

AN EXPLORATION  
OF THE PRACTICE  
OF AND  
ATTITUDES TO  
SOCIAL  
PRESCRIBING

In  
Waterford  
City  
June 2016

Emma Maguire

What do  
health care  
practitioners  
and  
community  
workers want  
for the people  
they work  
with?

“ life for most people is a  
continuous struggle, not for  
biological survival, but for a  
"place in the sun”

*Thomas Szasz*

**Research  
partner:  
Waterford  
Community  
Health  
Network**

- **Collective of community workers in Waterford City focused on health inequalities**
- **Membership from:**
- **Community Development Projects**
- **Family Resource Centres**
- **Health Promotion HSE**
- **Community-based Health Initiatives**

**What do  
WCHN  
members  
offer Primary  
Care Team  
patients?**

- **Family Support, counselling, parenting programmes, play therapy**
- **Community-based Childcare services**
- **Community-based Education and Training**
- **A range of issue-based support groups**
- **Advice, Advocacy and Information**
- **Health Promotion Programmes**
- **Mental Health Promotion Initiatives**
- **Activities to combat social isolation**
- **Horticulture & Green Therapy Programmes**

**But here's  
what we  
DON'T do:**

- **Encourage patients to disregard their health care practitioner's advice**
- **Give advice on alternative remedies**
- **Advertise or promote private practitioners**
- **Signpost to political or religious groups**
- **Perpetuate unproven health advice originating on social media or internet sites**

**Safeguarding  
patients who  
are referred  
from Primary  
Care Teams**

**We care about the quality, accountability and transparency of projects that Primary Care Team patients are referred to.**

**Projects suitable to engage with Primary Care Team patients are already endorsed and funded by a number of state agencies, and comply with a wide range of reporting, quality and performance systems.**

**Including but  
not limited  
to:**

- **Voluntary Boards of Management operating under the Wheel Code of Governance**
- **The Charities Regulator**
- **Companies Registration Office**
- **Children First and Garda Vetting Acts**
- **Service Level Agreements**
- **KPI, Logic Modelling, and other reporting systems to state funders**
- **External agencies, independent evaluations**

**What  
sparked our  
interest in  
Social  
Prescribing?**

- **Chiefly, a large gap between the  
medical and the community  
sectors**

**Research  
outlining links  
between  
poverty,  
discrimination  
and poor  
health**

- **Wyatt et al 2003**
- **Cohen et al 2014**
- **Lidell and Guiney 2015**
- **Kawachi et al 1997**
- **Wilkinson 199**
- **All Ireland Traveller  
Health Study 2010**

**Perceptions of  
increasing  
medicalisation  
of the  
population**

**World Bank 2016**

**Chisholm Et al 2016**

**Brandling and House 2009**

**Barry 2010**

**O'Donovan & Glavanis-  
Grantham 2008**

**Busfield 2006**

**Who says  
Social  
Prescribing  
is effective?**

- **Brandling and House 2009**
- **Popay et al 2007**
- **Public Health England 2015**
- **Rasanathan 2011**
- **World Health Organisation 2010**
- **Stickley and Hui 2012**
- **Grant et al 2000**

# **Qualitative Research in Waterford**

**Not a feasibility study!**

**A qualitative, small-scale  
exploration of how SP is  
understood**

**AND**

**The start of a conversation about  
linking the medical to the  
community in Waterford**

# **Interviews and Focus Groups**

- **Community Workers**
- **GP's**
- **Psychotherapist**
- **Senior HSE Manager**
- **Paediatric Nurse**

**Research  
questions for  
semi-  
structured  
interviews**

- **What is your awareness of social prescribing**
- **Do you think it is beneficial for the patient**
- **Do you practice social prescribing informally**
- **Do you think it would be feasible to formalise social prescribing as a practice**
- **If so, what would help this**
- **What barriers or challenges to social prescribing can you see**

