REIMAGINING SOCIAL PRESCRIBING – PERSPECTIVES AND EXPERIENCES FROM BLACK AND RACIALLY MINORITISED COMMUNITIES.

JULY 2022

TRACY DURRANT & DR YANSIE ROLSTON

london plus

ABOUT THE UBELE INITIATIVE

The Ubele Initiative was founded in 2014 following dialogue with African Diaspora leaders. A community-rooted and collaborative, Ubele focuses on practical solutions to persistent social and economic issues.

As an African diaspora-led infrastructure plus organisation, we believe in empowering black and racially minoritised communities in the UK to act as catalysts for social and economic change. To achieve this, we work with community leaders, groups, and organisations in the UK, Europe, and beyond to strengthen their sustainability, resilience, and voice.

We have a culturally diverse team that supports the growth of individuals and community-based groups and organisations across the UK through social action, community enterprise development, and next-generation leadership initiatives.

THE UBELE INITIATIVE
Wolves Lane Centre
London N22 5JD
Email: info@ubele.org
www.ubele.org
Registered charity number. 09035399 (England and Wales)

Written by Tracy Durrant & Dr Yansie Rolston
With contributions from London Plus
This report was first published in September 2022

© The Ubele Initiative 2022.
The contents and opinions of this report are those of the authors only.

Download:
This document is available to download as a free PDF at link here.

Citation:
If you are using this document in your writing, the preferred citation is:
Durrant T and Rolston Y (June 2022). Reimagining Social Prescribing - perspectives from Black and Racially Minoritised Communities.

ACKNOWLEDGEMENTS

This report would not have been possible without the contribution of those individuals and organisations who had a role in developing and implementing the stakeholder roundtable discussions. It has been a very challenging time globally, and by its very nature, some of these conversations have been difficult to have. Hence, we recognise and acknowledge the time, energy, and contributions of all who participated in the process. These contributions include providing funding, establishing the project idea, and actively participating in the discussions by sharing knowledge, information, and experiences.

Special thanks and appreciation to the partners London Plus and The National Academy of Social Prescribing (NASP), who are part of the Thriving Communities Programme, for supporting us because, were it not for the funding, advice, and support, this project would not have been possible.

We hope that this presents an insightful overview of perspectives of social prescribing from Black and Racially Minoritised communities and that you will support us as we continue the work of Reimagining Social Prescribing.

CONTENTS

Acknowledgements 3

Executive Summary 5

Introduction and Context 7

Getting to Grips with Social Prescribing 11

Roundtable Engagements 14

Conclusion & Recommendations 20

EXECUTIVE SUMMARY

The Ubele Initiative (Ubele), with the support of London Plus, was funded by The National Academy of Social Prescribing (NASP) to undertake engagements on reimagining social prescribing in Black and Racially Minoritised Communities as part of the Thriving Communities Programme.

This report provides the outcomes of an overview of the exploration of Social Prescribing in Black and Racially Minoritised Communities in London. The main objective was to identify and understand some of the gaps and barriers preventing access and take-up of Social Prescribing within Black and Racially Minoritised Communities in London.

This stakeholder engagement was undertaken through three virtual roundtable discussions with participants who work in social prescribing and health and wellbeing. Those three roundtable discussions were a continuation of the initial Webinar – '*Getting to Grips with Social Prescribing*', held in December 2020, hosted by Ubele and facilitated by Eileen Bellot of Quest Life. The aim was to scope the current perceptions, opinions, knowledge, and experiences specifically in Black and Racially Minoritised communities using the following key lines of questioning:

1. What does health and well-being look like?
2. What is the understanding of the terminology Social Prescribing?
3. How effective is Social Prescribing?
4. How do people from the community connect with Link workers?
5. How can social prescribing initiatives be delivered, and how can they better reach the communities they need to serve?

During the process, stakeholders referenced the often spoken about, well-evidenced, and documented health inequalities in Black and Racially Minoritised communities.

> "*Black and Minority Ethnic communities in the UK are disproportionately affected by poor mental health and the social determinants of mental illness, such as socio-economic deprivation and racism*" Baskin C (2020)

It is well known that discrimination, racism, and micro-aggressions negatively affect mental and physical health. Unfortunately, the Covid19 pandemic has been another layer that has exacerbated the inequalities and has impacted the health-seeking behaviour of Black and Racially Minoritised communities.

