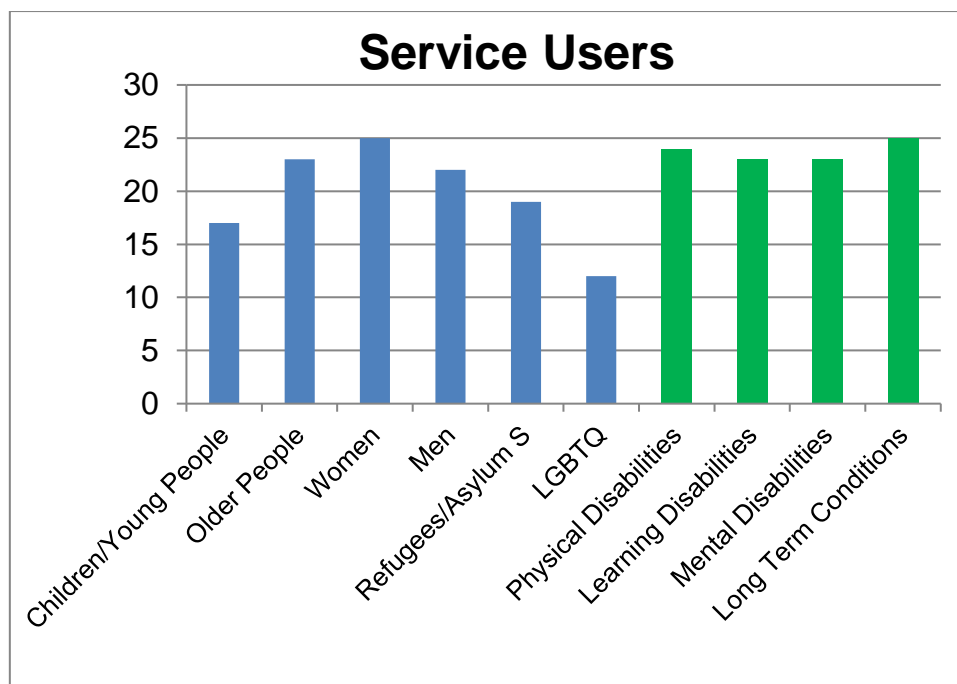
The scale of organisations varied greatly with 28 per cent having a turnover of under £10,000, typically small groups with one or two part time staff and/or volunteers. A few groups with more part time staff had higher turnovers. All the charities surveyed had a turnover greater than £10,000 and most had turnovers exceeding £50,000. All of the charities employed staff which would probably be their main expenditure in most cases. A few providers were part of larger organisations.



Service Users

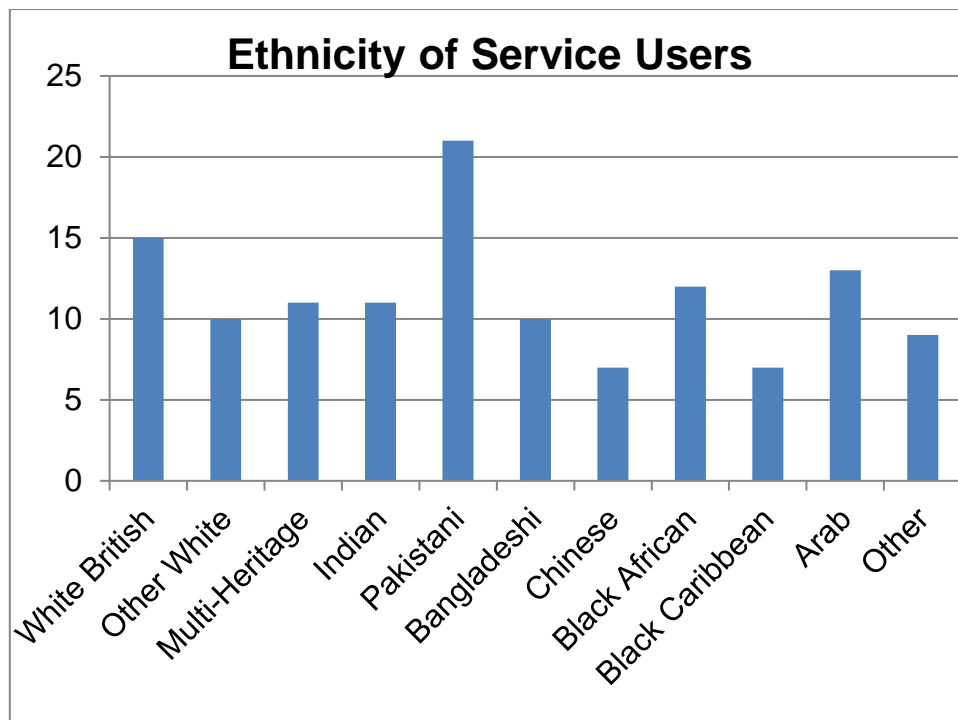
Most organisations served a wide range of service user types although a few were specialist providers, such as being for BAME women only. Whilst all the organisations served BAME adults, many also served BAME children and young people as part of the whole community. BAME disabled people and people with long term health conditions were served by nearly all the organisations. Only 41 per cent of those surveyed identified LGBTQ service users, mainly larger organisations including 8 out of 15 of those with a turnover over £50,000. Small BAME sector organisations were least likely to have LGBTQ service users which may reflect a lack of awareness of this equality data marker.

