National Academy for Social Prescribing

Independent Age

SOCIAL PRESCRIBING PILOTS FOR OLDER PEOPLE FACING FINANCIAL HARDSHIP

Learning Report

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About The National Academy for Social Prescribing

The National Academy for Social Prescribing (NASP) is a national charity that champions social prescribing. We support and connect people, communities and organisations so that more people across the UK can enjoy better health and wellbeing.

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Executive Summary

Introduction & Purpose

The Social Prescribing Pilots for Older People Facing Financial Hardship explored innovative approaches to support older people new to social prescribing who were facing or experiencing financial hardship through integrating financial wellbeing into community-led social prescribing initiatives.

These pilots comprised engagement, co-design, and delivery of developmental projects in Hastings and Leicester, and the design and delivery of a national training offer for individuals in social prescriber roles.

The findings from this review offer valuable insights for scaling and replicating successes across the country and developing similar efforts in other contexts.

Aims & Approach

The aims of the review were to assess the implementation, reach, and impact of the two pilots, capturing lessons learnt and key challenges, barriers, and enablers experienced in implementation.

The review comprised three phases:

1. Documentary review
2. Qualitative research (12 interviews with the project teams and wider stakeholders)
3. Data analysis of training feedback.

Key Findings

Although only small-scale pilots undertaken over a relatively short time frame, the findings provide strong evidence of the efficacy of community-led social prescribing in helping older people address issues relating to financial hardship.

The pilots successfully addressed financial hardship among participants, while also improving overall wellbeing, and enhancing community connection.

The pilots highlight the central role that the voluntary and community sector needs to play to ensure the social prescribing system realises its full potential.

Key enablers of success included:

Co-design and Co-production – The pilots highlight the importance of engaging stakeholders at all stages of design and delivery, to ensure local offers are shaped by

the needs of local communities. Target populations must be actively involved in planning local approaches to social prescribing to ensure cultural relevance, inclusivity, and alignment with community needs, avoid duplication, and enhance long-term impact and sustainability.

Trusting Relationships – Trusted community leads played a crucial role in building credibility and fostering trust among community members. Existing community ties were crucial to early success and strong engagement.

Integrated Support – Coordinating financial support with other forms of assistance, such as emotional wellbeing support and social activities maximised impact. Addressing financial hardship without understanding or tackling underlying symptoms/root causes limits effectiveness.

Strengths-based Approaches – Strengths-based approaches such as Positive Psychology Coaching, helped participants develop self-efficacy and resilience, supporting individuals to identify and solve their own challenges.

Practical Tips and Support – Practical support, such as advice on reducing energy costs or accessing insulation grants, was particularly effective, due to its immediate benefits to participants.

Participant-led Activities – Supporting older people to lead groups and activities fostered confidence and empowerment, as well as supporting long-term sustainability of provision.

Engaging Minority Ethnic Communities – Cultural norms, language barriers, and differing attitudes towards help-seeking influenced engagement within minority ethnic communities. Adapting outreach strategies to reflect these needs and ensuring support was delivered by individuals from within the communities helped build trust, improve accessibility, and foster culturally competent service delivery.

Strong Local Networks and Ecosystems – Leveraging existing relationships with community organisations and local leaders helped build trust, expand outreach, and signpost and refer participants to specialist advice and support, where required.

Flexible and Accessible Delivery – Providing in-person interactions, non-digital options, and hosting events in familiar community venues ensured greater inclusivity. The diverse approaches co-designed in each pilot highlight the importance of tailoring projects to the specific needs of target communities through meaningful co-design.

Key challenges and barriers experienced included:

Identifying and Engaging Older People Facing Financial Hardship – Financial hardship is a sensitive issue, often nuanced, and rarely immediately apparent, particularly in early interactions with older people. Stigma, shame, and fear of judgement around financial hardship appeared to discourage some older people from opening up about

financial hardship. Distrust of services and concerns about autonomy or scams can further complicate engagement. Additionally, community-based organisations lacked access to local-level health system data that could support targeted outreach and service planning.

Systemic and Structural Barriers – Fragmentation across healthcare, social care, and the community and voluntary sector made it difficult for potential participants and professionals to navigate available support. Complex, and at times confusing administrative boundaries, overburdened Social Prescribing Link Workers (SPLW), and limited collaboration between statutory and community organisations hindered the integration of social prescribing into local health systems. Ensuring that all stakeholders, including statutory agencies, recognise the value of community-led social prescribing will be critical to securing buy-in and fostering cross-sector collaboration.

Challenges in Link Worker Engagement – Although the pilots successfully engaged SPLWs hosted in Primary Care Networks (PCN) (groups of GP practices), Link Workers face heavy caseloads and competing priorities, making it difficult for them to dedicate time to engaging with community-based social prescribing efforts. Developing strategies to better integrate SPLWs based in the health system into community networks would better enable them to connect people referred to them to appropriate community services.

Lack of Awareness and Clarity of Social Prescribing – The term 'social prescribing' was not always well understood, leading to confusion among older people about its purpose or relevance to their needs. A shift towards clearer, person-centred language and reframing 'social prescribing' as 'a way of connecting to your community', and emphasising its practical benefits and social value, is likely to resonate better with older people, and in turn improve engagement and accessibility.

Short-term Funding and Sustainability – Short-term funding for community organisations restricted relationship-building with older people, which in turn weakened trust and reduced partner confidence, ultimately constraining the pilots' impact. Greater continuity of funding would support the long-term sustainability of community-based social prescribing, providing stability for staff, volunteers, and community members. Sustained investment in projects like those developed in these pilots would help ensure lasting benefits for local communities and the wider health and care system.

Conclusions & Implications

These pilots have demonstrated the power of co-designed, community-led approaches to social prescribing. By strengthening partnerships between the voluntary and community sectors and relevant services within the healthcare system, the pilot projects successfully enhanced local social prescribing infrastructure and created accessible, culturally relevant support. However, challenges in fully integrating with local health systems limited the potential of this approach.

For social prescribing to be truly effective, stronger collaboration between the voluntary and community sector and health services is essential.

Chapter 1: Introduction

This report, commissioned by the National Academy for Social Prescribing (NASP), presents learning from the Social Prescribing Pilots for Older People Facing Financial Hardship.

The Social Prescribing Pilots for Older People Facing Financial Hardship were funded by Independent Age (IA) and administered by NASP as part of a strategic partnership the two organisations formed over 2022-2025.

This report provides an overview of the partnership activity, the reach and impact of the pilots, and identifies what worked and what challenges/barriers and enablers were experienced, in order to provide evidence to help inform similar projects in other parts of the country.

1.1 Background

1.1.1 Social Prescribing

Social prescribing is an approach that connects people to activities, groups, and services in their community in order to meet practical, social, and emotional non-medical needs that affect their health and wellbeing.

The internationally accepted definition of social prescribing[1] is:

> "a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription – a non-medical prescription, to improve health and well-being and to strengthen community connections"

Examples of social prescribing referrals include: connecting someone experiencing financial or housing issues to a local advice service; helping someone experiencing loneliness or isolation to join a social club, art class, or gardening group; supporting someone with dementia to join a community choir; or, helping someone with high blood pressure to engage with a community-based physical activity or movement session.

1 Establishing internationally accepted conceptual and operational definitions of social prescribing through expert consensus: a Delphi study - PubMed

1.1.2 Developing the Social Prescribing for Older People Pilots

Background and Rationale for the Pilots

In 2022, NASP and IA formed a strategic partnership, combining NASP's expertise in social prescribing with IA's commitment to older people. Together, they set out to explore options for how social prescribing could be leveraged to improve outcomes for older people aged 65 and over.

To ensure an evidence-based and targeted approach, an initial phase of knowledge gathering and scoping was undertaken. This development phase aimed to build a thorough and up-to-date understanding of the barriers, enablers, and opportunities associated with social prescribing for older people, to inform the pilot design.

The development phase involved a robust evidence review and stakeholder consultation.

1. Evidence Review

A comprehensive evidence review[2] was commissioned to synthesise existing academic research, grey literature, and policy documents. This work, undertaken by NASP's academic collaborative, explored:

- The impact of financial hardship on older people's health and wellbeing.
- The effectiveness of social prescribing interventions for older people.
- Trends in social prescribing referrals for older people, with a particular focus on financial hardship and the impact of the Covid-19 pandemic.
- Barriers and enablers to social prescribing uptake among older people.
- Policy and service design implications for improving social prescribing accessibility and effectiveness.

The review highlighted key insights, including:

- A significant increase in social prescribing referrals for financial-related issues among older people following the Covid-19 pandemic, in particular due to the increasing cost of living.
- Higher referral rates for financial issues among older people living in deprived areas, women, and older people from minoritised ethnic backgrounds.
- The importance of social prescribing in addressing financial hardship by facilitating access to food, fuel support, financial management, digital inclusion, and social connections.

2 nasp-evidence-review-older-people.pdf

2. Stakeholder Consultation

A stakeholder questionnaire was conducted between June and July 2022 to capture insights from Social Prescribing Link Workers (SPLWs), social prescribing activity providers, other practitioners, and older people themselves.

The questionnaire received 131 responses.[3]

The findings (summarised in Figure 1.1) identified scope to usefully develop and test co-designed, accessible, strengths-based, collaborative, and local community-led social prescribing approaches to address financial hardship.

Figure 1.1 – Findings from the Stakeholder Consultation

Common challenges facing older people that social prescribing could help with
- Loneliness and social isolation - Financial wellbeing - Life stage transitions (e.g. bereavement, caring duties, recovery, retirement) - Social determinants (e.g. employment, housing) - Ageism (stereotypes, negativity about ageing) - Mental health and wellbeing conditions (e.g. anxiety, depression, stress) - Complex long-term conditions - Frailty (falls) - Dementia
What helps social prescribing for older people to be successful?
- Support for attending activities, such as buddies - Personalised approaches to social prescribing that focus on the unique individual - Ensuring activities are accessible, such as providing transport or activities that are culturally diverse, inclusive and flexible - Developing trusting relationships between participants and social prescribers, for example link workers or community connectors - Ensuring social prescribing empowers people, by focusing on strengths, abilities, and purpose - Ensuring social prescribing activities and organisations have long-term sustainability - Taking a holistic approach to social prescribing that includes access to statutory services and supports a range of health and social needs with a variety of offers - Developing local knowledge about the voluntary, community, faith, and social enterprise sector - Developing an effective social prescribing system with local partnerships dedicated to supporting the needs of older people

3 https://socialprescribingacademy.org.uk/media/2oll15vu/social-prescribing-for-older-people_summary-of-questionnaire-findings.pdf

What can be a barrier to social prescribing for older people?
- Information shortages about the benefits and purpose of social prescribing and activities available - Internalised stigma about needing support or accessing services - Financial challenges such as the cost of attending or delivering activities - Limiting stereotypes about ageing or abilities that exclude older people - Lack of confidence about participating in activities, especially worries about socialising - Limitations with community infrastructure such, as the availability of activities - Limitations with the social prescribing system, such as being referred to a link worker or an activity
What gaps are there in social prescribing provision for older people?
- Actively promoting equality, diversity and inclusion through social prescribing - Ensuring social prescribing design and delivery is informed by evidence of 'what works well' - A broader variety of social prescribing activities, information, and resources - Personalised support, such as staff with specialist skills to support older people with complex needs - Designing social prescribing in consultation with older people
What opportunities are there for social prescribing for older people?
- A greater focus on preventing ill health, such as timely support for those experiencing particular social or health related challenges - Supporting care home populations with social prescribing - Commissioning approaches encouraging longer-term funding and collaboration - Developing a strategic framework, outlining what good social prescribing for older people looks like

The findings from the evidence review and stakeholder consultation added frontline intelligence from a social prescribing perspective which confirmed what IA was finding in its wider evidence gathering across 2022. Though IA started off the partnership with a broader focus on the health and wellbeing of older people, from 2023 its organisational sole priority became supporting older people facing financial hardship, which stakeholders highlighted was a challenge experienced by older people they supported. IA's 2023 report *The Hidden two million* shows over two million pensioners in the UK live below the poverty line, with many more hovering precariously above it.[4] It found certain groups of older people at greater risk of financial hardship, including: single people; women; people from minoritised ethnic communities; private renters; carers; and people with long-term conditions or disabilities. These findings informed the design of the Social Prescribing for Older People Facing Financial Hardship Pilots.

4 The hidden two million: The reality of financial hardship in later life

1.2 The Social Prescribing for Older People Facing Financial Hardship Pilots

1.2.1 Purpose of the Pilots

The Social Prescribing for Older People Facing Financial Hardship Pilots explored innovative approaches to support older people facing or experiencing financial hardship through integrating financial wellbeing into community-led social prescribing initiatives.

Recognising the importance of holistic, cohesive, and community-based support for long-term wellbeing, rather than relying solely on isolated measures such as referrals to expert financial advice, the pilots emphasised integrating financial and social support.

The pilots aimed to generate transferable learning that could enable other communities to develop effective, locally tailored approaches.

The pilots had a particular focus on:

- financial hardship, least-engaged communities, and addressing health inequalities
- intersectional, place-based, and asset-based approaches
- improving outcomes for both individuals and systems.

The partnership aimed to achieve systems change by developing:

- new models of engaging and co-designing with older people
- new ways of delivering social prescribing for older people
- products to scale learning and impact through partnerships.