"*For many BAME groups, lack of trust of NHS services and health care treatment resulted in their reluctance to seek care on a timely basis*", Public Health England (2020) Beyond the Data: Understanding the impact of Covid 19 on BAME groups; Public Health England.

The roundtable discussions were firmly positioned within the frame of structural inequalities and drew attention to the fear of the stigma that still exists in some communities regarding mental health challenges. Cultural traditions in some communities contextualise mental health challenges as weakness or connected to spiritual punishment that must be hidden from others. That also contributes to where and how communities access support services.

In reinforcing the message of tackling health inequalities, NHS England has committed to rolling out social prescribing more widely across the UK[i]. Still, during these specific stakeholder engagements, there were many examples of groups with the trust and respect of their community providing culturally relevant, individualised, non-clinical health and wellbeing interventions but were unaware that their activities and services are within the parameters of the social prescribing model.

There were discussions in the roundtable about the national and local government's emphasis on the importance of community-based interventions within social prescribing to mitigate some of the health disparities and inequalities. The outcome was that numerous recommendations were made based on the three broad headings:

1. Language and Business of Social Prescribing;
2. Resourcing and Capacity Building; and
3. Building Relationships and Networks.

Informing: The evidence from this engagement highlights a requirement for cultural awareness and contextual interpretations of the language used and for consideration of the stigma associated with mental health when social prescribing is often described.

Resourcing: The need for awareness and acknowledgement of the transactional relationships and power dynamics of funders, mainly because, for the most part, the funding providers are generally white middle class, often with little or no fundamental understanding of the complexities that exist for Black and Racially Minorities communities.

Connecting: There is a need for a focused plan of action around partnership building to help social prescribing providers develop and foster nurturing, trusting, healthy relationships with primary care services and other key stakeholders e.g., the voluntary sector who delivered social prescribing activities.

Focusing on these three main areas of informing, resourcing, and connecting will help communities and the sector deliver and assess culturally relevant social prescribing activities that will directly impact the health outcomes of Black and Racially Minoritised people.

The GLA's Health and Equity, Diversion and Inclusion strategies acknowledge the need for greater emphasis on providing culturally competent health promotion. Even though the benefits of social prescribing are evident, there is still some way to go when adequately serving Black and Racially Minoritised communities. Therefore, this paper presents recommendations across sectors that will help progress in supporting greater accessibility and uptake by those communities.

In addition to the recommendations at the end of the report, opportunities exist to explore, develop, and deepen the understanding of social prescribing in Black and Racially Minoritised communities. As part of these next steps, Ubele will be expanding the remit of its existing BAYO hub. The hub is an online resource directory that signposts users to collectives, organisations, and services across the UK (mainly black-led) that offers mental health and wellbeing interventions to the Black community. It will now include a link to specific social prescribing resources.

INTRODUCTION AND CONTEXT

Reimagining Social Prescribing was led by The Ubele Initiative, in collaboration with London Plus, and funded by The National Academy of Social Prescribing (NASP) as part of the Thriving Communities programme. Thriving Communities aims to provide inclusive and supportive leadership to those communities most impacted by Covid19 to build the scale, scope, and quality of the local offer to support social prescribing.

Social Prescribing, also called community referral, is a holistic initiative that links patients from GP, practice nurses, and other primary care services to a range of local, non-clinical community-based services to support and improve their health and wellbeing.