Variation in the type of service users is a reflection of the range of specialist services which the BAME VCS provides, with some aimed at BAME older people, BAME disabled people, BAME men or women. Whilst a lack of diversity is often viewed as a concern for large mainstream organisations, some needs are better met by specialist services provided by small VCS organisations, which are best placed in terms of having language skills, and in delivering culturally and religiously appropriate services.



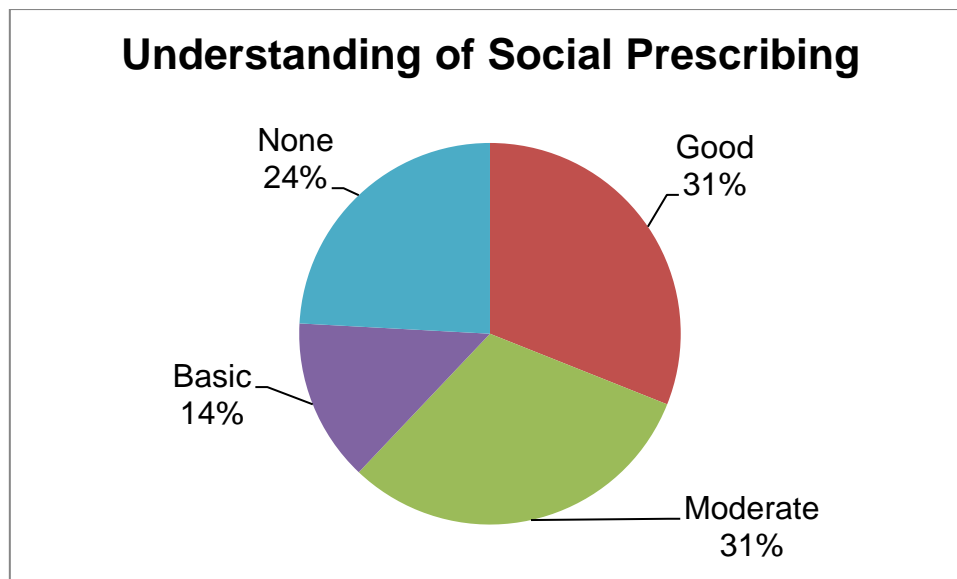
The majority of organisations served either a wide range of ethnic groups or just a few. The former tended to be mainstream organisations and charities which aim to serve the whole community, illustrated by half of organisations having White British service users. These are not just mainstream organisation, a number of BAME led organisations serve White British people as well as their target user group, for example YAWR Services.

Many small organisations in the BAME sector were established to meet the needs of a specific ethnic group whose needs were not being met elsewhere. Small community groups often lack the resources to expand their small user base, a longstanding experience especially amongst BAME led groups. People of Pakistani / Kashmiri ethnicity were served by 72 per cent of organisations, reflecting both the size of this community in Rotherham, its well established nature and the origins of many community groups. There are far fewer people in other ethnic groups and their size inevitably has a relationship with the number of organisations serving them, there being far more Black Africans than Black Caribbean people in Rotherham.



Understanding and Experience of Social Prescribing Services

The majority of organisations surveyed had heard of social prescribing although almost a third had not done so. The latter finding is perhaps surprising given that social prescribing has existed in Rotherham since 2012 and illustrates the shortcomings of existing communication channels within the VCS reaching BAME led organisations and services. Amongst those which had heard of the service, understanding of exactly what social prescribing is varied considerably. In most cases this reflected how much experience of social prescribing the organisation had, with those having many referrals gaining a better understanding than those with only a few. There were also some organisations with a good understanding derived from keeping well informed about local initiatives rather than having referrals. Only 31 per cent of organisations showed a good understanding of social prescribing and almost a quarter had none at all, which illustrates a generally low level of organisational awareness and understanding.