1.2.2 Rationale for the Pilots

The pilots were designed to explore how social prescribing can best support older people experiencing financial difficulties. Traditional models of support often operate in silos, failing to address the interconnected nature of financial hardship and wellbeing. The pilots sought to explore new approaches that integrate financial and social support, creating more inclusive and holistic systems of care for older people facing financial difficulties.

To achieve this, two voluntary, community, faith and social enterprise (VCFSE) infrastructure organisations were selected to lead delivery due to their deep understanding of local contexts and their community asset-based, intersectional approaches. Their established networks and expertise in delivering community-led social prescribing positioned them to collaborate effectively across organisations and influence local systems.

This innovative approach was designed to reach older people facing financial hardship, many of whom experience social isolation and struggle to access the services they need. It was viewed as a means to engage those typically 'below the radar' through creative, locally tailored approaches, that resonated with the cultural and geographic characteristics of the specific communities.

By embedding social prescribing within trusted community networks, the pilots aimed not only to address immediate financial concerns but also to foster long-term wellbeing and resilience among older people experiencing financial hardship.

1.3 About the Pilots

The pilots involved two key strands:

- **Community-led engagement and co-design:** Funding two community-based organisations to engage diverse groups of older people, understand their needs, and co-design and deliver social prescribing activities tailored to their experiences.
- **Training for Social Prescribing Link Workers:** NASP and IA partnered to develop and deliver a bespoke training package to equip SPLWs with the skills to support older people facing financial hardship.

Following a competitive tendering process, Hastings Voluntary Action and Reaching People (Leicester) were appointed to lead the work in collaboration with partner organisations and older people in their respective communities.

The selection of these two contrasting areas was intentional, ensuring the generation of transferable learning for other regions:

- Hastings represents a relatively economically deprived coastal community with a significant older population.
- Leicester includes a diverse urban demographic with a strong South Asian presence (Belgrave).

Recognising that social prescribing is inherently a community-centred approach, NASP and IA partnered with infrastructure organisations due to their established presence, extensive reach, and expertise in community-led approaches.

Both pilot sites adopted a community development approach, integrating social prescribing principles with grassroots community engagement to create locally driven support.

The pilots were commissioned in two distinct phases. Initial funding of £25,000 was provided to each area to undertake the meaningful engagement, and co-design a range of social prescribing initiatives. Further funding of £30,000 was then made available for each area to implement some of the programmes of work they had co-designed. Each area therefore received a total of £55,000 (including VAT).

The Hastings pilot ran from February 2023 to November 2024, while the pilot in Leicester ran from April 2023 to November 2024.

In October 2024, NASP commissioned this independent review of learning from the pilots.

1.4 Approach to the review

This review was conducted between October 2024 and January 2025.

1.4.1 Aims and objectives

The overall aim of the review was to draw together the findings from the pilot workstreams, to capture learning about what has and hasn't worked, the challenges and enablers experienced, and the types of impacts achieved, specifically related to financial hardship.

This can be broken down into three specific objectives:

1. Gain an understanding of how co-designed social prescribing initiatives can support older people facing financial hardship
2. Assess the reach of the pilot activity
3. Gather learning around the implementation and impacts of the pilots, in particular in relation to supporting older people in relation to financial hardship through increasing their income and/or reducing their costs.

1.4.2 Phases of the review

The review comprised three key phases:

1. Documentary review
2. Qualitative research
3. Analysis of training feedback data.

1. Documentary review

The sources for the documentary review were:

- Tender submissions from the pilot sites.
- Four quarterly reports from each pilot site, covering January to November 2024, which had been submitted to NASP, and reported activity, reach/number of contacts, partners worked with, and successes and challenges experienced.
- Beneficiary vignettes composed by the two pilot sites.
- Learning reports from each site, reporting on the initial engagement and co-design phase.

- A toolkit[5] based on the initial engagement and co-design, detailing approaches and tips for undertaking meaningful engagement about social prescribing with older people facing financial hardship and health inequalities.

2. Qualitative research

This phase involved 12 in-depth interviews, as per Table 1.1, conducted on Zoom. Interviewing end beneficiaries (i.e. older people) was out of the scope of the review given the short timescales for the work, although their experiences were explored in interviews with those working directly with them, and through the delivery team in each pilot site generating vignettes demonstrating ways in which the pilot supported older people, and the outcomes achieved for them.

Table 1.1: Interviews conducted for the Review

NASP & Independent Age	
NASP National Lead for Older People	1
IA Head of Grants & Partnerships	1
IA Training Lead	1
Leicester	
Strategic Lead (Reaching People CEO)	1
Engagement Lead – Belgrave	1
Engagement Lead – New Parks	1
Wider Stakeholders	3
Hastings	
Strategic Lead (Hastings Voluntary Action CEO)	1
Engagement Lead	1
Wider Stakeholder	1
Total number of interviews	**12**

The four 'wider stakeholders' interviewed included: a peer volunteer/mentor; a Social Prescribing Link Worker based in primary care; a partner from a community development association; and, a local authority learning activity provider.

5 www.socialprescribingacademy.org.uk/media/apylalgz/nasp_olderpeopletoolkit_.pdf

3. Analysis of Training Feedback Data

Data provided to assess reach and impact of the training for SPLWs comprised:

- Training attendance data (detailing the number of spaces available; registrations; attendees; and no shows)
- Training feedback forms (*n=31*)
- Post training monitoring forms (*n=4*).

1.5 Report structure

The remainder of the report is structured as follows:

- Chapter 2 provides an overview of the Hastings pilot, and Chapter 3 provides an overview of the Leicester pilot. The chapters describe the key activity, reach, and impact (in particular, in terms of the outcomes achieved for older people) of the pilot in each site.
- Chapter 4 presents findings about the Social Prescribing Link Worker training developed and delivered nationally by NASP and IA. The findings are based primarily on evidence from 31 participant feedback forms completed at the end of training sessions.
- Chapter 5 draws together the main learning points from the pilots, including the key enablers and challenges/barriers experienced and provides recommendations for future commissioning and service development.

Chapter 2: Hastings Social Prescribing for Older People Pilot

2.1 Hastings pilot overview

Hastings is a costal and urban area located on the south east coast of England, with a population of approximately 90,600 residents.[6] It is one of the most deprived authorities in the South East, as determined by Index of Multiple Deprivation (IMD), ranking as the 13th most deprived authority nationally. Hastings comprises a predominantly White British population, with a slightly higher percentage of older people than the national average.[7]

In Hastings, the pilot was led by Hastings Voluntary Action (HVA).[8] As the local infrastructure organisation for the voluntary and community sector, HVA is a free-to-join membership organisation for other voluntary organisations, charities, groups, and social enterprises.

HVA hosts the Hastings Ageing Network (a network of approximately 30 organisations working with older people and representatives from older people groups, as well as local Councillors and NHS representatives), and facilitates the Hastings Food Network. Prior to the pilot commencing, HVA had been involved in work around Age Inclusive Volunteering, and in Hastings' journey to become an Age Friendly Community. As a result, HVA has wide reach in partnerships, so is well placed to coordinate systemwide initiatives, and had substantial pre-existing networks with older people and service providers for the pilot to access and build on.

The target groups for the pilot were older people living anywhere in Hastings, with a focus on:

- older people facing financial hardship
- older people of minoritised ethnic communities
- older people living with long-term health conditions.

2.2 Engagement and co-design

2.2.1 Overview

The engagement and co-design phase in Hastings took place between February and August 2023. The work focused on exploring what older people knew about social prescribing, and what their priorities were for community activity to improve their health and wellbeing.

6 Population estimates for England and Wales - Office for National Statistics
7 East Sussex Joint Strategic Needs Assessment |
8 www.hastingsvoluntaryaction.org.uk

2.2.2 Approach to engagement

Eight engagement activities were undertaken, attended by a total of 170 people from the target groups. The approach offered a variety of ways for people to engage, including information sessions and social events, and at visits to foodbanks and faith organisations. (Table 2.1)

Table 2.1 – Engagement and codesign activity & reach

Activity	No. of attendees from target groups
Helping Hands advice and support community event	5
Age Friendly Scone Socials	75
Wiltshire Farm Foods presentation	35
Hope G – Hastings Older People's Ethnic Minority Group	11
Hastings Ageing Network	3
Visit to the Food Pantry	5
Diversity International health event	10
New Diabetes Support Group	26
TOTAL	**170**

Undertaking outreach activities across these locations was designed to reach a diverse range of older people who may be at higher risk of health inequalities, including: individuals experiencing substantial financial challenges; those from minoritised ethnic communities, people with long-term health conditions, and those not currently accessing social prescribing services.

Conversations were also held with a range of local stakeholders, including Social Prescribing Link Workers from the two local contracted services (a housing organisation and GP practices), a local hospice, a homelessness charity, a housing association, a local refuge, a drug and alcohol recovery service, and projects and hubs providing wraparound support (including financial help and advice projects, and a new community café for people who are homeless). This engagement with hyper-local groups and networks who hold trusting relationships with older people helped pave the way for reaching people new to social prescribing and ordinarily least engaged.

To support the development of effective and inclusive co-design responsive to the needs of older people, the project team contributed tips to the toolkit produced by the pilot sites on how to find and engage older people in co-design. These tips are summarised in Figure 2.1.

Figure 2.1 – Top tips for co-designing social prescribing with older people

- **Engage populations who may be at higher risk of health inequalities** by using local health assessments and reaching out through trusted community networks.
- **Collaborate with Social Prescribing Link Workers** to understand existing provision, referral pathways, and where link workers are based in the community. Incorporate their knowledge and expertise about barriers, enablers, gaps, and opportunities.
- **Target outreach efforts to ensure inclusivity** and reach those not currently accessing social prescribing by advertising in and visiting venues such as foodbanks, housing associations, libraries, community centres, and faith groups.
- **Offer diverse and accessible co-design opportunities** by providing options such as group sessions, individual conversations, online formats, paper-based methods, multiple language options, home visits, and buddy systems to remove barriers to participation.
- **Provide tangible benefits for participating**, such as opportunities for socialising, access to food, or useful information.
- **Raise awareness about social prescribing**, ensuring people understand its role alongside medical care.
- **Be clear about the aims of the co-design process** and how the information generated will be used.
- **Focus on sustainability and empowerment**, supporting older people to take on leadership roles within initiatives as much as they wish. Ensure initiatives are feasible, sustainable, and empowering for participants.

2.2.3 Feedback from the engagement phase

All those aged 65+ who participated in the engagement sessions were invited to complete a survey exploring what else they would like to see on offer in the community that they felt would support their health and wellbeing. The feedback is summarised in Table 2.2.

Table 2.2 – Engagement and co-design feedback

Requested Activity	No. of responses
General social sessions	164
Healthy eating support	150
Physical activity	95
Advice & support sessions	23
Help with long-term health	15
Art & craft	5
Day trips	3
Local history talks	3

Older people reported wanting more opportunities for socialising, and more sessions to support their health and wellbeing. Financial wellbeing didn't explicitly emerge as a distinct priority.

This initial phase of work generated clearer understanding about the key barriers to older people accessing social prescribing offers, and opportunities for improving social prescribing in Hastings.

2.2.4 Barriers to older people accessing social prescribing in Hastings

The key barriers the project team identified to older people accessing social prescribing in Hastings were:

GP referrals – Not all GPs refer patients to social prescribing, even where patients might benefit. Where referrals do occur, GPs often fail to explain the purpose or potential benefits, meaning older people don't always engage, as they don't understand what's being recommended, or what might be on offer to them.

Transport issues – Lack of community transport and issues with public transport create barriers for those wanting to attend community activities but who can't get to venues.

Mental health – Low self-esteem, ill health, bereavement, and isolation from family can create a barrier to older people attending sessions without support.

Awareness & terminology – There is a lack of awareness among older people about what social prescribing is and how it can help. The term 'social prescribing' itself causes confusion.

Visibility of social prescribers – PCN-based SPLWs are insufficiently present in community venues where older people naturally gather. Heavy workloads and lack of capacity limit their ability to engage with local activities or network with partners, resulting in them struggling to keep abreast of what's available locally.

Fragmented services – Activities and services in Hastings are often duplicated or poorly linked. The disconnect results in older people and group leaders finding it hard to navigate the options, causing confusion over where to seek specific support or information.

Inadequate communication – Limited digital literacy among some older people coupled with service providers relying on digital communication leaves older people who are not online unaware of the social prescribing offers available. Group leaders also struggled to access and share information with members effectively.

2.2.5 Opportunities for improving social prescribing for older people in Hastings

Exploring unmet needs, priorities, and barriers to older people accessing social prescribing identified opportunities for developing a more accessible, connected, and visible social prescribing offer for Hastings, involving:

Strengthening service linkages – Improved collaboration and communication between service providers would reduce duplication and create a more cohesive offer. Clear and consistent signposting would make it easier for older people to access support required.

Improved communication – Using non-digital formats to reach those not online, accessible language, and tailoring information to older people, alongside ensuring that group leaders have up-to-date resources to cascade information effectively, would help improve older peoples' awareness of opportunities.

Increasing social prescriber engagement – Enabling PCN based social prescribers to spend more time in community venues would help increase their visibility and build trust and awareness among older people.

Reframing social prescribing – Reframing 'social prescribing' as 'a way of connecting to your community', and emphasising its practical benefits and social value, would resonate better with older people.