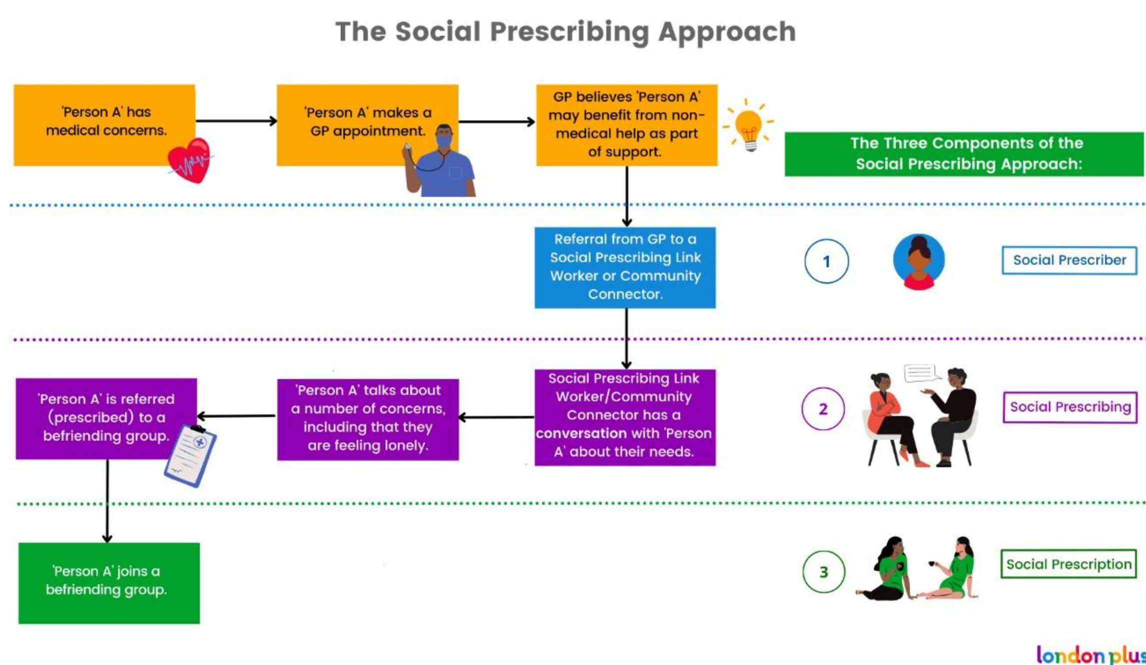
NHS England: Social Prescribing Model

Social prescribing services can be varied, but generally, the focus is on a light-touch approach that provides individuals with social, emotional, and practical support through skills development, wellbeing, education, sports and leisure, and art activities. The A-Team Small Jobs Project and 306 Collective in North London, are both Black-led community organisations that run social prescribing activities such as gardening, home cleaning, light removals and jewellery making for patients referred by local mental health services. The activities are tailored so that they support the needs of the individuals, and feedback is collected regularly to help to ensure that the service remains fit for purpose.

SM – A-Team: *"I am now motivated to work. Going with the team to the jobs, getting lunch, and having a laugh has helped me. I was hospitalised many times, but now that I am working with the A-Team, my health is much better, and I now help other people. I help people that live in the flats we work in, but before coming to the A-Team, I would be scared to speak to people I don't know; this gets me out of the house".*

AJ – 306 Collective: *I like coming to this project. I like meeting and socialising with the rest of the team, and I have learned how to make beautiful jewellery. Before coming here, I used to stay at home, and that made my depression worse.*

The diagram below shows the person-centred approach of social prescribing and the interconnections between the referrer, link worker, and community-based activities.



London Plus: The Social Prescribing Approach

There has been significant work in recent years to roll out social prescribing, including the appointment of a National Clinical Lead in 2016, funding of VSCE organisations to provide social prescribing services and, more recently, the Universal Personalised Care Model, which included social prescribing components as one of its core programmes.

But presently, social prescribing is not reaching its full potential mainly due to a lack of statistics, maps, and real-time service-use data. This information helps social prescribers and the providers of services to make decisions, build services and gain insight—*Open Data Institute: The Role of Data in Unlocking Nov 2021*. However, even when data is collected there is racial bias and prejudice in health research, including in the commissioning process, implementation, assessments, and dissemination, *Powell R (2022) Tackling Racism in UK Health Research.*

In response to the gaps, a partnership approach has been developed between the London Social Prescribing Network, the GLA, NHS England, Healthy London Partnership, local authorities, and the VCSE sector. Reimagining Social Prescribing stakeholder engagement is a project under the partnership.

The engagement sought to fill some of the knowledge gaps by discovering, identifying and understanding the barriers for Black and Racially Minorities communities in accessing social prescribing and how, as an intervention, it can be more effective for those communities. That knowledge from the perspective of the community it is meant to serve will help strategically inform the development, roll out and use of social prescribing services that are more easily accessible and inclusive.