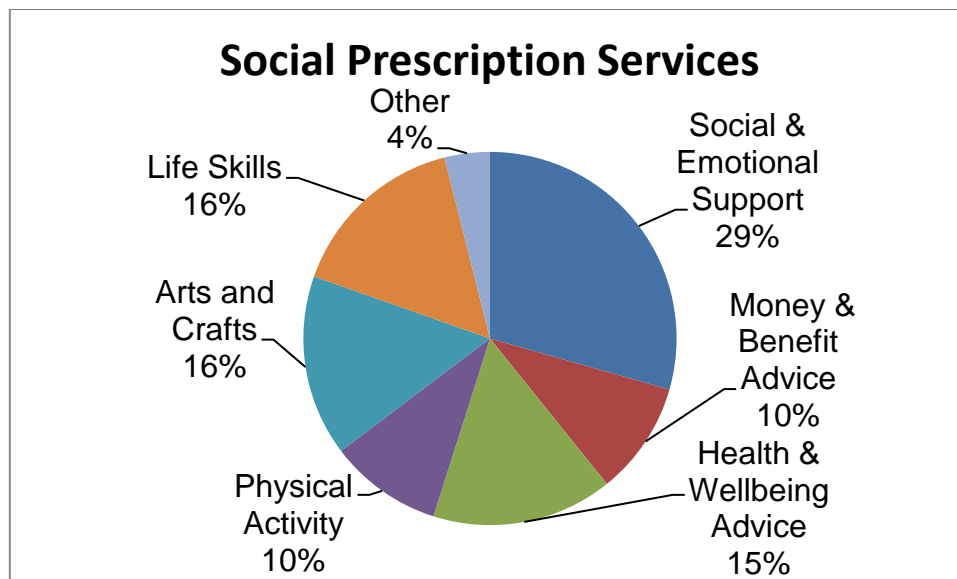


Only half of organisations were aware of which organisation (VAR) makes social prescribing referrals to local service providers. Only 28 per cent of organisations had provided social prescribing services in response to a referral from VAR. A range of services and activities had been provided which covered social and emotional support, advocacy, welfare advice, physical activity and wellbeing advice. Some organisations reported having many referrals whilst others had only a few.

Interest in Developing Social Prescribing Services

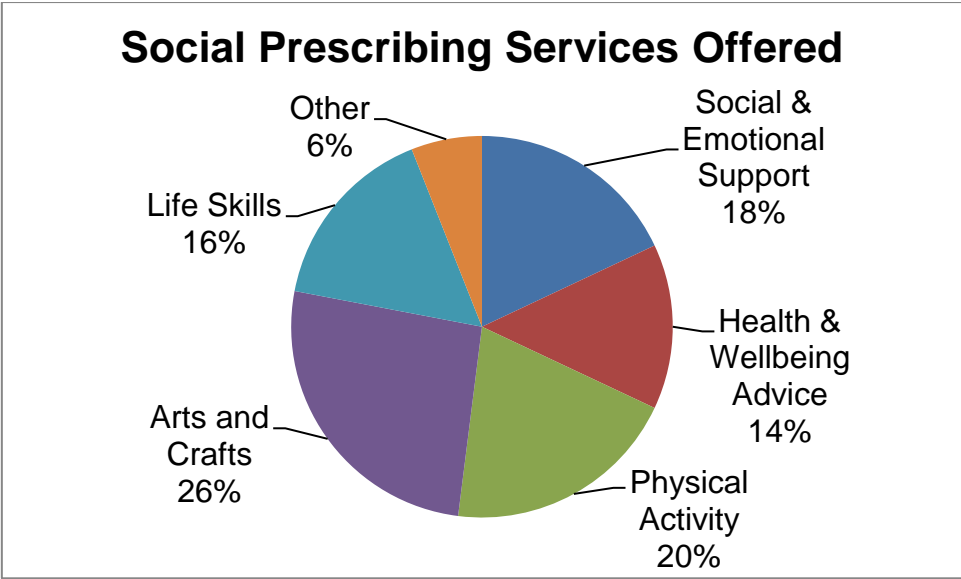
The limited experience of referrals and limited knowledge of social prescribing contrasts with the 90 per cent of organisations delivering services which, in their view, could be socially prescribed. A wide range of services were suggested as having potential for social prescription. Common themes were social and emotional support, either one-to-one or in groups, health and wellbeing advice, and arts and crafts, ranging from dance to sewing. Other services related to money and benefit advice, and various life skills. These community activities support people to improve their lives in ways which don't require involvement from health services.

A frequent theme of services for BAME people is to reduce social isolation, build self-confidence, and improve engagement with other people and services. These are all themes which are relevant to social prescribing and the BAME led VCS is well placed to deliver culturally and religiously appropriate services. A view shared with community researchers is that BAME led organisations are not valued enough for their skills, knowledge and reach into BAME communities, which is required if we are serious about making a difference to the health and wellbeing of BAME communities.