2.3 Delivery of co-designed pilot activities

To begin addressing the barriers identified in the initial engagement and co-design, and increase the accessibility and acceptability of social prescribing services for older people in Hastings, two key social prescribing initiatives were developed:

1. Community Marketplace
2. Healthy Hastings

As the initial engagement had identified older people's concerns were primarily around health and social opportunities (over financial concerns), the social prescribing activity in Hastings was developed to lean more towards health as a theme for sessions, with financial wellbeing integrated into activity. For example, the Healthy Hastings NHS Winter Wellness session focused on providing information on vaccines and ways to keep well during colder months, and integrated tips on saving money through stocking up on food, and saving money on heating homes. The Scone Social events combined financial guidance with social support.

Interviewees commented that the target cohort were unlikely to step forward and explicitly divulge experiencing financial hardship due to (perceptions of) stigma, so using health and social opportunities as a hook would be more effective at bringing older people in, especially where there was no existing relationship.

> "We were identifying [financial hardship] through conversations, so kind of, you know, when people come together in a cafe style environment they tend to kind of open up through conversations and relationship building. And then it's an opportunity to kind of pick things out of conversations and say 'Oh, have you heard about that?' Or you know, 'do you know anybody that might be?' 'You might find this useful', kind of thing, and that's how it works best, I think. Very soft touch."
>
> Engagement Lead

1. Community Marketplace

The Community Marketplace served as a 'one-stop' hub where local organisations showcased services and provided information, advice, and guidance on health, wellbeing, and financial support.

The model was designed to encourage attendance from a wide range of older people, by:

- providing in-person interactions
- enabling social prescribing without the need to book a formal appointment, or be referred to a service through a healthcare professional

- affording existing social prescribers opportunity to increase their visibility in the community, raise awareness about their work, and start conversations with older people who might benefit.

> "I went to the marketplace after seeing it advertised and made so many different connections. I took a lot of information away and will be passing some to friends too. I got some advice on saving money on water bills and signed up to join a creative writing class too! It was so nice to talk to people and everyone was so friendly and welcoming."
>
> Source: Feedback from Marketplace attendee, Q1 Quarterly Report

2. Healthy Hastings

Healthy Hastings comprises a variety of face-to-face health-related sessions led by HVA and partners.

As illustrated in Table 2.3, Healthy Hastings activity encompassed a range of events, including drop-in sessions including signposting to health and wellbeing activities and support, information giving, practical tips, and support on topics such as saving money on heating bills, alongside socialising, and consultation opportunities affording local older people their say on a range of issues.

In addition to facilitating or partnering in the delivery of Healthy Hastings sessions, the HVA team led development of a paper newsletter collating and summarising upcoming sessions. The newsletter was posted and emailed to older people, and circulated to professional stakeholders, such as activity group leaders to disseminate to their clients.

The newsletter directly addressed the lack of age appropriate, non-digital, information identified as creating a barrier to older people and group leaders knowing what social prescribing activity was available locally in Hastings.

Table 2.3 summarises the key social prescribing activity delivered across the course of the pilot.

Table 2.3 - Summary of key social prescribing initiatives delivered

Q1
Healthy Hastings Winter Welcome social event – A social event with signposting to health and wellbeing via flyers/posters etc., including signposting to financial wellbeing support
Healthy Hastings NHS Winter Wellness – Information on vaccines and ways to keep well during the colder months, including tips on saving money in heating homes, stocking up of food, etc.
Healthy Hastings Community Marketplace – Information, advice, and guidance on health and wellbeing from a range of local services and organisations, including signposting to financial wellbeing support
Q2
National Loneliness Awareness Age Friendly Scone Social – A social event aimed at encouraging people to connect to each other and their community with signposting to advice and support
Let's Talk About Loneliness event – Informal conversations about loneliness and isolation over tea and cake
A range of partner-led Healthy Hastings sessions – Topics included The Big Digital Switch Over, Falls Prevention, Bereavement, Loneliness and Complementary Therapies
Q3
Hosted a Sleep Well workshop
Hosted a Reminiscence Quiz
Hosted a HealthWatch East Sussex focus group allowing participants to feedback on their challenges accessing healthcare services
Hosted a Dementia Awareness session
Hosted a session on being a carer with Care for the Carers and Association of Carers
Hosted a Drumming Together session with St Michael's Hospice
Participated in The Big Conversation – A workshop bringing together community leaders to consider how local communities could be meaningfully involved in community consultations – represented the views of older people
Q4
Age Friendly meeting with Hastings Borough Council – A celebration of National Day of Older People linked to the WHO 2025 theme of 'The part we play'
Unity in the Community – A coffee morning aimed at anyone in later life from Black and Minority Ethnic communities in Hastings, including signposting information
Diwali event – A community Diwali event codesigned with local members of the Hindu community

2.4 Outcomes for beneficiaries

As the contract with NASP acknowledged it would not be possible to collect individual level data for all those engaging in the social prescribing activity, and only a handful of 'tick box' feedback forms were provided for the review, outcomes for beneficiaries are assessed only through the four vignettes the project team provided to demonstrate outcomes achieved for beneficiaries.

Three of the vignettes highlight the ways in which the pilot activities sensitively enabled older people to improve their financial situation, in turn enhancing overall wellbeing through enabling greater independence, safety, and sense of inclusion. These outcomes were achieved through i) support to apply for Personal Independence Payment (PIP), ii) support to apply for a home adaptations grant, and iii) connection to a social supermarket.

The final vignette demonstrates how the social prescribing activity encouraged a very isolated man to take up a volunteering role, improving his sense of purpose and mental health.

Accessing Financial Entitlements

Moira, a disabled older woman, struggled to attend community activities because local buses were unreliable. This in turn affected her confidence in being able to get out and about, as she feared she may end up stranded and be unable to get home easily.

Moira used taxis to avoid becoming more lonely. However, the cost of doing so meant she had to go without other things, often buying cheaper or less fresh food to compensate.

These challenges significantly impacted Moira's wellbeing.

Through conversations at Healthy Hastings sessions, we identified that Moira might be eligible for Personal Independence Payment (PIP) to help with her mobility-related expenses.

After guidance and assistance with her application Moira was granted PIP. This additional financial support now allows her to cover the cost of taxis, enabling her to regularly attend community activities, build relationships, and maintain a more active and fulfilling social life.

Supporting A Grant Application

Claire runs an older persons' group, and became concerned about one of the group's members, who struggled with bathing due to his disability.

At a Healthy Hastings session on advice and support, Claire enquired about funding options to help him obtain a bath handle for increased safety and independence, and was signposted to the charity Turn2us, which offers financial assistance and advice.

As a result, Claire helped her group member to submit a grant application, resulting in him receiving the support he needed. This in turn allowed him to maintain his personal care, feel safe in his own home, and to continue attending the group with confidence, and participate fully, fostering inclusion and community spirit.

Enabling Access to Affordable Essentials

Chris, recently bereaved, found herself feeling lonely and withdrawn. Initially shy, she hesitated to seek help but gradually gained confidence by attending social sessions arranged through the pilot.

While Chris did not identify as needing financial support, she expressed interest in the food network and its work.

This connection led her to join a social supermarket, which provided affordable groceries and a welcoming community.

Over time, Chris not only benefitted from financial savings, but also found a renewed sense of belonging, forming meaningful connections, and rebuilding her confidence. She also took on a volunteering role within the social supermarket.

Finding Purpose Through Volunteering

Percy, a retired widower in his late 70s, struggled with a lack of purpose and increasing isolation after his wife passed away. Percy missed the structure and camaraderie of his working life and found it hard to fill his days meaningfully.

Initially reluctant, Percy attended a session at Central Hall after persuasion from family members. As he began to get acquainted with others and feel more comfortable, he attended more regularly.

Through conversations about common interests, Percy found himself undertaking small volunteer tasks and sharing his own knowledge, which in turn gave him a renewed sense of purpose and improved his mental health.

Percy now describes himself as feeling "useful and connected again", and eagerly encourages others to step out of their comfort zone!

2.5 Reach of the Hastings pilot

2.5.1 Beneficiaries

Recognising that it would not be possible to collect data from each individual accessing the social prescribing activities, reach figures reported quarterly were approximate, and counted in 'contacts' (as opposed to distinct number of individuals).

Reach was recorded against five categories (see Table 2.4).

Over the course of delivering the pilot activities, Hastings reported a total of 4,480 contacts, the majority of which (77%) were 'contact' – for example, an event stand, leaflet, or brief interaction.

Table 2.4 – Hastings pilot activity reach

Category	Number Reached
Contact - Stand at events, hand out leaflets, brief interactions	3,452
Engagement - More meaningful conversation, 1:1 conversations over 5-10 minutes	532
Support - Outcome or next step related conversation, 10+ minutes	245
Presentations - Attendance at event/meeting, with a specific delivery item on agenda	4
Networking - Attendance at event/meeting, without any specific time allocated	247
Total	**4,480**

Email contact and the Age Friendly Newsletter achieved the greatest reach, while attendance at other sessions varied widely. For example:

- 60 people participated in the Ageing Network Session held in quarter two
- A Diwali community celebration event co-designed by the local community, HVA, and several other Ageing Network partners attracted 57 attendees
- The Scone Social event designed to encourage people to connect to each other and their community, and including signposting to financial wellbeing advice and support, reached 37 people
- Sessions on Bereavement and Falls Prevention each reached 11 people.

The Engagement Lead reflected that the limited duration of the pilot allowed insufficient time to seek out and build relationships with particularly 'hard to reach' cohorts of older people.

The Diwali event successfully engaged and strengthened relationships with a new cohort of the community, creating opportunities for social prescribing conversations. However, as it took place just weeks before the end of the pilot, there was limited time to build on this momentum.

2.5.2 Partner engagement

HVA reported working with and through 46 partner organisations to deliver the pilot (Table 2.5).

Table 2.5 – Partners engaged

Active Hastings	Hastings Independent Press
Age UK East Sussex	Hastings Interfaith Forum
A Touch of Gentleness	Hastings Quakers
Big Local North East Hastings	Hastings Seniors Forum
Blacklands Church	Healthwatch East Sussex
Care for the Carers	Hill Surgery Action Group
Diabetes UK	Hill Surgery Patient Participation Group
Diversity Resource International	His Place Church
East Sussex College Group	Just Friends
East Sussex County Council	National Energy Action Group
East Sussex Hearing Resource	NHS
East Sussex Recovery Alliance	Oasis Community Project
Education Futures Trust	Old Town Monday Wives Group
Feeding Britain	One You East Sussex
Fisherman's Mission	Orbit Housing
Hastings Ageing Network	PPG Groups and surgeries
Hastings Advice and Representation Centre	Re-engage
Hastings & Rother Voluntary Association for the Blind	Southdown Social Prescribers
Hastings Borough Council	Southern Housing Group
Hastings Chinese Association	Southern Water
Hastings Community Hub	St Michael's Hospice
Hastings Food Network	Stroke UK
Hastings Heart	Sussex Community Development Association

The extensive stakeholder engagement and collaboration with a diverse range of partners highlights the strength of Hastings' voluntary and community sector, and provided for engaging older people from minoritised ethnic communities, isolated individuals, and those not already accessing social prescribing, while establishing pathways to specialist advice.

The pilot activity strengthened connections between health and care providers, activity providers, and the wider voluntary sector, enhancing the visibility and accessibility of social prescribing. A key legacy is the exponential growth of the Ageing Network.

2.5.3 Integrating with the health sector

While the initial engagement phase identified significant disconnect between community-led social prescribing and PCN-based SPLWs, through facilitating networking and engagement events to connect these SPLWs with community partners, and foster collaboration, the pilot had begun to make some in-roads in 'bridging the gap' between local SPLWs and the voluntary sector.

Although interviewees identified a need for still smoother collaboration among all partners, the pilot laid the groundwork for discussions with local Integrated Care Board social prescribing leads and the social prescribing network to share learning and collaborate on future social prescribing initiatives.

Chapter 3: Leicester Social Prescribing for Older People Pilot

3.1 Leicester pilot overview

The Leicester pilot was managed by Reaching People, an infrastructure organisation bringing together third sector organisations to optimise the effectiveness and impact of the VCFSE sector to create positive change for local people.

The Leicester pilot targeted work with:

- older people facing financial hardship
- older people who are socially isolated
- older people for whom English is not a first language.

Delivery in Leicester took place in two contrasting areas of the city: Belgrave and New Parks.

3.1.1 Belgrave

Belgrave has a population of approximately 20,500, with around 3,000 residents aged 65+ (15.5%). Nearly 85% of the population identify as South Asian, with a strong Gujarati Hindu community. The ward ranks within the top 10% on the IMD.

In addition to its level of relative deprivation (as per IMD), Belgrave was selected as a pilot site due to it being an area with a high population who don't speak English as a first language, and because there was the existing work that could be built on through the introduction of the financial inclusion work.

The Engagement Lead for the Belgrave pilot was on a three-days-a-week contract for the pilot delivery, and had previously spent nearly six years working in the neighbourhood, including two years as a community connector focused on addressing and preventing loneliness and social isolation among those aged 50+. Over this time, she assembled a strong network of people and activities, which the pilot was designed to build upon. As a Gujarati Hindu herself, she had a deep understanding of the community's cultures, health beliefs, and the practical factors influencing engagement in activities. Her established presence made her a trusted and familiar figure within the community, with the cultural and linguistic sensitivity needed to foster meaningful connections.