Understanding and addressing challenges and concerns around social prescribing in Black and Racially Minoritised communities is fundamental, mainly because those communities are disproportionately affected by health inequalities. The Covid19 pandemic has also given rise to significant health disparities. These are evidenced in several reports, for example, *Murray K and Rolston Y (Sept 2020) Rapid Review of the impact of Covid 19 on the protected characteristics in London: an analysis of the lived experiences and voices from the voluntary and community social enterprise sector; London.*

GETTING TO GRIPS WITH SOCIAL PRESCRIBING

The Ubele Initiative hosted the *Getting to Grips with Social Prescribing Webinar* in December 2020 with presentations on several key areas:

- **Mike Wilson - Public Voices**
  What is Social Prescribing and Models of Social Prescribing Delivery
- **Stephanie McKinley - London Plus**
  The London Social Prescribing Network
- **Richard Ings – Arts Council England**
  Grants and other funding opportunities; working with the NHS and other partners
- **Barbara Gray and Prof Patrick Vernon OBE**
  Social Prescribing in the Ubele Network

In the presentation by Public Voices, it was shown that the primary beneficiaries of social prescribing are:

- Over 18
- Are lonely or isolated
- Have long-term conditions
- Have mental health needs
- Have complex social needs that affect their well-being, e.g., debt, housing, employment issues
- Users of NHS
- Carers

At its full potential social prescribing can not only lead to improved health outcomes but can also redirect some of the demand on NHS services. 59% of GPs think social prescribing can help to reduce their workload and will go some way to supporting community cohesion and by an extension lead to greater economic productivity, *Open Data Institute: The Role of Data in Unlocking the Potential of Social Prescribing (Nov 2021).* However, concerning Black and Racially Minoritised communities, the broader determinants of health must also be considered.

> '*Health problems do not always need medical interventions, and ill-health can be caused by external factors such as stress, poverty, and inactivity.*[ii]

It is also important to note that institutional apathy, structural inequalities, racism, fear, stigma, and discrimination mean that Black and Racially minoritised people are disproportionally disadvantaged when accessing mental health and wellbeing services and the quality of care they receive.

Social prescribing link workers, also known as social prescribers, are integral to the multidisciplinary teams in primary care networks (PCNs) that support the initiative's implementation. NHS England describes their role as giving people time to focus on what matters to them and take a holistic approach to their health and wellbeing.

Cultural Awareness

The NHS England commitment was pre the COVID-19 pandemic, which has significantly increased the burden on health services and amplified health inequalities. The pandemic has also given rise to other social and economic disparities, compounded by isolation due to lockdown. Grief and bereavement undoubtedly impact the mental health and well-being of Black and Racially Minority communities - *Murray K (2020), National Mapping of BAME Mental Health Service; London.*[iii]

Coming out of the webinar, it was clear that there is a need for supporting the continued rolling out of social prescribing. There is a lot of work happening among the participant groups on the webinar about addressing the health inequalities, but it did also bring awareness to several concerns that Black and Racially Minoritised communities are:

- Uninformed about social prescribing;
- Do not have a clear understanding of what it is;
- Are under-resourced unable to carry out activities,
- And also that individuals are unsure of where to go, and whom to go to for support.

> "*for the last three years, we were focusing on health inequalities, realising that the statutory (organisations) just not meeting the needs and people from Black and Racially Minoritised communities who were just not going to GPs, appointments, so we want to raise awareness of health and link it to cultural activities to engage them and give them information, e.g. healthy eating of cultural food… more recently we have done healthy walks with mainly African and Caribbean elders with their families*". Gray B, Urban Dandilion (Ubele)

One challenge is the need for additional information and support to be made available to social prescribing activity providers, and that includes awareness and understanding of the importance of cultural relevance, a view echoed by Cole A, Jones D and Jopling K (Sept 2020) Rolling out Social Prescribing; National Voices that states:

> *"Link workers may not have the skills, know-how, resources or experience to effectively engage with or meet the needs of those from specific racially minoritised communities".*

The other challenge is that the work of a community-based organisation that supports social prescribing is usually voluntary led and that the funding does not seem to follow the patients. The desire is for organisations to be supported in completing funding applications, especially those that use creative arts as interventions.

In reinforcing the importance being placed by NHS England to focus on social prescribing, it is imperative that all stakeholders who work in Health and Wellbeing with Black and Racially Minoritised communities be well informed, connected and supported and that funders are encouraged to support those community groups who are providing valuable services.

ROUNDTABLE ENGAGEMENTS

One of the Mayor of London's critical ambitions highlighted in the Inequalities Strategy is to help more Londoners in vulnerable or deprived communities to improve their health and wellbeing through social prescribing by 2028.

