What does the evidence tell us about accessibility of social prescribing schemes in England to people from black and ethnic minority backgrounds?

Context

This evidence summary is one of a suite commissioned by the National Academy for Social Prescribing from their Academic Partners in 2021 https://socialprescribingacademy.org.uk/academic-partners-collaborative/).The topics included in this suite were identified through a robust prioritisation process with individuals representing the breadth of the social prescribing landscape. The summaries were produced by researchers from the NASP Academic Partnership; specific teams are listed on each document.

Four of these topics had significant work conducted previously by members of our group, and so we report that work then build out using new database searches and broader grey searches; to produce synthesised conclusions about what is known (we term these 'platform' reviews). The remaining summaries are 'fresh' reviews of the evidence base as it stands.

The summaries are intended for a broad readership but have a policy and practice focus; bringing together what is known on specific areas relating to social prescribing and summarising the findings, limitations, and gaps in that field. Each summary contains a detailed bibliography, and we would encourage readers to follow these links for further, more detailed, reading on each topic.

Recommended Citation

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General overview

This 'fresh' review (as compared to the other 'platform' reviews completed for NASP) of evidence sought to understand issues related to accessibility of social prescribing for people from ethnic minority groups. When thinking about accessibility, we used a definition from the European Patients Forum (2016), see

Appendix 1). This suggests there are five elements to this concept in terms of healthcare: available, adequate, accessible, appropriate, and affordable.

How we produced the review

We undertook a systematic search for both peer reviewed and grey literature. The literature searches comprised terms for the concepts of social prescribing and ethnicity (see Appendix 2). The databases Scopus and Web of Science were searched for peer reviewed literature. Grey literature, such as reports and evaluations, were obtained by searching Social Care Online and Google.co.uk. In addition, evaluation reports of social prescribing services collated for other evidence summaries in this series were screened for relevance.

Our inclusion and exclusion criteria were as follows:

Inclusion criteria	***Exclusion criteria***
Reports, evaluations or studies	Abstracts, protocols or theses
Quantitative, qualitative or mixed methods	Documents lacking primary data
Containing information about accessibility (as defined by the European Patients Forum) to social prescribing (as defined by the NASP Academic Partnership – composed of a referrer, link worker type role and activity/offer), for any ethnic minority groups	In this review we were not interested in documents that only contained information about rates of uptake or engagement of social prescribing among ethnic minority groups as this is covered in another review
Research conducted in England and published in English language	Documents published before 2017, as we were interested in contemporary data

All references were screened by two researchers against the inclusion/exclusion criteria. Any disagreements on whether they should be included were resolved through discussion.

Results

Our searches resulted in 36 located items and following screening three sources of new information were included (see appendix 2 & 3).

Overview of the included papers

All three included documents were grey literature rather than published academic papers. One was an evaluation of a pilot intervention to introduce social prescribing into secondary care, another was a report on a mental health charity's social prescribing scheme, and the third focused on accessing loneliness services but included details about social prescribing.

The first two used mixed methods, while the last was mainly qualitative in nature.

Information about accessibility and ethnic minority groups was relatively limited in the first two; in the report from the mental health charity, extracted data were

simply a proposed response (in a brief paragraph) to the limited uptake of social prescribing by ethnic minority groups (particularly by people from Asian/Asian British backgrounds). The third focused on barriers and enablers encountered by people from ethnic minority groups to accessing services to assist with loneliness.

Critical appraisal of included studies

During data extraction, notes were made by a researcher about the transparency and reliability of results. All three documents lacked information on how data were analysed or how participants were selected as data sources. Only one report (Wigfield et al., 2020) collected in-depth data from people from ethnic minority groups who had accessed a social prescribing scheme (rather than from those involved in their design or delivery). They were all reports produced to assess and provide information on a specific service rather than more independent academic research set up to produce generalizable or transferable data.

Synthesis

Through iterative reading and discussion, we drew out key concepts from the included documents, detailed below:

Communication

Awareness raising of social prescribing among people from an ethnic minority group was mentioned as an area for development (Mind, 2020). Use of an intermediary (often a family member) to translate may mean that referrers (e.g., General Practitioners (GPs)) are not made aware of psychosocial issues experienced by someone from an ethnic minority group. Furthermore, the translator's perspective/understanding of social prescribing may shape how information about it is communicated to the patient (Healthy London Partnership/Family Action, 2018). Attention to communication difficulties may be especially required when people are older: "I think for older people language becomes more of a problem when their hearing is going. Not only are they struggling with a second language but they are also struggling because they cannot hear very well" (Wigfield, 2019: 30).

Cultural expectations

It was noted in the literature that it may not be regarded as culturally appropriate to ask for outside help: "as an Asian person and a young woman, I was taught that you deal with problems yourself and no-one else need to know" (Wigfield, 2019: 31). There may also be assumptions that family networks will be in place to help people from certain ethnic minority groups (Wigfield, 2019).

Trust

Concern among some ethnic minority groups about formal assessment and mistrust of public authorities was raised within the reviewed literature (Wigfield, 2019). At the same time, it was suggested that without monitoring data, link workers cannot identify what services people are benefitting from and where there are gaps in provision for ethnic minority groups. It was noted that people may be deterred

from attending services if they had experienced racial abuse in the past (Wigfield, 2019). Proposed means of engendering trust included having "staff who are representative of the community [which] enables people from BAME communities to identify with the service staff..." (Wigfield, 2019: 38). Alternatively, building connections with community leaders could be helpful to facilitate engagement (Mind, 2020), or having a network of volunteers from a range of backgrounds (Wigfield, 2019). The report from the mental health charity stated that the organisation was planning to employ someone to focus on accessibility for people from a South Asian background; someone who had time to network and develop connections with individuals on the ground (Mind, 2020).