3.1.2 New Parks

New Parks is a neighbourhood with a population of approximately 8,000, of which approximately 1,000 are aged 65+. New Parks is predominantly White British, and is in the top 5% IMD.[9] New Parks was included because, except for higher deprivation, it was a contrast to Belgrave.

The Engagement Lead for New Parks was a volunteer with Reaching People. Reaching People had not worked in New Parks previously.

3.1.3 Background

Both Engagement Leads had been involved in Leicester Ageing Together (LAT), part of the Big Lottery's Ageing Better programme which, across 2014-22, had involved around 15 voluntary organisations across Leicester working to reduce isolation and loneliness among older people. LAT therefore provided some foundations, and a whole systems approach, for the pilot to build on.

A Human Learning Systems methodology underpinned the work in Leicester, and throughout the project the team piloted using positive psychology coaching. This is a strengths-based approach which aims to mentor and motivate individuals to find solutions to their own needs through focusing on their personal strengths and supporting them to believe in themselves. This approach reflects that of social prescribing as an asset/strengths-based approach. Some of the techniques used can be found in the Toolkit produced by the pilot sites after the first phase of work, as summarised in Figure 3.1.[10]

The Engagement Leads did not have a formal psychology qualification, but had formal and informal coaching experience. They felt the approach has substantial relevance to non-Psychology-qualified staff in wider work with people. In their experience, specific qualifications matter less than experience and commitment to providing person-centred support. Reaching People employed a Positive Psychology Coach to offer clinical supervision to the Leads.

9 The Indices of Deprivation 2019: Map Pack, Leicester City Council Division of Public Health, Nov 2019 www.leicester.gov.uk/media/pkgb4zin/the-indices-of-deprivation-2019-map-pack.pdf

10 www.socialprescribingacademy.org.uk/media/apylalgz/nasp_olderpeopletoolkit_.pdf

Figure 3.1 – Top tips for co-designing social prescribing with older people

- **Active listening and motivational interviewing** can help build trust and rapport by understanding an individual's circumstances and giving them the space to be heard.
- Clarifying what brings **meaning** and **purpose** into someone's life is an important step for connecting to the self and others.
- Incorporating positive thinking tools such as **mindfulness**, **visualisation**, and **planning** can allow people to tap into what they really need and want.
- Offering **new narratives** can help to challenge internalised stigma and boost self-esteem, encouraging people to envisage a different future – e.g. moving from thoughts like 'a smaller life is an inevitable part of ageing' to thoughts like 'I deserve a rich and full life', or from 'services are hard-pressed, I don't expect anyone wants to see me' to 'I'm entitled to access services that I need'.

3.2 Engagement & co-design

3.2.1 Focus groups with older people

The engagement and co-design phase in Leicester took place between April and November 2023.

To identify local priorities, challenges, and unmet needs among the local target groups, 97 people aged 65+ were engaged in focus groups across five locations.

Focus group participants were drawn from: those who were already accessing Reaching People's services, word of mouth, and the Engagement Leads attending local events and advertising the work.

Key demographic information and self-assessed financial status of the group participants is presented in Table 3.2.

Table 3.2 - Focus Group Participants

	Totals (n)
Age	
65-70	32
71-75	26
76-80	20
81-85	13
86+	6
Gender	
Male	29
Female	68
Self-assessment of financial situation	
Living comfortably	33
Doing alright	40
Just about getting by	21
Finding it quite difficult	1
Finding it very difficult	2
Ethnicity	
White British	48
South Asian	49

Although 'money issues' identified as a priority from the groups, it is notable that despite targeting the work in socially and economically disadvantaged areas, very few participants identified as finding it difficult financially.

Based on their experience of working with older people (both in LAT and through this pilot), the project team identified a range of reasons why older people might be reluctant to disclose financial hardship:

- **Stigma and shame:** Fear of judgement, feelings of shame, or embarrassment about financial hardship may discourage older people from disclosing financial hardship – even in an anonymous survey.
- **Distrust of services:** Mistrust of services, or worry about losing autonomy as a result of disclosing financial hardship.
- **Control over finances:** Some older peoples' access to money is restricted by other family members – this seemed to be particularly prevalent for South Asian communities, sometimes reflecting cultural norms that emphasise gender roles discouraging independence in financial matters, and instead promoting reliance on husbands/male family members for decision making in this regard.

- **Complex dynamics:** Some older people might prioritise funding family-related expenses, or paying debts, over personal wellbeing.
- **Fear of scams:** Fear of scams may make older people reluctant to discuss financial hardship issues, complicating identification of hardship.
- **Living within their means:** Older people, and older women in particular, seem to have absorbed low expectations of life in old age, and in relation to money, accepting that they must 'cut their suit according to their cloth' – i.e. where some people may think a state pension is insufficient, there is a prevailing attitude, perhaps especially among older South Asian women, that 'if that's what you've got, you have to live within it'.

Given the lack of pre-existing relationships with older people in New Parks, some of the engagement with White British communities relied on reaching individuals in similar and adjacent communities, who it was felt would be sufficiently similar to the target community in New Parks. This may help explain the discrepancy between White British participants' involvement in the co-design and, consequently, their lower engagement in the pilot activities.

The focus group discussions identified several priorities and unmet needs among older people, as shown in Table 3.3.

Table 3.3 - Priorities, challenges & unmet needs emerging from the focus groups

Domain	Priorities, challenges, unmet needs
Finance	Benefits advice/access; managing rising food & energy costs; control of finances
Physical health	Managing health conditions; access to GPs; travel to hospital appointments
Physical self-care	Information, advice & guidance on maintaining health
Mental self-care	Handling stress & anxiety; needing to be listened to & respected; having a voice
Safety	Feeling safe; avoiding scams; cyclists on pavements
Social connection	Opportunities for social interaction & meaningful activities; IT support to access
Access to services	Inadequate public transport; language difficulties; long waiting times for support
Other	Anxiety managing day-to-day repairs, finance, paperwork, and medical appointments – particularly when IT related

The project team reported broadly similar priorities for both South Asian and White British participants.

3.2.2 One-to-one work with particularly isolated older people

In addition to the focus groups, the Engagement Lead for Belgrave was also commissioned to develop one-to-one relationships with ten older people who were particularly isolated.

The purpose of this work was two-fold: initially, to better understand the range of issues faced by the least engaged older people in the target community, whilst simultaneously using a social prescribing approach to address issues identified in the course of this work.

Through the work, the Engagement Lead:

- Connected people to relevant benefits, housing repair services, and energy advice
- Supported with financial management, including supporting a Gujarati woman to open a bank account in her own name – as well as challenges of language, understanding of banking and accounts, there were also wider family issues
- Helped connect people to peer-led online support groups, and community organisations – including connecting one particularly isolated individual to a foodbank, and another to social activities.

3.2.3 Key learning from the in-depth one-to-one work

The findings from the one-to-one engagement highlight the importance of listening, building trust, addressing wide-ranging anxieties, challenging internalised ageism, and creating safe, supportive environments, in order to effectively engage and empower people. In this sense, the interpersonal skills of the worker may benefit older people as much as any activities they might be engaged in.

While each individual and situation was different, and all individuals responded differently to their own unique circumstances, the project team identified some key patterns and themes:

Financial challenges were only one part of the picture: Many of these relationships involved both practical and financial dimensions; and the majority seemed to involve anxieties around poor health, financial control, and disconnect from self.

Building trust and relationships: Achieving success had to be preceded by sometimes substantial periods of rapport-building, active listening, showing care, and helping people believe in themselves that they deserved a better life – some ongoing relationships have lasted 4 months, and involved 12+ meetings.

Finance: While financial concerns figured strongly, it was often difficult to discern the underlying causes in the early stages of engagement. While some people may have been experiencing an absolute lack of funds, for others it appeared to result from conflicting priorities (e.g. one individual prioritised repaying personal debt over self-care), or

challenges with financial management to achieve specific goals (such as visiting relatives abroad). In some instances, issues centred around control, with family members restricting an individual's access to money. Additionally, some participants appeared vulnerable to scams or inappropriate financial arrangements with third parties.

Anxiety: Many held anxiety over things they didn't have control over, such as finance and family matters. In some cases, simply receiving positive attention and feeling listened to seemed to enable them to express their anxieties, diminishing its hold over them.

Settling for the status quo: Many older people appeared to initially accept their circumstances. Internalised and societal ageism, feelings of inevitability about decline in later life, lack of energy or motivation, being overwhelmed, feeling disempowered; or, not having the mental tools to take control of their lives appeared to drive these attitudes.

Culturally influenced 'dependency': Many older South Asian women had grown up in subservient roles often reflecting cultural norms that emphasised traditional gender roles which can include discouraging independence in financial matters and promoting reliance on husbands or male family members for decision-making. An Engagement Lead from the same cultural background ensured understanding of the issues participants might face.

Positive psychology: The introduction of positive psychology added significant value to the support provided. The project team observed that some individuals embraced the words and metaphors shared with them, incorporating them into their understanding of their own circumstances. This approach helped challenge internalised stigma and improve self-esteem by offering alternative narratives, empowering individuals to identify their own needs and solutions, and allowing the co-creation of options to support independence as opposed to dependence.

Safe and effective engagement: Engaging older people in spaces where they feel safe is crucial. Most meetings were in the older person's home. Face-to-face engagement proved crucial for connecting with this demographic; single-method interventions (e.g. Zoom or GP surgeries) may lack effectiveness.

The findings from the initial engagement and co-design phase led to development of social prescribing initiatives bespoke to the needs of each neighbourhood (Belgrave and New Parks).

3.3 Delivery of co-designed pilot activities – Belgrave

3.3.1 Overview of activity

The main social prescribing offer in Belgrave comprised:

- Weekly activity sessions with a 'financial challenges' agenda integrated – primarily online via Zoom, with some in-person groups
- Online Chit Chat sessions allowing people to hear about and discuss a range of topics – including follow-up sessions focused on experiences of putting into action
- Ongoing or one-off events
- 1:1 support with older people experiencing financial problems.

3.3.2 Weekly activity sessions

Online groups and activities (provided via Zoom) were the main social prescribing activity in Belgrave. Centred around fostering social connection while delivering a financial and wellbeing agenda, a variety of activities were available, including knitting, singing, dancing, yoga, dancercise, and resistance band sessions.

Nine Zoom activity sessions are run each week, with 10-55 people attending each. The sessions are attended predominantly by Gujarati Hindu women aged 65+, with the average age of members being 70.

The online sessions began during the Covid-19 pandemic, before the pilot started. When lockdowns limited face-to-face interactions, the son of one of the group participants introduced them to Zoom. Through phone calls, WhatsApp messages, and training volunteers to assist people to access Zoom through their own devices, those who had previously attended in-person sessions gradually became familiar with the platform, and transitioned activities onto it.

Although many participants were already using Zoom to stay in touch with family overseas, some were initially hesitant to use it for the groups, fearing they might make mistakes that could affect their personal calls. However, with support from the Engagement Lead and peers, they became more comfortable using it to engage in the activities, and by the time Covid-19 restrictions were lifted, participants requested that the Zoom groups continue.

With the pilot funding, financial awareness and financial wellbeing, along with positive psychology coaching, were built into the existing activity groups. For example, Leicester Community Advice & Law Service were invited to a 'Knit & Natter' session to talk about the Energy Wise Plus Project and the Severn Trent support scheme, where attendees received a free energy saving lightbulb, and access to energy efficiency information.

Volunteer-led delivery

The sessions have helped those who attend to realise that they themselves are experts in different areas, motivating them to voluntarily lead sessions about their own passions and interests.

Over time, the Engagement Lead withdrew and trained and supported volunteers, building their confidence, and empowering them to develop and deliver sessions. To achieve this, the Lead would inform participants of her inability to facilitate a session due to last-minute meetings and ask if someone would be willing to lead sessions for her. This 'spontaneous delegation' (or 'stealth volunteering') encouraged individuals to step forward, motivated by the immediate need to keep an activity going, reducing any overthinking or self-doubt which may have crept in with advance notice. This approach led to groups being increasingly run by volunteers, fostering a self-sustaining model and reducing reliance on the Engagement Lead.

In addition to services needing to build in resource to support the building of confidence of volunteers to facilitate sessions, the Engagement Lead noted there are some aspects of running groups that the volunteers require ongoing support with. It would also be important for services to identify and build in support for these needs:

> "Everything I've done so far is self-sustaining. The only thing is they do a yearly membership, and because they just do it once a year, they sort of tend to forget, and they may add names [to the document], and suddenly, because of that alteration, they can't fit it into the page, or the headings have gone. So, every year, even though I've shown them it, because they don't do it, they forget, so I'll help them."
>
> Engagement Lead

The volunteers also act as advocates and encourage their peers to join the groups, and connect individuals to wider services. The Engagement Lead described one example of these ripple effects:

> "One of our volunteers had come across the Green Doctors while volunteering at the neighbourhood foodbank. She requested an assessment at her home, found it useful as they changed all her lightbulbs for energy efficient ones and gave her tips on saving money. She informed me and has now arranged for Green Doctors to come to all four Belgrave Exercise/Yoga groups. At the Belgrave Wellbeing group 25 people booked an assessment on their homes."
>
> Engagement Lead

3.3.3 Chit Chat Sessions

Weekly ‘Chit Chat’ sessions via Zoom provide an opportunity for both socialising and learning.

An average of 40 people attend each week. Sessions are delivered in English and/or Gujarati, depending on the activity/information, and some Zoom sessions are recorded and shared on two WhatsApp groups, reaching 400+ people, allowing those who missed the session to catch up.