The Reimagining Social Prescribing project aimed to discover how social prescribing can be more effective for Black and Racially Minoritised Communities and to inform, connect and find ways to support the sector better. The approach adopted used the learning from the Getting to Grips with the Social Prescribing webinar as a starting point for this engagement process. This was followed by three roundtable discussions:

- Language and Business of Social Prescribing;
- Resourcing and Capacity Building;
- Building Relationships and Networks.

The roundtable discussions aimed to understand from the community their perceptions and interpretation of social prescribing. As well as to offer clarity on what social prescribing is, how it can be accessed, by whom and how relevant and relatable it is to the service user.

Working with London Plus, participants from a cross-section of practising professionals such as link workers/social prescribers, public health professionals, and health and wellbeing and social prescribing activity providers, who were from black and minoritised communities within The Ubele Initiatives network were invited to attend and contribute to the discussions.

Nineteen organisations from the London Boroughs of Lewisham, Westminster, Waltham Forest, Brent, Lambeth, Hackney, Tower Hamlets, Newham and Greenwich participated in the roundtable discussions.

The imperative questions below were considered good places to continue the conversation started at the Getting to Grips with Social Prescribing webinar. They could provide qualitative data to help inform the way forward.

1. What health looks like for Black and Racially Minoritised Communities
2. How effective social prescribing will be for those communities

3. The community's understanding of social prescribing (how they could connect with Link workers, how to deliver social prescribing initiatives and reach the communities they serve).

Ahead of each roundtable, participants were sent an outline of talking points for each discussion group to help them prepare their respective contributions and learnings from the discussions.

London Plus started each of the discussions by sharing details of the Thriving Communities Programme and an explanation of how it links to the broader social prescribing agenda. The presentation also included helpful information on the Thriving Communities Network, Ideas Hub, Learning Together initiatives and existing funding pathways.

The Language and Business of Social Prescribing

This first roundtable engagement took place virtually on November 23rd, 2021. The aim was to understand the language used by Black and Racially Minoritised communities about social prescribing. It included establishing the terminologies and describing the process (from identifying a need for prescribing a Social Prescribing activity to its delivery).

What do we currently understand about social prescribing?

This initial question was to get some context to understand the definition of social prescribing. It was generally understood that social prescribing is a non-medical intervention; however, there was some confusion regarding whether a service could be considered social prescribing if there was no referral from an NHS service.

Some participants felt that their work in social prescribing included advocating, consulting, and handholding the patient, whilst others did not consider those to be part of it. Generally, there was some understanding that the social prescriber can bridge the gap between VCSE organisations and those in need of the services.

It was felt that the voluntary sector is being relied upon by the local authority, NHS, and government to provide health and wellbeing services, including research and data collection. But there is a reluctance to financially remunerate and support caregivers and voluntary sector activity service providers.

After the sessions, it is apparent that the way social prescribing is currently described is not clear enough and can be ambiguous, which impedes access to the services or delivery of activities for black and minoritized communities in London. There are community groups where English is not the first language used. Even when information is translated, some people are illiterate in their mother tongue and therefore unable to read the information leaflets.

What does the social prescribing journey look like?

In addition to the challenges around the interpretation of the descriptors of 'social prescribing', the different words used for Link Workers, for example, Community Connectors, Navigators, Prescribers, and Community Development Workers, also prove to be challenging. The various names were discussed, and some context was given to the disadvantages and potential benefits of using the preferred NHS term "social prescribing link workers". Some participants felt that the inclusion of the phrase 'social prescribing' could also prevent those who provide the services from getting their due recognition because those services are not always accessed via the recognised NHS pathways.

There is some feeling that the current social prescribing journey does not enable social prescribing activity providers to be appropriately acknowledged, nor does it allow appropriate remuneration for the services they provide, and there is still a lot of work to be done to bring the sector where it needs to be concerning equity and parity.

Where do we see GPs fitting into this conversation?

Some GPs lack clarity around the social prescribing guidelines, for example, when they can refer a patient to a social prescriber. The impact is that GPs resort to prescribing medication in instances where a non-medical approach would be more appropriate. The participants suggested ways GPs could offer a more holistic approach to better support the community's needs, including providing GPs with a list of providers in their local areas. Whilst this information does exist, some participants were unaware of this.