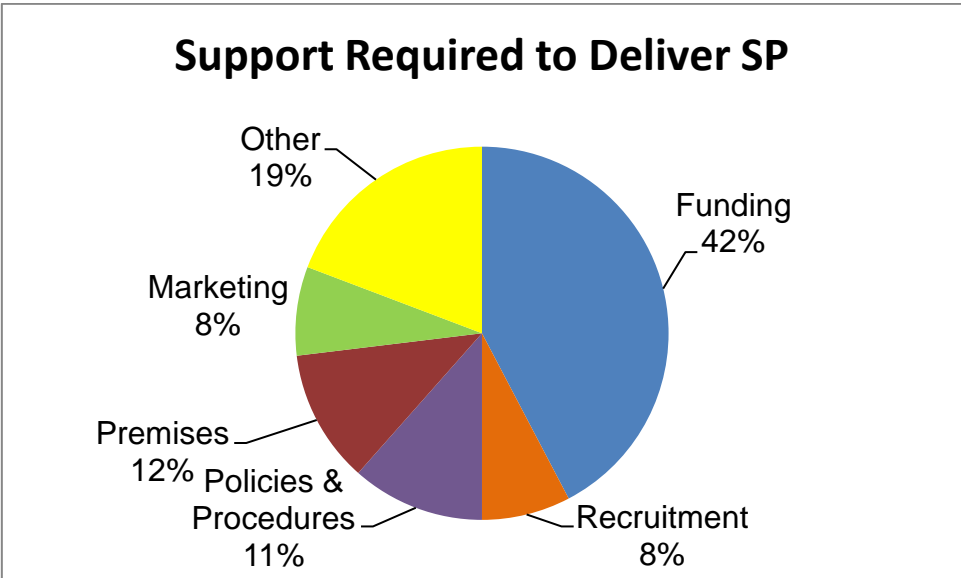
Sixty nine per cent of the organisations surveyed would like to develop social prescribing services. These organisations were asked what services they could offer. There was a wide range of suggestions which have been grouped into six categories (see below). These were similar to the services which some organisations are already providing although with some differences in emphasis.

In most cases, organisations offered services which they were not already providing as part of SPS. This is reflected in the lower proportions offering social and emotional support and none offering debt and money advice. The emphasis of additional services offered was around culturally and religiously based arts and crafts, physical activity and life skills, as well as more social and emotional support activities. There should be potential opportunities for social prescribing in these areas. These types of services are easier for small organisations to offer as they reflect their specialisms and organisational skills and knowledge cultures which can often be delivered by volunteers. In some cases, organisations may bring in BAME specialists to deliver classes. Learning new skills such as cooking, sewing, dance or yoga are seen as having wider benefits for mental health such as reducing isolation and increasing self-confidence.



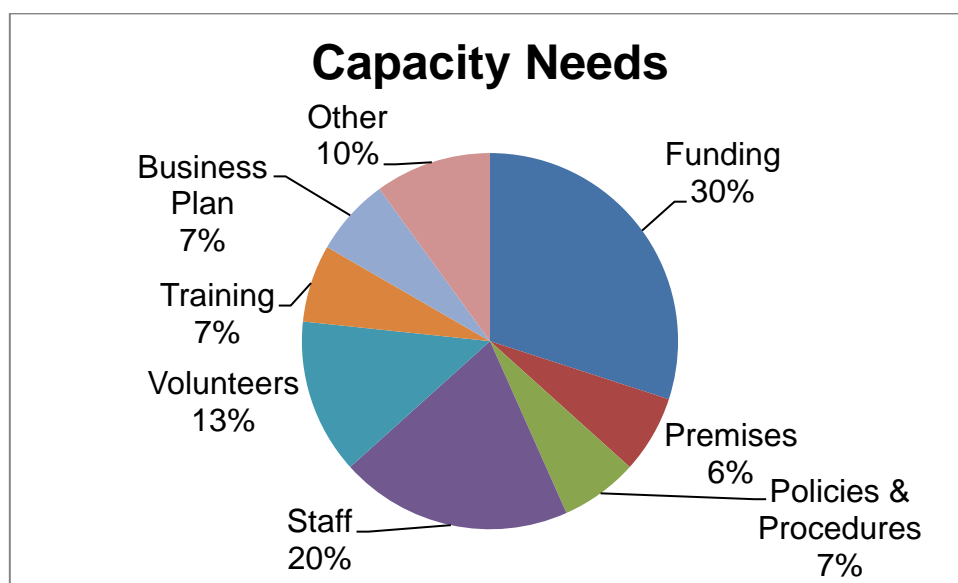
Most of the organisations which would like to develop social prescribing services required support to do so, with only a few larger organisations not needing support. By far the most frequently required support related to funding and meeting costs which reflects the very limited budgets of most of the organisations surveyed. Many of the organisations struggle with funding to provide their existing services and are very aware of the costs of additional services, as well as the need to secure sustainable funding arrangements.