Session topics are developed within the group; often someone in the group knows someone who could be invited to speak.

Speakers have included doctors, a psychiatrist, a physiotherapist, a dentist, opticians, police and fire service, and charities like Age UK, Alzheimer’s Society, and South Asian Health Action.

A diverse range of health, wellbeing, and finance topics have been covered, including: pension credit eligibility; banking; energy efficiency and energy poverty; legal matters, including wills and third party authority; talking therapies; home remedies; healthy eating; blood pressure and cholesterol; joint, spine, and mobility health; cooking demonstrations; nature; plastic pollution; community safety; domestic abuse; and, dementia. The ability to shape the offer means that older people become regular participants.

Over time, the sessions have fostered a supportive environment where participants can openly discuss financial issues and exchange tips with each other. While the network of support contributes to a strong sense of belonging and mutual aid, the sessions can also reduce stigma and isolation around financial hardship.

The combination of access to quality information from expert speakers, alongside peer support, in a friendly setting enables learning and action-taking.

To further enable sharing and sustaining of learning, sessions are reviewed the following week. This practice reinforces learning and critical appraisal, and because participants share experiences of achievements which have actually happened, this consolidates positive beliefs about what can be achieved.

Those attending ‘Chit Chat’ sessions have been connected to a range of relevant community services, such as foodbanks and utility assistance programmes, leading to savings on basic necessities.

3.3.4 Ongoing or one-off events

Further social prescribing activity in Belgrave is a variety of ongoing or one-off events. Examples include:

1. Celebratory and milestone events
2. Learning sessions led by the council's Adult Learning Department
3. Dementia Champion training.

3.3.5 Celebratory and milestone events

Responding to the desire expressed during the initial co-design for social gatherings, the activity groups organise celebratory, milestone, and community events, focusing on topics and activities that are meaningful to the local community. Examples include celebrations of International Women's Day and International Yoga Day, celebrations of faith events such as Diwali and Navratri, and a 'Covid Heroes' celebration recognising collective community action during Covid-19.

3.3.6 Learning sessions led by Leicester Adult Education

Learning – and the principle of 'Keep Learning' to foster continuous growth and development was a key focus of the pilot (with older people, staff, and organisations) – aligning with the NHS's Five Ways to Wellbeing.

Digital skills development classes – In response to women saying they wanted to learn more about using their smartphones and tablets without depending on family, 'Let's Get Digital' classes were provided in partnership with Leicester's Adult Education provider Leicester Adult Learning.

To tailor the sessions to the needs of participants, the Adult Learning tutor worked with the Engagement Lead to deliver bespoke sessions, reducing the standard three-hour session to an hour and a half of learning time each week, and providing paper handouts so learners could make notes in the language most helpful to them.

To maximise their effectiveness, the sessions were bookended with positive psychology coaching – 15 minutes at the beginning of each session to make people feel welcome, build the group, foster focus, and allay any worries participants might have, and 15 minutes at the end to reflect on the cognitive and affective aspects of the teaching, reinforce key takeaways, and undertake a short mindfulness exercise.

> "By the time they sit down there are sort of the smiles on their faces. We talk about emotions, you know, if they're feeling nervous, wondering 'What is this going to be like?', 'Will I be able to do it?' I said, 'you know, there will be a mixture of emotions, and that's okay'."
>
> Engagement Lead

At the end of the course, all participants wanted to go on to the next course, and in the final quarter, Leicester Adult Education proactively approached the project to explore co-producing a fourth course. The reflective records from the sessions also show that the tutor's approach has been demonstrably influenced by the Engagement Lead's knowledge of the learners and suggestions from previous iterations.

Draft excluders – Again led by Leicester Adult Learning, 14 women attended a session to make draft excluders. In addition to the practical value of the draft excluders, the women felt proud of their achievement in crafting them.

Dementia Champion training – Working with the Alzheimer's Society on dementia awareness, the Engagement Lead and six volunteers trained to become Dementia Champions, and followed this up with a programme of dementia awareness inputs across the activity groups. Further, some of the trained volunteers facilitated sessions – including leading a chair yoga session – at a local dementia awareness event with Alzheimer's Research UK volunteers, of over 200 people.

3.3.7 One-to-one work focused on financial issues

Over the course of the pilot, the Engagement Lead continued occasional personalised 1:1 work supporting individuals with issues relevant to financial hardship.

Examples of support provided include:

- Assistance in sorting out paperwork, filling in forms, and making phone calls
- Support to navigate welfare systems and connect older people with relevant benefits and other entitlements – including support to understand the complex eligibility criteria, referring a number of people to specialist support to complete Attendance Allowance applications – and in some cases accompanying them to appointments to interpret
- Connecting older people to energy-saving advice
- Helping people connect to wider community programmes of activity.

This support has proven especially valuable for those facing language barriers, or unfamiliar with systems and processes. In many cases, people have been supported to apply for benefits and received (backdated) funds they might otherwise have missed out on. This has directly improved their financial situations, and, in some instances, significantly reduced stress about financial circumstances.

3.4 Outcomes for beneficiaries

3.4.1 Summary of outcomes for beneficiaries

The Leicester pilot demonstrated that integrating financial wellbeing into broader community-led social prescribing initiatives can significantly improve outcomes for older people facing financial hardship. In Leicester, outcomes for beneficiaries were achieved in four main ways:

1. Access to financial entitlements

Participants benefitted from accessing new financial entitlements and receiving backdated payments, increasing their income, and in some cases significantly reducing stress.

2. Reduced energy costs

Tools and information on saving energy and accessing affordable food networks helped to lower household expenses..

3. Improved financial independence

Participants gained greater financial independence through tailored support, like to open a personal bank account.

4. Enhanced wellbeing

Holistic strengths-based approaches to addressing financial hardship reduced anxiety, improved self-esteem, and empowered individuals to take control of their circumstances.

3.4.2 Examples of outcomes achieved for beneficiaries

Across the course of the pilot, the project team composed several vignettes demonstrating the outcomes achieved for beneficiaries, as presented below.

These examples illustrate the pilot's impact in delivering meaningful and lasting change for participants, supporting its objectives of increasing incomes and reducing costs for older people in the local community.

The first two examples show how intensive one-to-one support provided financial relief for participants, the third highlights how a participant reclaimed energy bill credit, sparking ripple effects in the wider group by raising awareness around checking bills, promoting financial literacy, and encouraging self-advocacy.

The fourth example illustrates how the Engagement Lead's collaboration with Severn

Trent, enabled participants to access financial assistance, offering significant reductions in water bills, providing relief from financial stress, increasing awareness, and encouraging others to act.

The final two examples demonstrate the impact the digital skills course had not only on enhancing digital skills and confidence in use of technology, but also in empowering participants to lead more independent lives.

Support to Achieve Financial Independence

Shilpaben's Personal Independence Payment (PIP) had been frozen in April 2024 after her local bank branch was closing and her husband convinced her closing her bank account was the right decision. However, Shilpaben didn't inform the Department for Work and Pensions (DWP) of the change.

Through significant support from the Engagement Lead to open a new bank account in her own name, and to inform DWP of the situation, Shilpaben's PIP was reinstated and redirected to her personal account.

As a result of this support, Shilpaben received a back payment of over £2,000, and now receives £405.40 every four weeks.

This newfound financial independence has enabled Shilpaben to make healthier choices, such as purchasing fresh fruits and vegetables, which she had previously struggled to afford.

Income Maximisation Support

Rameshbhai, a man in his late seventies, lives alone in sheltered accommodation and faces a number of health challenges. Since the passing of his wife in 2021, Rameshbhai had become increasingly reclusive and isolated, avoiding social activities, and rarely leaving home, becoming heavily reliant on his neighbour and children for crucial support.

Rameshbhai's neighbour often provided meals for him, while his children helped with larger grocery shopping and accompanied him to medical appointments. When they were unavailable, Rameshbhai would sometimes take a taxi to his appointments, but this placed a financial strain on him.

The Engagement Lead visited Rameshbhai several times to inform him about various activities in his local community. Over time these visits reduced Rameshbhai's social isolation, gradually helping him to reconnect, build trust, and open up. One day, Rameshbhai mentioned that he had heard of other people receiving financial support and wondered if he too might be eligible for any benefits.

The Engagement Lead reached out to a local charity to explore whether

Rameshbhai qualified for Attendance Allowance (AA). Given Rameshbhai's limited English, the Engagement Lead not only made the appointment but also acted as a translator, assisting him through the application process.

After several months of waiting due to a backlog, Rameshbhai's AA application was approved, and the benefit was backdated to the date of application.

The additional income means Rameshbhai can now offer compensation to his neighbour for the meals and assistance she provides, and pay for taxis to get to his medical appointments when his children are unavailable, thereby reducing his reliance on others and giving him more independence.

Empowerment Through Financial Awareness

Shobnaben, a Gujarati woman living independently and actively involved in her community, shared a powerful story during a Zoom Chit Chat session. Like many, her energy provider increased her direct debit payments when energy prices rose. However, when prices fell, her payments remained unchanged. Curious, Shobnaben checked her account and discovered she was in credit by £1,000 – a refund the company hadn't offered or mentioned.

Determined, Shobnaben contacted her energy provider. The process was frustrating, involving multiple calls and delays, but she persisted. Eventually, Shobnaben succeeded in reclaiming her money, though the experience left her feeling annoyed at the lack of transparency.

During the Zoom session, Shobnaben highlighted a critical issue: many Gujarati older women in the community don't check their bills. Some find statements confusing, while others face literacy challenges. She urged everyone to regularly review their accounts and encouraged those who struggle to ask children or grandchildren for help. Her message was clear: "Don't let companies keep your money".

Shobnaben's story inspired others in the session to take action, sparking a discussion about financial literacy and the importance of seeking support. Her persistence empowered her peers, reminding them that self-advocacy and community dialogue can drive positive change.

Financial Relief Through Raising Awareness of Financial Assistance Programmes

The Belgrave Engagement Lead invited a Severn Trent representative to host both face-to-face and Zoom meetings to discuss financial assistance options for those struggling to pay their water bills. The *Big Difference Scheme*, designed to help

households earning less than £22,010 annually, was introduced, offering significant reductions in water bills for a number of participants:

Jyotiben's journey

Jyotiben, a reserved yet hopeful participant, decided to give the program a try after learning she met the income criteria. She found the application process straightforward, and within weeks, she received wonderful news: her water bill would be reduced by 20%.

Elated, Jyotiben shared her success with her friends and family. "This makes such a difference," she said with a smile. The financial relief brought her peace of mind, allowing her to focus on other priorities.

Hemmaben's transformation

Hemmaben had been struggling to manage her bills for years, unaware that such programs existed. After attending the session, she mentioned it to her son, who helped her fill out the application form. To her amazement, she qualified for a 75% reduction in her bill.

Overjoyed, Hemmaben felt a mix of relief and regret. "If only I had known about this earlier," she said. "I could have saved myself so much stress over the years." Still, she was thankful for the opportunity and encouraged others in her community to apply.

Pritben's outcome

Pritben also applied for the scheme and received a 10% reduction on her bill. Though modest compared to others, it reduced her monthly payment from £16 to £14. She shared, "It all helps," expressing gratitude for even a small bit of financial breathing room.

Addressing Digital Inclusion

Initially Naynaben joined the *Let's Get Digital* course with the desire to better understand how to use her phone beyond just making calls and using WhatsApp.

Some of the key benefits Naynaben gained from the course include:

- Increased Confidence in Web Usage: Naynaben learned to distinguish between secure and unsecured websites, which made her feel more confident while browsing the internet. This new skill reduced her anxiety about using the web and expanded her ability to explore it safely.

- Empowerment Through the NHS App: By downloading and using the NHS App, Naynaben no longer needs to make phone calls to access her medical records or test results. This autonomy and convenience have been empowering for her, giving her greater control over her healthcare information.

- Mastering Google Maps: Naynaben learned how to use Google Maps to navigate

from one place to another. One notable success was when she used this skill during a trip to Leicestershire, where the driver's Sat Nav had misled them. Naynaben stepped in, applied what she had learned, and got the group to their destination in just 15 minutes. This experience boosted her self-esteem, and her friends were grateful for her help. She now uses Google Maps regularly, even for walking routes, which helps her find the shortest path and avoid getting lost.

- Independence and Pride: Naynaben's ability to solve real-life problems using her phone – such as navigating unfamiliar places – has given her a sense of pride and self-reliance. Her success stories from the course are a testament to her growth in digital literacy and confidence.

- Desire for Further Learning: Having gained essential digital skills, Naynaben is now motivated to continue learning and wants to master email, a testament to the course's ability to inspire further personal development.

Overall, the *Let's Get Digital* course not only equipped Naynaben with practical skills to navigate the digital world but also empowered her, boosting her confidence and enabling her to lead a more independent life.

Benefits of Digital Learning

Induben a retired individual, joined the *Let's Get Digital* course in May 2024 to improve her understanding of smartphone and digital tools. Prior to the course, she primarily used her phone for basic communication with family and friends. She was eager to unlock its full potential but lacked the knowledge and confidence to do so.

The *Let's Get Digital* course introduced Induben to essential digital skills that enhanced her day-to-day life, including:

- Online Safety: Recognising secure websites, avoiding scams, and managing strong passwords.

- Search Engines: Learning how to use search engines to find reliable information quickly and efficiently.