The London CVS directory of providers and the Healthy London Partnership map of organisations that provide social prescribing services and activities are available here:

CVS Directory
Healthy London Partnerships Social Prescribing Map

Resourcing and Capacity Building

This roundtable took place virtually on 9th December 2021, to understand the current resourcing of social prescribing activities and what additional resources are required for the sector's growth. This generated open and honest discussions on the perceptions and stereotyping misconceptions faced by Black-led organisations, such as false narratives of frequent mismanagement of funding and an inability to manage budgets effectively. Thankfully, some work is being done to eradicate those prejudices.

> *"As a result of the global pandemic followed by the Black Lives Matter uprisings, funders started to engage with questions of racial inequality and equity in ways they had not done before... this new consciousness has influenced funder policies and practices"*, The Ubele

Initiative, Exposing structural racism in the third sector (2021).

The sector faces ongoing challenges in accessing financial support and capacity building for social prescribing activities. However, the ways of engaging in processes around the development of an infrastructure for future growth do not support those with lived experiences of racism and racial disparity. The activities were mainly funded via local councils, NHS primary care networks and charitable funders, which proved inadequate. For example, in one borough, there is a small funding pot for delivering social prescribing activities for services provided to specific neighbourhoods within the borough (if the identified area was a priority area). Another borough supports the delivery of social prescribing activities via the voluntary sector, and the money seems to be following the patient, but it is only accessible to a small core group of organisations.

One of the suggestions is for other boroughs to have a similar approach where money is ring-fenced for social prescribing activities and follows the patient. Fundamentally, there is a need for more innovative and creative thinking in the distribution and accessing of funding for social prescribing activities which can include liaising with a variety of organisations from housing developers to football clubs. As well as identifying and contacting local organisations, including the private sector, who could support the community with their proposals, and the use of crowdfunding sites which some organisations have used successfully.

None of the organisations at the roundtable had core funding, and funding was accessed on a project-by-project basis, with some workers foregoing wages and remunerations to maintain the services for social prescribing activities. Accessing funding from local councils, small grants, or national organisations proved challenging. Some participants' experiences were that their local authority was opting to support a select group of core establishments, their organisation was therefore excluded from the opportunity to access the local authority funding.

Organisations that did not have a proven track record shared that there were opportunities for them to access money via existing consortiums (who were able to come together as a collective and access funding on behalf of the community). Research by the organisation *Ten Years' Time* (2022) found that up to 87% of Black and Racially Minoritised led small VCS organisations were found not to have enough sufficient funds to last more than three months due to the Covid-19 pandemic and were also the least likely group to receive financial support. Funding for Black and Racially Minoritised VCS organisations was unsustainable and left them at risk of financial insecurity. This could be resolved by engagements and discussions with funders to support them in broadening their principles of participation and collaboration to create equity in processes and decision-making.

What additional support is needed in the sector to help you thrive?

"Many Black and Racially Minoritised community organisations are micro or small. They are led and driven by individuals who have strong social justice principles and want to do what they can to support the well-being of their community. But resourcing is quite often woefully lacking, so they become dependent on voluntarism which is unsustainable," Murray K (2020) Impact of Covid19 on the BAME community and voluntary sector: The Ubele Initiative.

There was an observational perspective that there are still community organisations in need of infrastructure support. Many require professional guidance to get their systems in place and 'hand-holding,' i.e., step-by-step support to help them grow their existing business or shift their business model to enable them to confidently deliver social prescribing activities. This need has come about because many community organisations are being run on a shoestring budget, with volunteers undertaking a wide range of tasks with little or no time to focus on personal learning and development.

Many expressed that one aspect of organisational growth will be additional paid human resources, for example, someone dedicated to finding funding opportunities, supporting the application process and/or completing the applications. Many organisations would also benefit from having additional administrative and governance support from setting up bank accounts to developing business plans, and ensuring the correct policies are in place.

There was a recognition that access to free legal advice and good lawyers who understand the complexities of working with vulnerable people in Black and Racially Minoritised communities could be very beneficial. Those who can support cases with short notice will be very helpful to the organisations and users of the social prescribing activities. The legal team could also support the co-creation and delivery of workshops to help individuals navigate the often-difficult legal terrains that some people may find themselves in, such as those currently dealing with stress and depression as a consequence of the Windrush Scandal.