Other types of support required by more than one organisation were recruiting staff, finding premises, developing policies and procedures and marketing. The small proportion mentioning policies and procedures may reflect a limited understanding of what is required to develop social prescribing services as in the majority of cases there is no experience of interaction with the service managed by VAR.



Two thirds of organisations want to be supported to develop their capacity to provide social prescribing services, or 90 per cent of the organisations wanting to develop social prescribing services.

The main capacity needs identified were funding and staff or volunteers to deliver services. The largest need was funding which reflects the support required to deliver social prescribing. In some cases, the capacity need may be to apply for funding as this can be problematic for smaller organisations. Many organisations are also concerned about finding the right workers to deliver services, including reliable volunteers. Other needs revolved around various aspects of business and contract readiness although only a few organisations highlighted the need to have the correct policies and procedures in place. Few organisations mentioned being contract ready for social prescribing which most would need to build their capacity.



Community Access to Social Prescription Services

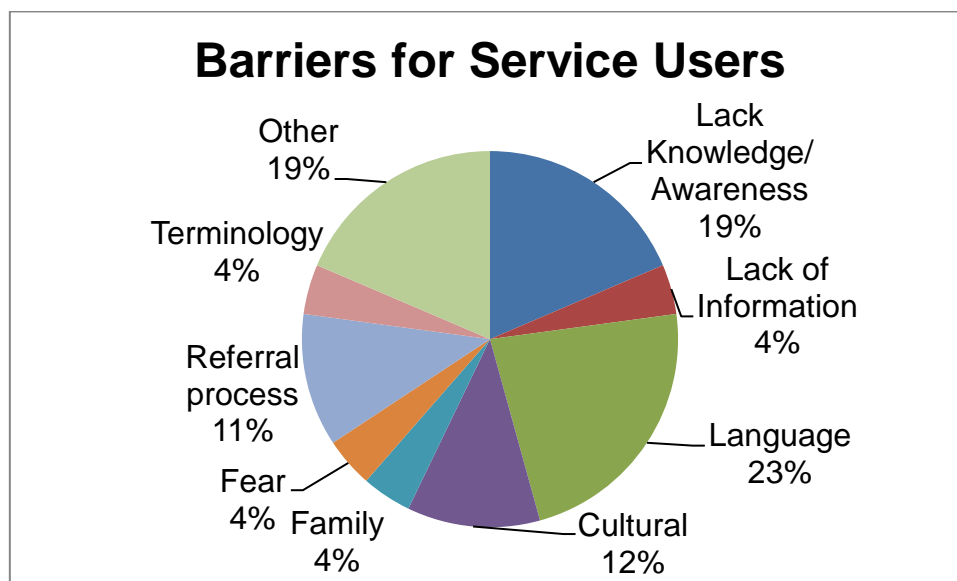
There was a very clear view from the organisations surveyed that service users did not understand what social prescribing is, with 90 per cent expressing this view. A lack of community awareness and understanding of social prescribing was further emphasised in responses about the barriers faced. It is worth noting that in response to another question, a quarter of the organisations themselves had no understanding of social prescribing and a further 14 per cent had only a basic awareness.

Organisations were less united in their views about re-naming the service to make it easier for service users to understand although with 69 per cent supporting this, there was still a clear majority in favour. There was no clear pattern in the types of organisational views on this question.

Barriers for Service Users

There was a wide variety of views about what barriers prevented service users from accessing social prescribing services. However, four barriers were mentioned by at least a quarter of organisations or at least 10 per cent of the barriers identified. The most frequently mentioned barrier was language which can relate to service users not understanding English. As noted in the background (Section 2), the main community languages in Rotherham are Punjabi, Urdu, Slovak, Polish and Arabic, and there are many others spoken by smaller numbers of people. Language can also be a barrier where people are not literate, either in English or their community language. Being able to speak to someone in your own community language is often more helpful than receiving written information in the same language.

A lack of knowledge or awareness of social prescribing was widely identified as a barrier which reflects the fact that nearly all organisations do not think that their service users understand what social prescribing is. People know that they can be prescribed drugs and referred to specialist medical services, but not to a community based service that can support them to improve their health and wellbeing.



The referral process itself was seen as a barrier by over a quarter of organisations, in most cases those with actual experience of referrals. Concerns related to GPs failing to refer patients and the limitations of GP referral itself. BAME people may not talk to their GP about their mental health or other issues which could be picked up by staff or volunteers in VCS organisations. Some organisations felt that alternative referral routes from organisations, other practitioners or self-referral would benefit their service users and BAME communities.