- App Usage: Downloading and navigating apps like Google Maps, Zoom, and WhatsApp.

Not long after completing the *Let's Get Digital* course, Induben found herself putting her newfound skills to the test. One sunny afternoon, she went for a drive in the countryside with a friend. The winding roads and scenic views were lovely, but on the way back, the car's sat nav suddenly stopped working.

"*We're lost!*" her friend exclaimed, as they drove aimlessly through unfamiliar roads.

But Induben stayed calm. She remembered the Google Maps app she had learned to use during the course. Opening it confidently, she entered her friend's postcode and followed the route it provided. Within 40 minutes, they were safely back home.

Her friend was impressed, and Induben felt a surge of pride. The situation, which might have been overwhelming in the past, had turned into a moment of triumph.

Induben's digital transformation didn't stop at navigation. She downloaded Zoom to attend virtual gatherings and joined a WhatsApp group with other course participants. These tools opened doors to new friendships and activities, helping her feel more connected and engaged.

Search engines became another favourite tool. Whether researching health tips, discovering new hobbies, or planning her day, she loved the sense of independence that came from finding answers herself.

These skills equipped Induben with the tools needed to confidently engage with the digital world.

Benefits of Digital Learning

When Taraben first heard about the *Let's Get Digital* course, she was unsure if it was for her. She had always struggled with English and felt intimidated by the thought of using apps or navigating the internet. However, with gentle encouragement from her family and her friend who also joined the course, she decided to give it a try.

At the start of the course, Taraben found it challenging to keep up. There were so many terms and tools she had never heard of before, but the friendly instructors and supportive atmosphere gave her the confidence to persevere. Slowly but surely, she began to understand how to browse the internet safely, download and use apps, and even manage her passwords.

One of her proudest moments came when she successfully set up and started using the NHS app. For years, booking doctor's appointments and managing prescriptions had been a confusing and time-consuming process. Now, with just a few taps on her phone, she could handle these tasks herself. The independence felt incredible.

The biggest transformation, however, came when Taraben learned about online banking. Before the course, whenever she needed to repay her sister for shopping, she had to make a trip to the bank, withdraw cash, and hand it over in person. It was a routine she had accepted, but one that always felt cumbersome.

After completing the course, everything changed. Using her newfound skills, Taraben set up online banking on her phone. One day, after her sister picked up groceries for her, Taraben confidently opened the app, entered her sister's account details, and transferred the money instantly. Her sister was surprised and delighted, and Taraben felt a surge of pride.

"I never thought I'd be able to do this", she said, smiling. "Now, I don't have to go to the bank anymore. I can handle things myself."

Since completing the course, Taraben feels a new sense of empowerment. Tasks

that once seemed daunting, like managing her health or handling her finances, are now part of her daily routine. Her phone, which she once used only for calls and messages, has become a tool for independence.

Taraben's journey is a reminder that it's never too late to learn new skills. With patience, support, and determination, she overcame her fears and gained the confidence to navigate the digital world, making her life easier and more connected.

3.5 Delivery of co-designed pilot activities – New Parks

3.5.1 Overview of activity

Activity in New Parks initially focused on developing relationships with older people living in the area. However, the limited success of this approach demonstrated the need to first focus on building a local 'older people' infrastructure in the neighbourhood to aid the work of the social prescribing system.

3.5.2 Engaging older people in New Parks

Older people were not a priority focus for any local agency in New Parks. Community activists also highlighted to the project team that many local residents lead 'chaotic lives'. This was reflected in a high number of missed health and social prescribing appointments among older people, and challenges in engaging and maintaining interest among residents.

The initial focus in New Parks was on developing relationships with residents. The short-term nature of the pilot meant that it was necessary to work through others on the estate to ensure sustainability of any activity. To this end, the Engagement Lead initially worked with the local community project based on the estate, to explore what complementary activities with older people might add value.

This resulted in:

- Supporting the local community project with initiating drop-in sessions on 'understanding your tech', and 'welfare benefits', open to all local residents
- Coordinating a space focused on older people at a community event the project ran – offering attendees opportunity to taste activity without commitment
- Facilitating a three-session *Brush Up Your Listening Skills* course with six Men in Sheds volunteers. The course included a focus on men's health, and through contributing to both individual and organisational skills development, supported development of the local infrastructure
- The planning and promotion of four learning short courses, which, in the eventuality, there was insufficient take-up to deliver.

However, contacting people in the target cohort in New Parks, and translating contact into engagement proved challenging – despite high levels of interactions and encouragement from an Engagement Lead with a similar age, background, and experience to the target populations. The project team noted that community activists reported similar challenges in engaging and retaining interest from older residents, with anecdotal evidence suggesting only about 60-80 of the 1,000 aged 65+ were in touch with community groups and organisations.

As attempts to directly engage older people in the target cohorts had limited success, the Engagement Lead changed strategy, adopting a more gradual and indirect dual pronged approach. A 'locate and engage' approach offered social prescribing activities, while a simultaneous programme of 'secondary social prescribing' focused on building an 'Ageing Better' infrastructure.

3.5.3 Building the local ecosystem

The work to build an 'Ageing Better' infrastructure involved building relationships with local community activists, groups, and organisations, making connections with workers from local voluntary, council, health organisations, and other relevant projects and professionals, in an attempt to develop an Ageing Strategy for New Parks.

Thirty local stakeholders, ranging from locally active older people, local community group coordinators, city council, NHS, staff from local domiciliary care agencies, a care home manager, a supermarket manager, and housing associates were invited to attend a meeting to discuss Ageing Better. In the event, 18 people attended, exceeding expectations – a seasoned community activist reportedly expected five or six people might attend. Two social prescribers who were invited but unable to attend sent comments in their absence.

The agenda centred around sharing knowledge on: the lifestyles, aspirations, and challenges of older people on the estate; what each agency present is contributing; what's going well and less well; where additional support would prove valuable; and, what collaborative work might be done to help older people on the estate flourish.

While a positive meeting, maintaining momentum to build on it in the pilot timescales proved difficult.

3.5.4 Key learning from the experience in New Parks for future initiatives

While Reaching People had recognised that developing social prescribing activity in New Parks would be challenging, and had built this into the approach from the outset, the challenges proved greater than anticipated, even compared to previous work in demographically similar areas of Leicester which had been engaged in previous Leicester Ageing Together work.

While direct social prescribing activity in New Parks was limited, the experience provided significant learning useful for future work:

Community relationships – Reaching People's limited prior engagement with New Parks, coupled with a lack of pre-existing trust among residents, significantly hindered outreach efforts within the pilot timescales. Initiatives need to allocate sufficient time and resource to building trusting relationships, fostering credibility, and establishing presence.

Short-term funding – The short-term nature of the pilot restricted the ability to plan and execute the sustained engagement required to build trust with residents, and required Reaching People to work through other organisations rather than independently.

Strategic collaboration – While agencies in New Parks demonstrated positive, friendly relationships, there was a lack of strategic collaboration. Challenges faced by individual initiatives were not collectively addressed. Initiatives need to encourage a coordinated approach, bringing together stakeholders to develop shared strategies, build infrastructure, and align efforts to support local residents.

3.6 Reach of the Leicester pilot

3.6.1 Beneficiaries

The reach of the pilot activities in Leicester was counted in number of contacts with older people (as opposed to number of individual people), and recorded against three categories, as in Table 3.4.

A total of 11,594 contacts were recorded. Figures for activity in Belgrave and New Parks were reported combined; however, as detailed above, the vast majority of the direct work with older people was undertaken in Belgrave.

Table 3.4 - Leicester pilot activity reach

Category	Number reached
People aged 65+ engaging one-to-one or especially in an educational groupwork activity which Reaching People have initiated and led or co-led	3,917
Where Reaching People have run sessions or part-sessions in organisations or groups run by others	76
Numbers of older people estimated to have been touched by Reaching People's information-sharing or campaigns	7,601
TOTAL	**11,594**

The nine Zoom activities run each week are the main provider of the social prescribing activity, with 10-55 people attending each. Chit Chat sessions draw in around 40 attendees each week, and the WhatsApp information groups reach around 400 members.

In the 11 months of delivery, the Belgrave Zoom and WhatsApp communities achieved the greatest reach:

- 3,917 significant contacts with individuals, mostly in group settings of 1-3 hour duration
- 7,601 additional contacts through information postings on WhatsApp.

In the absence of robust individual-level data, the Quarterly Reporting figures, and the qualitative feedback collated for this Review, suggest good engagement in terms of individuals regularly attending sessions, participating in and connecting with them, and benefiting from them.

The use of digital platforms significantly increased outreach, especially for individuals who were housebound or bedbound, demonstrating the value of digital tools in reducing isolation and improving access to information. It should be noted however, that while digital engagement worked well for this community, it may not be suitable for all, and it is essential to assess digital inclusion levels and accessibility needs on a case-by-case basis to ensure no one is excluded.

3.6.2 Sources of referral

Most referrals to the pilot activities came through the Engagement Lead's direct outreach rather than formal channels. For example, referrals came from the Lead making contacts with foodbanks, health and wellbeing coaches, housing associations, lunch club volunteers, community organisations, and members of the community. Targeted outreach and sustained relationship building were pivotal to this.

> "The people who took part in the social prescribing activities in Belgrave are made up of those who co-designed the activities; new people who were feeling low or isolated; those needing support with, for example, housing, benefits, age related support or guidance; older people who are experiencing specific financial issues or want support with financial issues such as opening their own bank account; and those whose doctors were telling them to exercise."
>
> Engagement Lead

Limited referrals from Social Prescribing Link Workers highlights the need for increased awareness and stronger collaboration with health colleagues; while the project reached out to SPLWs in the local PCNs, to better connect them to the pilot activities, so they could advocate them to patients referred to them, capacity pressures limited SPLWs' ability to engage.

While the team held meetings about the pilot with senior managers in relevant statutory and private services locally, these did not elicit any relevant referrals. The project team felt that the low motivation to engage and refer may have been due to a perceived lack of authority on their part, or their emphasis on the benefits for older people rather than highlighting what the organisation or service being engaged with stood to gain. The short-term nature of the pilot also contributed; one promising gatekeeper was reportedly unwilling to refer individuals due to the initial short-term nature of the project. Further, the team reflected that many Council services had increasingly become organised on a cross-city basis, rather than a 'community of place', serving to weaken links with local communities, with care and wellbeing services often not having such a local focus as the pilot.

Local SPLWs also reported to the project team that they receive very few referrals in the 65+ age group through GP referrals. More generally, in some contexts services hold onto clients within their own service rather than referring them to other services, even where it might be in the client's best interest.

The project team invested considerable time in reaching out to potential referral agencies, many of which seemed to have low motivation to engage or make referrals. While noting that this time-intensive effort can often feel demoralising, engaging potential referrers and partners is an essential aspect of developing sustainable services, and needs to be accounted for in planning.

3.6.3 Reaching older people facing financial hardship

While the pilot took place in areas of Leicester classified as socio-economically disadvantaged, it is difficult to assess the true extent of financial hardship among those engaged – see section 3.2.1 for a discussion on the reasons for this. Nevertheless, a number of older people were successfully supported to submit benefit applications, and many engaged in sessions on money saving tips and energy efficiency advice.

3.6.4 Reaching older people who are particularly socially isolated

The Zoom activities in Belgrave were felt to (already) be reaching a 'harder to reach' cohort of older people, due to work undertaken during the Covid-19 pandemic to make contact with people who were housebound, for example.

However, the project team questioned whether it was fully possible to reach the most isolated older people, particularly in the short timescales of the pilot. Commenting on the engagement in New Parks, the Engagement Lead reflected that those engaged in community settings could not, by definition, be considered the most isolated:

> "Whether we were getting the right demographic was questionable, because in these four cases, they were coming out of the home and meeting socially with their peers, and we had already suspected that many of the people in the prime demographic weren't even going to come to the front door, let alone come out of the home."
>
> Engagement Lead

Limited time and resources prevented the project team from pursuing a door-knocking approach to identify older people aged 65+ experiencing financial hardship. Additionally, Leicester Ageing Together's experience indicated that this method was not cost-effective. Instead, LAT found success in reaching the most lonely and isolated individuals by establishing open-access initiatives, such as pop-in cafés (sometimes further supported by an 'each one, bring one' model).

Those already participating in the group activities pre-pilot were engaged as advocates, extending the reach of the social prescribing activity to more isolated people through an 'each one, bring one' approach:

> "I went to groups and said, 'You know, you're the lucky ones who are coming out. But you may know a neighbour, a relative who is lonely, who is isolated, who's struggling financially, may have mental health issues. Whatever it is, I want you to give them my number, come and talk to me, let me know. Let's try and include, because we're the lucky ones, we're actually meeting people, we're actually doing exercises. Even though it's small, we have a little bit of a network…' And so, in that way we started getting people into our WhatsApp group, and more people started joining in to do exercises."
>
> Engagement Lead

In the final quarter of pilot delivery, a Navratri celebration attracted 174 in-person attendees and a further ten housebound participants via Zoom.

3.6.5 Reaching older people for whom English is not a first language

While individual level data on those taking part in activities was not captured, it was overwhelmingly Gujarati Hindu women who engaged with pilot activities in Leicester.

For the majority, English was not a first language, and consequently, some sessions were conducted in Gujarati, or a combination of English and Gujarati. The Engagement Lead also supported with interpretation and translation for some of those supported one-to-one. This ensured that language was not a barrier for people who might otherwise struggle to access support.