Building Relationships and Networks

This roundtable took place virtually on 11th January 2022, to understand the requirements of building and developing strong relationships and networks to support the delivery of accessible, practical social prescribing activities in Black and Racially Minoritised communities.

What role do partnerships play in providing social prescribing activities?

There are many benefits to collaborative strategic relationships with a range of organisations that have shared interests and can provide opportunities to advance the aim of social prescribing. These include advocacy, community action investment, resourcing/funding, awareness-raising and disseminating information, and co-creating programmes. One organisation shared that they maintain contact with public health

partners to co-create activity ideas.

The organisations were open to exploring new partnerships, particularly with other VSCEs and statutory and public sector partners who can support the activities that they are providing. For example, food growing organisations would like to actively build relationships with other growers and other nature activity providers so collaboratively they can reach and support their beneficiaries.

The Local Government Association has beneficial guidance on guiding principles and issues to consider in developing partnerships and collaborations.

What networks are you currently part of?

It can be challenging to make a valuable contribution or to have a voice when the decisions are made for the community without the community being present. Hence, as a social prescribing activity provider, it creates an opportunity to be in the space where decisions are being made.

There are also challenges faced by grassroots organisations that can be solved if the community leads more initiatives. There is a strong sense of "nothing for us without us, and partnership is a must."

Outside of connecting with the London Plus network, some participants shared that they usually reach out to their existing networks for assistance with a query. Others searched social media (Twitter being the preferred search tool) or discussed it with their local Council and CVS. There was a general desire for more safe places for Black and Racially Minoritised groups to come together to discuss social prescribing. Without those discussions, they would not have heard of social prescribing, not know whom they could go to for support, and not understand that the work they are providing is non-medical health and wellbeing interventions, i.e. a social prescribing activity/service.

The blogs available here have captured a recap of the roundtable discussions:

The Language and Business of Social Prescribing
Resourcing and capacity building
Building relationships and networks in social prescribing

CONCLUSIONS AND RECOMMENDATIONS

In summary, we found several push and pull factors influencing Black and Racially Minoritised communities in delivering social prescribing activities. Through this engagement process, i.e. the Getting to Grip with Social Prescribing Webinar and the three Roundtable discussions, there was listening, challenging, and learning happening in the space, with opportunities for much-needed support. We have distilled all those engagements to develop recommendations that, if taken on board by all stakeholders, will make for greater understanding, engagement with and take-up of social prescribing activities by Black and Racially Minoritised communities.

There is a difficult journey to take place, and that is one where the stereotyping and negative perceptions of Black-led organisations regarding their management and financial robustness need dispelling so that they do not continue to be disadvantaged at the point of funding scrutiny and evaluations. A journey that takes us to a place where the community is adequately resourced, funding outcomes are transparent and equitable, and where learning partnerships and space for the innovation and delivery of culturally relevant ideas are created and supported.

Based on this engagement process of reimagining social prescribing, the main focal points are tackling implicit bias, racial prejudice and social injustice, nurturing and empowering the community, supporting the resourcing of their initiatives, and actively engaging with the community in a meaningful and truly collaborative way.

The rolling out of social prescribing continues to be faced with a lack of accurate data and statistics, but the process of undertaking health research is also fraught with bias e.g:

> "*The leadership of research commissioning bodies drives the research agenda, determining how questions are framed, what data informs them, and how patients and the public are involved. For example, questions can be framed to imply a "black deficit" (e.g., what causes black people to have so many disadvantages compared with white people?), which places the culpability of individuals over structural failures and histories of exclusion*,"
> Hardeman RR, Karbeah J: Examining racism in health services research: a disciplinary self-critique (2020).

But despite those challenges, research needs to happen. The need to get to the bottom of the disproportionate impact of Covid19 on Black and Racially Minoritised people saw a significant increase in health and wellbeing research carried out in those communities, and there continues to be the sharing of the learning to ensure that the processes of engagement and analysis are more inclusive.

The impact of the Covid19 pandemic has also meant that steps are already taken to address some of the inequalities identified and to find sustained solutions to eliminating the barriers embedded in the health systems.

> *"Many organisations have been making commitments to listen, learn and act upon both the historical and current racial injustices and inequalities in health and wellbeing, e.g., the review of funding and grant-making practices by some funders who have now introduced more inclusive and accessible processes such as better outreach, more streamlined application processes, providing one to one support to applicants, and changes to their eligibility criteria"*, The Ubele Initiative, Exposing Structural Racism in the Third Sector (2021).