Another barrier often mentioned was cultural which may relate to ethnicity, religion or national identity. This can be a lack of familiarity with what services are or what they can offer, and/or concerns about the way in which they are delivered. For many BAME service users, it is important that services are provided in a culturally and

religiously appropriate way and especially for older people, services providers with community language skills which are inclusive. Despite the efforts which many mainstream organisations make, some people are still likely to fear that they will not understand or respect their cultural needs.

Other barriers mentioned by some organisations were family pressures, fear, a lack of information and terminology which is not understood. These and most of the barriers identified relate to people being unfamiliar with social prescribing as a service and/or with the organisations providing services. Previous research for the Joint Improvement Partnership (supported by YAWR in 2011) and Aiming High for Disabled Children (2010) identified the need for befriending and advocacy to increase access to social care in BAME communities. People experiencing social isolation often need reassurance and encouragement to access services, which providers may not appreciate. A lack of understanding of mental illness within BAME communities was also seen as a barrier to accessing the service as people were less likely to consult their GP about their mental health.

Views about how the social prescribing service can overcome barriers were more diverse than the barriers themselves. A common theme was to raise awareness of social prescribing and promote a greater understanding of what is available. Some organisations suggested engaging with communities through outreach or events, some suggested visiting places of worship. Having a different name for the service was mentioned by a few organisations, a name that was less technical or medical sounding that communities would find easier to relate to and understand.

Other suggestions were to make it easier for BAME organisations to deliver social prescribing to diversify the offer to communities and provide more opportunities for BAME led organisations to deliver SPS services. The need to provide culturally and religiously appropriate services was also mentioned along with use of community languages.

Raising awareness of social prescribing was one of the main ways to overcome the barriers facing BAME service users and the survey invited organisations to suggest ways to do this. A diverse range of methods were suggested, the most common being the importance of personal contact, mentioned by five organisations. Other methods were social media, with videos in community languages, website, leaflets left in relevant places, group sessions and visits to masjids.

A number of organisations recognised the importance of working in partnership with others and increased their collective understanding of what services are available.

YAWR Services leading this aspect of the research was a very beneficial part of the process, as it provided a unique opportunity for YAWR to meet with other VCS organisations with an interest in and ambition to learn more about and deliver SPS services. YAWR staff as outreach researchers explained SPS and what it took to become SPS contract ready. VCS organisations who participated in the research

were able to ask questions and learn from YAWR as a BAME organisation's journey to become a SPS provider, especially the challenges and hard work involved. A key challenge is how to develop organisational capacity to deliver activities that have the greatest measurable impact on individuals' health and wellbeing.

5. Conclusions

Conclusions from YAWR's Survey

The survey of 30 organisations has illustrated the lack of understanding about Rotherham's social prescribing service, both in BAME communities and for many the VCS organisations. Although social prescribing has existed in Rotherham since 2012, there remains a poor understanding of the service beyond those directly involved, with 38 per cent of organisations having little or no knowledge of it and only half being aware that VAR make referrals to organisations. Furthermore, 90 per cent of organisations reported that their service users don't understand the service. These findings suggest that whilst community awareness of the service is low, it may be more important initially to improve understanding amongst BAME VCS and allied organisations.

Despite the relatively low level of understanding of social prescribing, there is a strong interest in developing related services, expressed by 69 per cent of organisations. The types of service offered play to the strengths of the sector in delivering activities linked to arts and crafts, physical activity and life skills, as well as more social and emotional support activities such as befriending, advocacy and counselling. There is clearly potential to deliver more services which would also improve the level of understanding of social prescribing and there is an opportunity for this research to be a catalyst to identify gaps in service provision, such as activities for BAME men and further diversify provision to BAME communities.

The barriers identified often prevent service users from accessing services and need to be addressed as far as possible. Ensuring that services are culturally and religiously appropriate is important as is the need to reassure people that they are. Language barriers are also significant, especially for the oldest BAME people, new migrants, refugees and asylum seekers. Having staff or volunteers who can speak community languages is a strength of BAME charities and community organisations. The referral pathway can be another barrier if people don't use or confide in their GP, or GPs are less effective at referring BAME patients to VAR. More flexible referrals are likely to benefit service users who can be referred from one organisation to another.

Sheffield Hallam University published a paper on social prescribing plus in 2017 which set out the main characteristics of this model. These included multiple referral pathways, a menu of services and activities, and strategic commissioning with the VCS. The service in Rotherham was identified as having some of these characteristics although YAWR's research suggests that the service could be more inclusive and the referral pathway made more flexible. In addition, further study is required of social prescribing experiences elsewhere in the country, to explore best practice BAME community engagement for SPS providers.