# Summarised Findings

**Most of the health care professionals had not heard of social prescribing:**

*'I actually didn't know there was a term for it'*

**But after hearing a description, all thought they did it informally:**

*'I would always be looking at what else is going on in that person's life, what other supports do they need?'*

*'I have sent people to citizen's advice' 'I send mothers to La Leche'*

*'I think social prescribing is happening but it's really in an ad hoc way'*

All of the health care professionals felt positive about social prescribing:

*‘I would like to practice more social prescribing’*

*‘I would be willing to roll out something like that’*

*I really do think it needs to be formalised’*

*‘I think it would be a really excellent idea’*

*‘it could be something hugely beneficial’*

**Health Care Professionals value the informal approach of the community sector.**

*‘people can be scared of social workers, even the title.....it looks like they’re getting involved because there’s something wrong with you’*

*‘support without formal investigation, there are parents who are so loving and appropriate, but they might not be up on everything’*

*‘you need to make it as informal as possible’*

*‘overregulation can cripple a system as well’*

They valued patients' involvement in the community as improving mental health, smoking cessation, parenting, exercise and diet :

*'psychological wellbeing, meeting with people, being supported by people who will help motivate them'*

*'it's going to save the HSE an absolute fortune if you empower the people to look after themselves and we know that'*

*'what's missing in the community for parents is some type of childhood obesity prevention programme for Waterford'*

*'some parents don't understand the effects of diet on health, it affects everything, we get a lot of teenagers coming in with weight related issues'*

All of the health care professionals expressed opinions on the limitations of the medical model with strong themes of deficits of time and resources:

*‘you’d love to have the time to be going around.... finding out what they can actually do for people, but you don’t have time to eat your lunch’*

*‘there is so little money given to preventative care’*

*‘we spend a lot of our days just trying to book ultrasounds for people who we think have cancer.....it’s all crisis’*

*‘we have not got the time to sit with that patient five minutes longer’*

Most thought they didn't have enough information on services in the community:

*'Its very ad hoc, it's just blind luck if you hear about something'*

*'we don't hear about the services'*

*'we're not getting the information'*

*'not having anywhere to send people'*

*'it's like looking for a needle in a haystack'*

All of the health care professionals articulated the impact of psycho-social factors, health promotion and education on health

*‘Mental health is deteriorating because of the shift of wealth to the already very wealthy.... society is suffering’*

*‘mental health has come to the fore’*

*‘people are experiencing severe marginalisation and disadvantage’*

*‘you’d notice straight away, you see it all the time, everything impacts on health, diet, safety, nurturing, you can have children coming in to us over and over again with the same issues’*

*‘support is a huge thing; education is a huge thing’*

# Most Health Care Practitioners preferred a signposting model:

*'If there was a database available'*

*'(Database is a) very good idea, very good'*

*'an icon on a desktop would be good, if there were a number.. there are so many numbers floating around we might lose it'*

*'I would be fully on board if that database is sent to me'*

All Community Workers and 1 HCP preferred the hub model:

*'it's to direct them towards someone, or something that will offer them support with their lifestyle issues'*

*'you want to see someone's response, what's acceptable to them, gender wise or culture wise'*

*'you would like to connect with someone'*

*'nothing will take the place of another human being who can actually sit with you and mirror back what's happening in your life' 'you can't computerise that'*

However, compromise is possible.

*'It's not either, or, if they have a person or a database, I think we'd probably need both'*

# Possible ways forward for social prescribing in Waterford?

- **WCHN develops a prototype database of community groups and services for Primary Care Teams and Hospital Staff**
- **WCHN devises and pilots a prototype hub model including a promotion strategy**
- **WCHN continues and expands the local conversation with all stakeholders about social prescribing, develop terms of reference and an understanding of the models of social prescribing, with possible development of a framework for engagement.**
- **WCHN designs and promotes a social prescribing practice CPD module with the ICGP, An Bord Altranis, and other professional health care bodies.**