3.6.6 Engaging men in social prescribing activities

While the work in Belgrave was predominantly with women, and men proved harder to engage (which is not uncommon in health and care services), over time, the learning inputs began attracting men. While the first *Let's Get Digital* course had no men attend, the third course had attracted a handful of men to join. It took time for the Engagement Lead to build trust with the men, and for them to see that participating would benefit them.

The Engagement Lead being a female may have influenced engagement with men, as cultural and gender norms within some Hindu communities could have made male participants less likely to seek support or openly discuss financial and wellbeing concerns with a woman, particularly in a 'leadership' role. This highlights the importance of considering cultural dynamics when designing engagement strategies to ensure inclusivity and accessibility for all groups.

Setting out to reach more men by timing a major dementia awareness presentation to start immediately after a men's exercise class proved to be effective, as most of the class participants stayed on, and fed back that they had benefitted from the session.

3.6.7 Partner engagement

Reaching People worked with a range of partners to deliver the pilot. Those the project team reported working with in Belgrave (34 partners) and New Parks (18 partners) are presented in Tables 3.5. and 3.6, respectively.

While the process of developing local partnerships has necessitated considerable capacity from the project team, it has also been an integral part of the success of the project. The diverse and extensive reach demonstrates the value of community-led social prescribing models in fostering collaboration, leveraging local expertise, and creating sustainable, place-based support systems responsive to the needs of the local community.

While the relationship-building activity resulted in the older people being introduced to activities, groups, and support initiated by the pilot and other community organisations, it also resulted in actors in the wider community becoming more aware of each other, demonstrating the way in which the more developmental and less boundaried approach of the pilot allowed Reaching People to function as a connector, bridging gaps between services in a way that statutory providers often struggle to achieve.

Table 3.5 - Partners worked with in Belgrave

Age UK	Local retired GP
Alzheimer's Research UK	Mental Health ICS Team, Leicestershire Partnership NHS Trust
Barclays Bank	PA Housing
Belgrave Councillor	Peepul Centre Recovery Worker
Belgrave Library	Physiotherapist
Belgrave lunch group	Police – Neighbourhood Officer
Belgrave Neighbourhood Centre	Santander Bank
Belgrave Neighbourhood Cooperative Housing Association	Severn Trent Water
Chai & Chat	Shree Prajapati Association Yoga Group
Community Advice and Law Centre	Social Prescribers
Dementia Champions	Tesco Community Champion
Diabetes Self Help Group	Vita Health
Dr Hina Trivedi	Women's Exercise Group at BNC
DWP	Yoga group at BNC
Kalaarts	Zoomers WhatsApp Group
Knit & Natter at Belgrave library	Zoom sessions
Leicester Adult Education	Zinthiya Trust
Life After Fifty Group	

Table 3.6 - Partners worked with in New Parks

Community Advice and Law Centre	New Parks Leisure Centre
Groby Lodge Care Home	New Parks Library
Leicester Adult Education	New Parks Lunch Club
Leicester City in the Community	New Parks New Friends
Men in Sheds New Parks	New Parks PCSO Team
Mental Health Matters	New Parks Social Club
New Parks Book Club	People Zone
New Parks Fire Service Education	Team Hub New Parks
New Parks Food Bank	Whitehouse Allotments

3.6.8 Integrating with the health sector

From the outset of the pilot, to develop a more integrated social prescribing service, Reaching People worked to engage NHS colleagues locally, at both an operational and strategic level.

Operational level health sector engagement

At an operational level, in the course of the pilot, the project team held meetings with SPLWs in both Belgrave and New Parks. In the case of Belgrave, in the course of working in the community, the Engagement Lead met SPLWs from the local PCNs. The Engagement Lead encouraged them to refer into the pilot activities and foster connections with other community organisations, while also facilitating communication among the SPLWs themselves – some of whom were unaware of each other's roles. Notably, the SPLWs operated in very different ways, highlighting the variability in approaches across PCNs, and the need for greater coordination to maximise the impact of social prescribing.

By the end of the pilot, the Engagement Lead and the three local SPLWs had come together to share insights and discuss approaches for addressing shared challenges, and the SPLWs had also maintained contact with the Engagement Lead for advice outwith these meetings.

This coordination by the Engagement Lead underscores the collaborative approach of community-led social prescribing, demonstrating how such models can successfully enhance collaboration between key stakeholders and local initiatives, emphasising a person-centred focus, shared ownership, and support rooted in the needs of the local population.

The experience also highlights the potential for greater coordination and support for SPLWs, demonstrating the role the community sector can play in supporting and enhancing link worker practice and understanding of local community context, and emphasising community engagement and consistency across PCNs.

Time and resources for link worker support and supervision, and time for SPLWs to undertake community engagement must be factored into the delivery model for social prescribing services.

Strategic level health sector engagement

At a more strategic level, despite numerous attempts to engage with senior NHS leads, the project team reported little response from some crucial parts of the statutory health system. This served to hinder the collective development of the local social prescribing infrastructure.

Challenges encountered at a strategic level included:

- Restricted communication channels, such as limitations on directly contacting social prescribers, reportedly due to data protection concerns preventing the sharing of SPLW email addresses with Reaching People
- A lack of collaborative leadership, with promises of improvement in local social prescribing arrangements, rather than joint action
- A perceived undervaluing of community services by clinical leadership.

Integrated Care Boards, as commissioners of social prescribing, must engage with their local community and voluntary sectors to ensure projects such as this pilot are sustained for the benefit of local communities and health and care systems.

Chapter 4: Supporting Older People Training Offer

The partnership between NASP and IA also involved the development and delivery of a tailored training session aimed at equipping individuals in Link Worker/Community Connector type roles with the required knowledge and skills to help older people increase their income and navigate barriers they may face during times of hardship. The training was developed by the two organisations, with contributions from a range of agencies.[11]

4.1 Rationale for the training

The training was designed to align with the core principles of the SPLW role, which emphasises building trust and understanding individual needs through a 'What matters to you?' conversation. This approach facilitates open discussions about sensitive issues, including financial hardship, in a supportive and empowering way.

Enhancing Social Prescribing Link Workers' skills in initiating and managing conversations about financial difficulties – alongside increasing their knowledge of ways older people can boost their income or reduce costs – enables them to provide a more holistic, meaningful, and immediate response when financial concerns arise.

A deeper understanding of eligibility for benefits such as Attendance Allowance allows SPLWs/Community Connectors to integrate financial guidance into their broader wellbeing support. This in turn ensures that interactions go beyond transactional, task-focused services to offer practical, immediate support at the first point of contact. By addressing financial concerns within a whole-person approach, SPLWs can reduce additional referrals, maintain engagement in the moment, and maximise opportunities for timely intervention.

4.2 Overview of the training offer

4.2.1 Training Content

The training covered three topics:

- Attendance Allowance
- Pension Credit
- The social implications of financial hardship for older people.

The Attendance Allowance and Pension Credit aspect of the training is owned by, and regularly delivered by, IA as part of its support offer; it can be accessed via IA's website. The sections focus on the eligibility criteria and application processes for these benefits.

11 Money and Pensions Service (MaPS); Money and Mental Health Policy Institute; FoodCycle; Citizens Advice; Bromley by Bow Centre; and NASP's Link Worker Advisory Group.

The ‘social implications’ component, along with the support materials, was specifically created as part of NASP and IA’s partnership. Building on the findings from the initial evidence review, it incorporates awareness of food insecurity; fuel poverty; financial management; digital exclusion; and, social vulnerability, and is designed to provide a sound understanding of how financial hardship might impact on an older person’s life, what a SPLW may need to be aware of, and how they could help. This included topics such as ‘know your client’ and cultural sensitivities, to help SPLWs understand older peoples’ financial needs and connect them with suitable resources.

While the resources were developed at a national level, they included examples of types of services that are accessible locally. Now that the pilot has concluded, the ‘social implications’ aspect of the training will be reviewed, to determine how, when, and with what content it might be delivered in future.

4.2.2 Learning Outcomes

The training had four learning outcomes:

1. Understand what Pension Credit and Attendance Allowance is, who may be eligible and how to claim.
2. Understand the five key themes that impact an older person who is in financial hardship, and how you can help them.
3. Have some strategies for starting a conversation about finances and benefits with people you work with.
4. Know when to ask for some advice or support, and when to refer or signpost to specialist advice organisations.

4.2.3 Training Delivery & Participation

The 2.5-hour training session was delivered online via Teams, free to access, and co-delivered by NASP and IA facilitators.

Between July and September 2024, the training was delivered to 149 participants across five sessions (Table 4.1).

Table 4.1 – Training sessions data

Spaces Available	Registrations	Attendance	No shows
200	199	149	50

4.2.4 Evaluating Impact & Feedback

To assess the sessions and understand reactions to the training, participants were asked to complete an anonymous post-training 'Feedback Form' comprising open and closed questions on the content and delivery of the training. A total of 31 completed 'Feedback Forms' were received.

Additionally, participants were issued with a 'Post-training monitoring form' which captured self-assessed levels of knowledge before and after the training, alongside the number of older people supported, actions taken, and the outcome of these, in the three months since completing the training. Only four completed 'Post-training monitoring forms' were received.

4.3 Findings

Overall, the training was highly valued and well received by the 31 participants who returned Feedback Forms.

Respondents tended to indicate they thought the session was well organised and well delivered. While one respondent described the training as "*one of the best workshops I have attended*", it was also variously referred to as: "useful", "user-friendly", "well organised", "really well delivered", and "really helpful and informative".

> "Session was brilliant - very informative with no 'floweriness' that you often get at some workshop – delivered at a great pace by people who obviously are very knowledgeable."

Sessions received highly positive feedback across all key aspects measured:

- The session was **worth my time: 94%** 'strongly agreed' or 'agreed', showing strong agreement that the training was valuable
- The session was **educating: 91%** 'strongly agreed' or 'agreed', indicating that respondents found the training informative
- The session was **delivered at the right pace: 91%** 'strongly agreed' or 'agreed', suggesting satisfaction with the speed of the sessions.
- I feel **more confident in my understanding** of this topic: Nearly all respondents (97%) reported feeling more confident in their understanding of the issues post-training.
- **Overall quality:** Average rating of **4.32** (out of 5), demonstrating that overall quality is rated very highly (**96%** rated it 4 or 5 out of 5, and nobody rated it lower than 3).

12 The response scale in this question did not include any anchor points. For the purposes of this analysis it has been assumed that respondents utilised a scale in line with the previous question, i.e. '1' being most unlikely to recommend, and '5' being highly likely to recommend. The rating achieved using this approach provides a score in line with the positive sentiment expressed throughout the feedback.

- **Overall advocacy:** Average rating of **4.39** (out of 5), indicating that respondents are generally likely to recommend the training to others. Indeed, almost half of respondents (48%) reported they were very highly likely to recommend the training to someone else (a rating of '5'), with a similar proportion providing a rating of '4' (45%).[12]

4.4 Key takeaways

In general, the most valued aspects of the training were:

- The detailed explanations of Pension Credit and Attendance Allowance
- Practical tips for navigating benefit applications
- The resources provided for further guidance.

The following key themes were highlighted in the Feedback Forms:

Enhanced practice confidence

Respondents found the training relevant to their roles, offering valuable guidance for conversations with clients experiencing financial hardship. Several participants noted that the training enhanced their understanding of benefits available to older people, and confidence in explaining the various benefits available to their clients.

> "I've now got a much better understanding of benefits that older people can claim, Attendance Allowance and Pension Credit. Very helpful, thank you!"
>
> "This session helped me feel more confident to suggest someone applies for Pension Credit."
>
> "The course increased my understanding about the financial issues facing vulnerable older people and gave me the vocabulary to explore problems, whilst respecting the dignity of individuals."
>
> "Whole session was informative and relevant to role of social prescribing with great ideas for supportive conversations and guidance on financial hardship."
>
> "I can now explain to my clients what benefits they may be entitled to with more confidence which I'm hoping will in turn encourage them to give consent for referral to a Benefits Adviser."
>
> "Very useful, has helped me to discuss finances with more confidence and be more aware of entitlement to benefits."

Benefits calculation & application processes

The session's informative nature was appreciated, especially those new to topics like Pension Credit and benefits advice. Explanations about how benefits are calculated and the eligibility criteria for Attendance Allowance and Pension Credit were valued.

The learning improved confidence in relation to supporting older people with benefit entitlements, and the specific tips on supporting older people to complete applications helped trainees feel more confident about assisting people with this in the future.

> "The biggest take away for Link workers/frontline staff should be to always call the helpline to start the application process as this can make a huge difference financially. Relating to a PIP application, it took over a year to get a decision (finally awarded on supporting evidence from other professionals, me (SPLW) being one of them) and the "back payment" was considerable and made a massive difference to my client."
>
> "Eligibility criteria difference between higher and lower rate attendance allowance. Benefits of applying for paperwork by phone as a trigger time. Passporting support how it affects people and the implications [were the most useful aspects]."

Pension Credit

The section on Pension Credit was viewed as particularly beneficial, as respondents often had limited prior knowledge about this, with many noting they hadn't previously received training in this area. Practical examples and detailed explanations were appreciated, with one respondent noting that they had not been aware of extra credits available on top of a pension.