It should be noted that this research covers organisational views about SPS and not the views of service users who may have a different perspective about their understanding of and access to services. The majority of organisations have no experience of direct delivery of SPS and may not have focused on the practical aspects of service delivery such as transport which would be a concern for service users.

6. Recommendations

1. Publicise and market the social prescribing service

To devise a marketing and communication strategy to raise awareness of social prescribing and to explore the idea of Rotherham's SPS Service re-branding. This is a priority, if we are to address the generally low level of organisational and community awareness and understanding of SPS, as illustrated by this research.

A suggestion from the research for renaming is 'Community Health CONNECT' for use with both organisations and service users.

Marketing suggestions:

- Produce short social media videos for Facebook and WhatsApp, which are currently the most popular social media platforms for BAME Communities locally.
- Promote SPS services where there are existing audiences including engaging faith organisations where the congregation can be addressed in community languages.
- Training event for GP's to become aware of what services and activities exist within the community that they could signpost for SPS.

2. Adopt flexible referral pathways

To create more flexible referral pathways to better engage with BAME communities and deliver SPS interventions. The current referral model is too restrictive and needs incorporate an inclusive approach and an understanding that different communities and people access services differently. From the research we have been able to identify how best to diversify connection and referral pathways for BAME communities and access to a SPS service or intervention.

Our main recommendation is to explore the **Social Prescribing Plus model**, notably a social prescribing service in Brighton and Hove, which includes organisations similar to YAWR services that provide greater flexibility and support to link BAME people to community services and groups to improve their health and wellbeing. This model allows a diverse and flexible referrals process from organisations, partners and self referrals.

Another best practice model we identified as part of this research is Action Together in partnership with Diversity Matters in Tameside. This is a flexible referral pathway that utilises the specialisms of local BAME organisations with established knowledge of and links to BAME communities, which are therefore better placed to engage with BAME communities, support referrals process and delivery SPS activities.

3. Establish a Hub for BAME health and wellbeing

The research identified BAME Organisations and services with a wealth of expertise, skills and ambition to deliver SPS Services in culturally appropriate ways. However, currently there is no natural home for them to develop collectively with a focus on community health and wellbeing. From diverse and lengthy conversations with local organisations, a need became apparent to pull together a Hub for BAME health and wellbeing led by BAME organisation/s who are already SPS specialist providers, such as YAWR Services (and there are others). This need is further amplified by the increasing number of older people within BAME communities, which until recently made up a small percentage of the local BAME population.

The need for more organisations to work in partnership was recognised during the research and a Hub would provide more opportunities for collaboration and sharing best practice. YAWR is currently best placed within the BAME VCS to co-ordinate activity related to health and wellbeing hub and work with VAR to develop a more diverse and flexible referral process.

4. Capacity audit and development

The research has shown that there is an urgent need to undertake an audit of potential BAME SPS providers to identify potential social prescribing service deliverers. This can draw from the research to audit the capacity of interested organisations to provide services in a culturally appropriate way and provide support to enable them to be SPS contract ready and provide other capacity building support. Potential areas of delivery are likely to be arts and crafts, physical activity, life skills, befriending, advocacy and counselling.

YAWR have the expertise and capacity to develop and deliver culturally appropriate training to enable BAME organisations to develop their infrastructure and become tender ready. This will enable these organisations to obtain service level agreements which enable them to develop core staff.

5. Cultural Competence Training for organisations not managed by BAME Staff

Potential users of SPS services and their carers will only attend if they can relate to the organisations or individuals who are delivering the service. Mainstream providers that deliver SPS services to people from BAME communities would benefit from cultural competence training. This training will ensure that these organisations who may not have BAME staff delivering services can upskill their current staff so that they are aware of the cultural and religious needs of their service users. YAWR have the capacity and understanding to deliver cultural competence training across the borough.

Appendix 1: Survey Covering Information

Social Prescribing Service for BAME (Black Asian Minority Ethnic) Communities

Have your say on Social Prescribing Services

You Asked We Responded (YAWR) have been delivering a Social Prescribing Service (SPS) for the last 8 years to the residents of Rotherham.

Voluntary Action Rotherham (VAR) has commissioned YAWR to undertake research and investigate how the BAME community of Rotherham can increase its participation in SPS.

Why are we doing this research?

It has been recognised for some time that a majority of BAME communities are not aware of how to access social prescribing services. This research aims to improve our understanding of why this is and how organisations and service users relate to social prescribing. We want to ensure that people from all backgrounds can benefit from this unique community based service. Your organisational view is very important in helping us to improve the social prescribing service in Rotherham.

