

“We’re the conduit in an increasingly broken system”: A qualitative exploration of how the Covid-19 pandemic impacted the provision of social prescribing for older adults in the UK

Rachel Lawrence MSc, Hannah Frith PhD, Sarah Hotham PhD, Nicola Carey PhD, Nicola Freeman, Lizzie-Lowrey Crouch, Kimberley Smith PhD

Project Background

Social prescribing helps to address the social determinants of health via engagement with community organisations. In England, the rollout of social prescribing coincided with onset of the COVID-19 pandemic, which changed service delivery. Older adults are often the focus of social prescribing, and the pandemic had a disproportionate effect on this population due to their clinical risk, which resulted in a strict lockdown that negatively impacted their wellbeing. This study aimed to explore the UK-wide impact of the pandemic on social prescribing services for older adults (50+).

Methods

A scoping, mixed-methods survey was co-developed with our two project partners (which are social prescribing services) to answer the research question: 'What is the current and ongoing impact of the Covid-19 pandemic on social prescribing services for older adults?'. Between August 2021 and June 2022, 71 people based in the UK took part, including 53 social prescribing link workers, 11 service providers and 7 people working in the VCFSE sector. Survey topics included: How, and in what way their service changed and adapted to the pandemic, what they learned from these changes and how the pandemic may influence future service delivery for older adults. This poster presents the qualitative survey findings, analysed using reflexive thematic analysis.

Findings: Themes

- 1 Impact at an individual level
- 2 Impact at an intervention level
- 3 Impact at a system level
- 4 Impact on future provision

Theme 1: Impact at an individual level

The pandemic impacted the wellbeing of older adults and social prescribing staff. Participants experienced both positive and negative outcomes, as staff adapted to provide valuable support but worked beyond their role and training. This overarching theme demonstrated that during the pandemic, **staff were balancing the demands of the role with their wellbeing**.

“The team's wellbeing suffered, especially with the feeling of the job not being what it should be, not getting people the support they need”
- SP link worker

“Of course there are plenty of positives and I know I've made a difference to some very desperate people” - SP link worker

Theme 2: Impact at an intervention level

The transition to virtual provision resulted in challenges for working with older adults and was only successful when they had **access to digital resources and good digital literacy**. During the pandemic, link workers took on a variety of new roles and adapted existing ones to meet demand. This created blurred boundaries surrounding the link worker role, **emphasising the importance of clear role boundaries**.

“I think as social prescribers we can assist [older adults] with regaining confidence to re-engage with their community” - SP link worker

Theme 3: Impact at system level

During the pandemic, social prescribing was viewed as a ‘stop-gap/bridging’ service which often received complex referrals for severe mental health. Therefore, social prescribing **was not always being used within its aims/scope**. The pandemic also amplified concerns about the sustainability of the VCFSE sector and emphasised the need for **funding to ‘follow the individual’**.

Theme 4: Impact on future provision

Services are now implementing **a hybrid model which is flexible and can adapt to the needs of older adults**. Participants also highlighted that engagement with VCFSE organisations can support older adults to reconnect with their communities, with link workers being well-placed to help **facilitate reconnection**.

Conclusions & Implications

Social prescribing provided valuable support for older adults, but it did not always **align with the aims/scope of the intervention**. Pandemic-related consequences are influencing how social prescribing is delivered moving forward. The findings emphasise the need for **clear role boundaries, improved funding pathways and the continued implementation of flexible delivery models** for older adults.