Inclusivity

Feeling welcomed in services was mentioned as something that might be hindered if people from ethnic minority groups did not see others from a similar background using services (Wigfield, 2019). In addition, if what was provided was unfamiliar it could make people feel uncomfortable: "examples of knitting and bingo activities being offered which they felt were targeted at white older females but were not necessarily appropriate…" (Wigfield, 2019: 26). Services run by English only speakers was referenced as a potential barrier to feeling catered for (Wigfield, 2019); in contrast, the availability of volunteers or staff who spoke the same language was appreciated (Healthy London Partnership/Family Action, 2018). However, it was suggested that "…for matching purposes it is important to note that culture is not the only consideration, and that having things in common is more important whether that be their ethnic background or an interest in a particular sport, or enjoyment of food." (Wigfield, 2019: 27)

Outreach

Reviewed literature highlighted that having a base in a familiar local environment (e.g., GP surgery) may help with access, but that outreach was also important (e.g., in supermarkets, pharmacists) (Wigfield, 2019). This may help to overcome issues reported around travel; it was suggested that some people from ethnic minority groups may be unfamiliar with bus routes, which could prevent them from attending services. Furthermore, they may be deterred from using public transport if they had experienced abuse on it previously (Wigfield, 2019). Outreach may help to address concerns about costs attached to attending social prescribing offers (Wigfield, 2019).

Indicators of best practice

Given the limited evidence we are unable to make general claims about how best to increase access, however from the included documents we drew out the following elements:

- Investing in awareness raising about social prescribing within communities that have high numbers of people from ethnic minority groups (e.g., through networks that individuals access already – such as faith groups).
- Having staff or volunteers from a diverse range of backgrounds.

- Identifying or developing community offers that reflect the needs or expectations of ethnic minority groups.
- Assessing how far individuals from ethnic minority groups feel welcomed in community offers and collaborating with providers to make offers more accessible when required.
- Considering alternative venues for delivering social prescribing that are easy for people from ethnic minority groups to get to and use.

CONCLUSIONS

This review highlights a lack of research exploring accessibility, and barriers/enablers associated with this, to social prescribing for people from ethnic minority groups. The reviewed literature highlighted that background in terms of ethnicity was not the only aspect of an individual's identity, but it did suggest some potential issues that should be considered by providers of social prescribing and community offers. Further research on this topic is warranted, to ensure that social prescribing opportunities are equitable and reach all individuals in need of support with non-medical issues.

References

European Patients Forum. (2016) Defining and measuring access to healthcare: the patients' perspective position statement. Accessed on 28.09.21 from www.eu-patient.eu/globalassets/policy/access/epf_position_defining_and_measuring_access_010316.pdf

Healthy London Partnership/Family Action. (2018) Social prescribing in secondary care pilot service evaluation report - July 2018. Accessed on 28.09.21 from www.family-action.org.uk/content/uploads/2018/11/Social-Prescribing-in-Secondary-Care-Evaluation-Report-FINAL.pdf

Mind. (2020) Primary care wellbeing project report - Year two report: October 2019 – September 2020.

Wigfield A. (2019) Understanding barriers faced by BAME communities in accessing loneliness services. A report for the British Red Cross and Co-op partnership. Accessed on 28.09.21 from www.sheffield.ac.uk/media/5762/download

Appendix 1 – Definition of accessibility

Accessibility for this review was taken from the European Patient Forum. The definition is based on 5 A's (defining aspects of access): accessible, adequate, affordable, appropriate, and available. The 5 As may apply to social prescribing and accessibility in the following manner/situations.

- Available – equitable access – how many people are referred to SP from different ethnic groups? Do people from ethnic minority groups get referred/get informed by referrers?

- Adequate – quality of what is offered – does social prescribing meet the needs of people from different ethnic minority groups and are they included in decision making about what to access (with link workers)?
- Accessible – is social prescribing described to people from different ethnic minority groups in a way that is understandable and applicable (e.g. language) – by referrers (e.g. GPs) and link workers? Can they get support when needed (offered in a timely manner)?
- Appropriate – do people from different ethnic minority groups see social prescribing as suitable for addressing their needs? Is what they are referred on to seen as meeting their needs/culturally relevant/sensitive? Are they involved in designing social prescribing services/offers?
- Affordable – transport, loss from work, payment for using offers – any specific costs to people from different ethnic minority groups?

Appendix 2 – Search strategy

Google:

intitle:("social prescribing" OR "link worker") (BME OR BAME OR race OR racial OR ethnic* OR minority OR minorities OR diversity OR "of colour" OR Black OR Asian OR African OR non-British OR non-white) (site:ac.uk OR site:nhs.uk OR site:gov.uk)

Scopus:

TITLE-ABS-KEY ("social* prescribe*" OR "social prescription*" OR "community referral*" OR "social referral*" OR "non-medical referral*" OR "link worker*" OR "care navigator*" OR "linking scheme*" OR "referral scheme*") AND TITLE-ABS-KEY (BME OR BAME OR race OR racial OR ethnic* OR minority OR minorities OR diversity OR "of colour" OR Black OR Asian OR African OR non-British OR non-white)

Appendix 3

Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) diagram for additional search element. This diagram depicts the flow of information through the different phases of this review. It shows the number of records identified, included and excluded, and the reasons for exclusions.