This is a significant step in the right direction because by reducing the barriers to access to funding, Black and Racially Minoritised communities will become better able to address their health and wellbeing in a more sustained way.

> *"Action by the NHS is a complement to - not a substitute for - the important role of individuals, communities, government, and businesses in shaping the health of the nation".*[iv]

Therefore, cross-sector partnership building with funders, donors, local authorities and other key stakeholders such as academia is essential. Coming together to prevent poor health outcomes and inequalities by collectively supporting the development, growth and sustainability of community-based organisations engaged in social prescribing will help shape and fit into the NHS Long Term Plan strategies for the future.

Based on the emerging discussions that came out from the webinar and roundtables, we make several recommendations in line with the three themes of:

1. Inform - The Language and business
2. Resource – Resourcing and capacity building
3. Connect – Building relationships and networks

Inform: THE LANGUAGE AND BUSINESS

1. Further work in developing and distributing the London Plus Resource SP Pathways improvements to ensure it is culturally inclusive (created in multiple languages with imagery that represents the communities); explore ways to get these materials distributed across communities.
2. Identifying existing social prescribing activity providers directories and ensuring it includes a representative amount of Black and Racially Minoritised activity providers, encouraging organisations to be listed on the BAYO mental wellbeing platform.

Resource: RESOURCING AND CAPACITY BUILDING

3. Sharing information of funding opportunities e.g., ring-fenced funds for Black and Racially Minoritised groups / social prescribing activity providers, on or off the NHS pathway, e.g., The Phoenix Way

4. Social prescribing crowdfunding to be considered by community groups
5. Sustained funding for social prescribing activity providers from Black and Racially Minoritised communities, e.g., +local MIND
6. Fundraising support and workshops to help organisations with funding processes
1. Infrastructure support to capacity build and empower smaller organisations

Connect: BUILDING RELATIONSHIPS AND NETWORKS

7. General peer-to-peer support, and monthly knowledge sharing in-person and online events. This would create an opportunity for organisations and individuals to discuss ideas and hold each other accountable for changes, such as a series of workshops connecting providers for cross-borough networking.
8. Produce and disseminate culturally relevant guidance on how organisations can become social prescribing activity providers.
9. Raise awareness of other social prescribing groups and develop a strategy to include Black and Racially Minoritised groups as participants and board members.
10. Develop and share information on social prescribing festivals, events, talks, and specific Black and Minoritised support.
11. Develop an annual recognition award/event to highlight, acknowledge and inspire the sector and community.
12. Develop partnerships with national organisations, e.g., MIND, and those on the BAYO platform

References:

Next Steps for Social Prescribing in London October 2019

Baskin C (2020) Black and Minority Ethnic adults: a scoping review of UK mental health and wellbeing community intervention. NIHR School of Public Health Research

Buck, D and Ewbank L What is Social Prescribing (Nov 2020) The Kings Fund

Booska Papers 2021. Exposing Structural Racism in the Third Sector. The Ubele Initiative

Cole A, Jones D and Jopling K (Sept 2020) Rolling out Social Prescribing; National Voices

Hardeman RR, Karbeah J: Examining racism in health services research: a disciplinary self- critique. Health Serv Res2020;55(Suppl 2):777-80. doi:10.1111/1475-6773.13558 pmid:32976632

Murray K (2020), National Mapping of BAME Mental Health Service; London: link here

Murray K and Rolston Y (Sept 2020) Rapid Review of the impact of Covid 19 on the protected characteristics in London: an analysis of the lived experiences and voices from the voluntary and community social enterprise sector; London.

Open Data Institute: The Role of Data in Unlocking the Potential of Social Prescribing (Nov 2021).

Public Health England (2020) Beyond the Data: Understanding the impact of Covid 19 on BAME groups; Public Health England.

Powell R (2022) Tackling Racism in UK Health Research. BMJ 2022:376 e065574.

Social Prescribing and Culture Report (July 2020) Nikky Crane and Associates for the GLA: link here

The London Health Inequalities Strategy (2018) Greater London Authority: link here

[i] NHS Long Term Plan
[ii] https://londonplus.org/news/launch-of-londons-social-prescribing-network
[iii] https://www.ubele.org/research-and-report/national-mapping-of-bame-mental-health services-report

[iv] NHS Long Term Plan