What is social prescribing?

Social prescribing is a service where people are referred from their GP's or other health professionals to community based provision which meets their social and wellbeing needs as well as addressing social isolation. People can be referred to voluntary and community organisations that know their communities best and are well placed to offer this support. The support provided may include things like access to advice and information, having someone to talk to, reduce social isolation, housing issues and tailored services for the individual to improve their health and wellbeing.

Confidentiality

The information provided by participants in this research will remain confidential which means we will not identify any individuals or organisations when reporting the findings of this research without your consent to share. The information you provide will only be used to help improve the provision of social prescribing service for BAME communities in Rotherham. A summary of the survey results will be included in the final report.

On behalf of YAWR, I would like to thank you for agreeing to take part in this important research. Your views are vital to help us improve social prescribing services for people from BAME communities. ***If you require additional information or clarification about this research, please contact the lead officers:***

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Email: yawrservices786@gmail.com

Irshad Akbar Tel: 07701077400

Email: thirdsectorsolutions@live.co.uk

Appendix 2: Survey Questionnaire

Organisation Details

Name of Organisation								
Legal Status	Constituted		Charity		Company Ltd by Guarantee		Other	
Address								
Telephone			Email					
Areas served								
Paid Staff	Full Time		Part Time		Volunteers		Number of Members	
Turnover	Under £10k		£10k-£30k		£30k-£50k		➤ £50k +	

1. Please identify your service users from the list below
(Select as many boxes that apply)

Children and Young People		Older People (65+)	
Refugees and asylum seekers		Women	
Men		Lesbian, Gay, Bisexual or Transgender	
People with physical disabilities		People with learning disabilities	
People with mental disabilities		People with long term health conditions	
Other (please specify)			

2. Social Prescribing Service (SPS)

Have you heard of Social Prescribing Service in Rotherham? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your understanding of a Social Prescribing Service?
Do you know which organisation makes Social Prescribing Service referrals to local community groups? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your organisation received any referrals from Rotherham Social Prescribing Service? Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, how many and what services/activities do you provide?
Do you provide services that can be described as a social prescription for an individual's health and wellbeing? Yes [] No []
If yes, please describe what services/support you could offer.
Would you like to develop and deliver social prescribing activities/services? Yes [] No []
If yes, please describe what activities/services you would like to develop.
What support does your organisation require to help you to deliver SPS?
Do you want to be supported to develop your organisational capacity (as stated above) to deliver a SPS? Yes [] No []
If yes, please identify your capacity needs

3. Low Take-up of Social Prescribing Services

Do you think that your service users understand what SPS is? Yes [] No []
Should the term 'Social Prescribing' be re-named to make it easier for service users to understand? Yes [] No []
Please identify the barriers which prevent service users from accessing social prescribing services?
How can Rotherham Social Prescribing Service overcome these barriers to increase the take up from BAME communities?
How do you think we can raise further awareness of SPS?

4. Any other comments

Is there anything else you would like to add that would support more people from BAME communities to access social prescribing in Rotherham?

5. Consent

We want to respect your confidentiality and require your consent to share your organisational details with Voluntary Action Rotherham?

Yes No

6. Ethnicity

The aim is to ascertain the ethnicity of your service users so that we are able to inform VAR how to provide a SPS that is fit for purpose and address barriers that may stop your service users from participating. (Select all that apply)

i. White

- British
- Irish
- Irish traveller
- European
- Other white background
- Please State:

ii. Mixed Ethnicity

- White Caribbean
- Black Caribbean
- White African
- Black African
- White Asian
- Any other Mixed background
- Please State:

iii. Asian/British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other
- Please State:

iv. Black

- African
- Caribbean
- Any other background
- Please State:

v. Other

- Arab
- Any other Ethnic Group
- Please State:

Appendix 3: Participating Organisations

Apna Haq

BME Young People and Carers Group

British Red Cross

Chapel Walk Masjid

Christians Against Poverty

Clifton Learning Partnership

Ferham ICC Masjid

Kashmiri and Yemeni Forum

Life Act

Mama Africa

Milton Road Masjid

Mowbray Gardens Library

Nayi Zindagi

Nisa Baht Akram

One Voice

RNN Community Learning

Rotherfed

Rotherham Advocacy Partnerships

Rotherham Diversity Forum

Rotherham Friends Indeed

Rotherham Muslim Community Forum

Rotherham Rise

Rotherham United Community Sports Trust

Tassibee

Time Builders Social Supermarket

United Multicultural Centre

Wah Hong Chinese Association

You Asked We Responded (YAWR) Services

Yoga Sanctuary

Appendix 4: References

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