> "Explanation of Pension Credit as this is something I knew very little about previously. I try to offer some guidance but always refer to the experts/ advisers. This will allow me to offer more guidance."
>
> "I was unaware people can claim extra credit on top of their pension and the explanation of this with examples plus opportunities to ask questions was great!"
>
> "Advice on Pension Credit and the breakdown, helps recognise who may be eligible"

Attendance Allowance

Understanding how to support clients through the application process for Attendance Allowance was a key takeaway. Those with prior knowledge of Attendance Allowance reported that they still found the session useful, particularly in terms of tips on helping people apply for it.

> "The input on Attendance Allowance (I already knew about this but found the tips helpful for filling out the form, as often people underplay the help they need), and especially about Pension Credit – I didn't really know anything about this before the session."

General understanding of benefits

Several respondents mentioned that the overall breakdown of different benefits and how they are linked was helpful, with the training improving their understanding of this.

Support materials

Resources shared during the training were noted as useful for ongoing reference, particularly for helping clients navigate benefit application processes. The links provided to information booklets, factsheets, and the detailed PowerPoint presentation meant attendees felt better equipped for work supporting older people.

> "The access to information booklets and factsheets is valuable as we are supporting an increasing number of elderly clients."
>
> "I didn't really know much about Independent Age prior to this session, so will definitely be consulting them in future and recommending their benefits advice team to patients."

Structure & delivery method

The structure and delivery of the training received praise for being clear, well-organised, well-paced, and encouraging active participation. Opportunity for interaction between participants and facilitators was well received by participants, helping to ensure understanding of issues. The high level of knowledge and delivery style of the facilitators, and their ability to balance answering questions while keeping the session on track was appreciated and valued very positively.

4.5 Training transfer

The four participants who completed the 'Post-training monitoring form' reported using their newly gained knowledge to support approximately 38 individuals, addressing issues like benefits applications, energy assistance, and food support. Their feedback demonstrates that the training facilitated connections to financial support, healthcare resources, and local networks that contribute to improved financial security and wellbeing.

Accessing financial benefits

Their primary focus was on navigating and accessing financial benefits, such as Attendance Allowance and Pension Credit. Tasks reported frequently included ordering, completing, and guiding participants through applications, with 10 mentions of general benefits guidance, and multiple referrals to specialists for tailored assistance. Financial relief was achieved for older people through backdated Pension Credit claims, higher rates of Attendance Allowance, and Council Tax reductions.

One participant reported putting posters up in their local surgery offering patients support to navigate the Pension Credit application process, and as a result, supported approximately ten non-digital users to navigate the process to start Pension Credit claims.

Several referrals were made to Independent Age, Age UK, and Citizens Advice for expert advice and guidance on benefit entitlements.

Household expenses

Support and advice had also targeted essential household pressures, including referrals to foodbanks and Warmth on Prescription, and budgeting assistance to lower household expenses and improve financial security.

Referrals to social & community activities

Beyond finances, and illustrating the holistic support social prescribers can provide, referrals had been made to social community activities, such as lunch clubs, walking groups, and coffee mornings, aiming to address social isolation alongside financial needs.

4.6 Suggestions for improvement

The few specific suggestions for improvement provided by those who returned a Feedback Form include:

- More case study examples
- A course on the benefits available to people with additional needs, and a course focused on the benefits to people on low incomes more generally
- Better articulation of the training contents ahead of attendance.

While most respondents found the sessions educational, and those working in the sector longer term referred to the content as “reassuring”, there was a view among some that the content was not as relevant to their specific needs. This view was especially prevalent among those who had more extensive experience in the field and were already familiar with the topics.

> “I found the second part of the session less useful, only because I have been working in the field a while and am already aware of the issue faced by patients and possible solutions/local resources.”
>
> “I learnt some valuable knowledge and resources during the training from either the trainers or other peers but not sure I learnt enough during the 2.5-hour session but it is always difficult getting the level of training right as such a variety of skills and knowledge across the workforce.”

While this feedback suggests that the sessions were particularly valuable to less experienced SPLWs, future sessions may benefit from more advanced content for seasoned workers. Offering tiered or modular training options may help accommodate the various experience levels.

One respondent expressed some disappointment regarding the session’s content, stating that they had anticipated more information on available services for older people experiencing financial hardship, as opposed to detail on benefit calculations. This indicates that clearer information on the training content, and who is most likely to benefit from it, ahead of attendance would be useful. It also highlights the potential to locally adapt the training, enabling workers to be better equipped to signpost to local provision and support.

Additionally, as illustrated in Table 4.1 (above), there were some attendance challenges. From the data available, it is not possible to ascertain why this is the case, and thus whether attendance might be improved with adjustments to content or session length to better align with the diverse experience levels of attendees, through additional reminders in the preceding days and weeks, or through clearer marketing of content and expectations.

4.7 Conclusion

Overall, the training was well received by respondents. It was generally considered to be well designed and delivered, and widely appreciated for its informative content and practical relevance, especially for those newer to the role of social prescribing.

Through improving knowledge about financial entitlements and methods for identifying financial needs of older people, participants felt it had contributed to their knowledge on supporting older people facing financial hardship. As such, it can be concluded that, the training succeeded in the achievement of its learning objectives, and promoted

knowledge and confidence among attendees to apply the learning in supporting older people facing financial hardship.

Indeed, while some of the information provided was relevant only to supporting older people (e.g. Pension Credit and Attendance Allowance), some of the information, tips, and strategies provided are transferable to work with wider client groups.

However, while this initial feedback provides useful insight on how the training is being received, and on potential adjustments in the future, it provides limited feedback on longer term, ultimate impact, which can only be evaluated after some time. Such feedback would indicate, for example, whether those who received the training encountered unexpected challenges in the longer term – e.g. systemic barriers, or practical considerations such as loss of confidence, or whether they require refresher sessions if they don't draw on the knowledge regularly.

It is also worth noting that the response rates for the feedback forms (21%) and monitoring forms (3%) were low, meaning it is unclear how representative the findings reported are of the wider cohort. Methods to improve the number of responses should be identified. One approach may be to capture initial feedback throughout the session itself, by setting aside additional time at the end of the session for attendees to complete feedback forms. Another approach could be to provide clearer communication about the purpose and expectations for post-training monitoring.

Chapter 5: Lessons Learned

One of the central objectives for this review is to identify what lessons can be learned from across the pilots on how best to develop and deliver social prescribing activities, through identifying what has enabled change, and how barriers encountered have or may be overcome.

In light of this, this chapter draws out learning points relating to co-designing and delivering social prescribing activities for older people facing financial hardship, and learning in terms of partnership working and system development more generally.

While development of social prescribing activity will necessarily require local needs assessment and engagement with local stakeholders – including co-design with the target population(s) for provision – it is anticipated that insights from these pilots can support commissioning and implementation of social prescribing, and help shape future services and models.

5.1 Addressing financial hardship among older people

The pilot sites utilised a variety of approaches to address financial hardship among older people, leading to increased income and reduced costs for older people.

By embedding financial support into trusted community spaces, using tailored and culturally appropriate approaches, and fostering social inclusion alongside financial assistance, the pilots demonstrated effective ways to support older people experiencing financial hardship, and alleviate financial challenges, as well as improve overall wellbeing and social inclusion.

Key strategies utilised can be categorised into four broad approaches:

1. Financial guidance and assistance
2. Integrating financial wellbeing into social settings
3. Using sensitive and trust-building approaches
4. Addressing financial exclusion and isolation.

1. Financial guidance and assistance

Increased income through support with benefits applications

Participants received help navigating complex welfare systems, applying for financial entitlements such as Attendance Allowance and Pension Credit, and accessing backdated payments. This support reduced financial stress and increased financial security. Where necessary, referrals were made to specialist advice organisations, and translation and accompaniment were provided for non-English speakers.

Reduced costs through energy efficiency advice

Collaborations with specialist organisations provided participants with tools and information to help older people manage energy costs. This included home assessments, advice on reducing heating expenses, and distributing energy-saving lightbulbs. This included practical tips to reduce heating costs, home assessments, and receiving energy-saving lightbulbs. The provision of practical, actionable tips ensured immediate relevance and impact, enabling older people to make cost-saving changes quickly and effectively.

Practical financial management support to improve financial independence

Tailored support, such as assistance with opening bank accounts, completing paperwork, and liaising with financial institutions, helped participants manage their finances independently. This was particularly impactful for South Asian women in Belgrave, who faced cultural barriers to financial independence. Language support increased confidence and control over personal finances.

Enhanced wellbeing through holistic, person-centred support

Addressing financial hardship within a broader wellbeing framework improved mental health, self-esteem, and empowerment. For example, tackling mobility barriers – such as assisting participants in accessing Personal Independence Payments to cover transport costs – helped reduce financial exclusion and enabled greater participation in community activities, fostering social connections and reducing isolation.

2. Integrating financial wellbeing into community activities

Community marketplaces and multi-service events

Community marketplaces and multi-service events have demonstrated their effectiveness in providing a 'one-stop shop' for older people to access financial information, expert advice, and support alongside health and wellbeing resources. Informal environments, such as community cafes or social events can reduce (perceptions of) stigma and foster openness, creating opportunities for follow-up through individual conversations. The approach is likely to work particularly well for individuals hesitant to seek help for financial issues in formal settings.

This approach also provided opportunity to increase the visibility of Social Prescribing Link Workers within local communities – which was identified as a challenge across both pilot sites. By embedding SPLWs into community spaces, the model helps address this, increasing their visibility and making them a familiar presence. This ensures individuals have a clear point of contact for support, enhancing awareness of the social prescribing role and making it easier for people to access and benefit from support.

Overall, this integrated approach improves the reach and impact of social prescribing initiatives, addressing financial hardship while also promoting health and wellbeing through community-driven, inclusive practices.

Embedded financial discussions

Integrating financial topics into social activities and group sessions fostered informal yet impactful discussions. The practice in the Belgrave Chit Chat groups of reviewing sessions the following week served to reinforce learning and critical appraisal, and because participants shared experiences of achievements which have occurred in the interim, this consolidated positive belief regarding what can be achieved.

3. Sensitive and trust-building approaches

Building trust

Developing meaningful one-to-one relationships in order to build trust through repeated engagement and relationship-building before addressing financial hardship directly was crucial to achieving success with the least engaged and more isolated older people. Adopting strengths-based and non-judgemental approaches, as in the direct work with older people in Belgrave, empowered individuals to recognise their situations and identify ways to address their concerns and anxieties.

Tailored support for cultural sensitivities
Using culturally appropriate communication, such as conducting sessions in Gujarati for South Asian communities in Belgrave helped ensure accessibility, relevance, and impact.

4. Addressing financial exclusion and isolation

Promoting financial inclusion through community resources

Connecting individuals to affordable community resources such as social supermarkets and foodbanks helped lower household expenses while also fostering social connections. Encouraging volunteering within community initiatives provided a dual benefit of financial savings and increased purpose.

5.2 Key enablers to social prescribing for older people facing financial hardship

The review identified several key enablers that can inform the design and delivery of social prescribing activities for older people, particularly those experiencing financial hardship:

Co-design and Co-production – Co-design and co-production ensured that activities were culturally sensitive, relevant, and tailored to participants' needs. Involving older people experiencing financial hardship in the planning and decision-making process helped foster a sense of ownership and engagement. Additionally, activities shaped through multiagency collaboration and community mapping were more likely to align with local needs, avoiding the risk of services failing to meet their target populations' expectations.

Trusting Relationships – Relationship-building was crucial for engaging older people in financial hardship, many of whom had withdrawn from community life due to self-isolation, low self-confidence, and internalised ageism. Trusted community leads played an essential role in building credibility and fostering trust. In terms of engaging with minoritised ethnic communities, where cultural norms, language barriers, and differences in help-seeking behaviours can affect engagement, tailoring outreach approaches accordingly, and providing support from people representative of the communities they serve helped build trust and cultural competence.

Holistic and Integrated Support – In many cases, financial challenges were only one part of the picture. Effective social prescribing must address emotional, social, and practical needs in the round. By integrating financial guidance with wider issues such as healthcare access and digital skills training, the projects delivered a more comprehensive response to participants.

Practical Tips and Support – Practical support, such as advice on reducing energy costs or accessing insulation grants was particularly effective due to its immediate benefits.

Participant-led Activities – Supporting older people to lead groups and activities helped foster confidence, empowerment, and long-term sustainability. However, service providers must ensure sufficient support for volunteers and peer mentors to facilitate these activities effectively.

Strengths-Based Approaches – Using positive psychology coaching techniques and the Human Learning System approach helped participants develop self-efficacy, resilience, and problem-solving skills. These approaches enabled individuals to proactively engage with the financial and social challenges they faced, and empowered them to identify their own solutions to these.

Strong Local Networks and Ecosystems – The VCFSE infrastructure organisations leading the pilots were well-positioned to harness existing relationships with community organisations and local leaders, enhancing outreach and enabling referrals to specialist services where required. A strong local presence helped embed the pilots within the community, ensuring services were accessible and trusted. By fostering a well-connected local ecosystem that brought together community, voluntary, and statutory sector organisations, the pilots enabled a more holistic and coordinated approach to service delivery.

Flexible and Accessible Delivery – Providing both digital and in-person participation options ensured inclusivity, allowing individuals to engage in ways that best suited their needs. Holding activities in familiar community venues improved accessibility, fostering participation and reducing barriers related to digital literacy or transport. Additionally, in-home support proved essential for reaching those who were most socially isolated or lacked confidence to engage in group settings.

The varied approaches required to meet the needs of different target groups highlight the importance of tailoring delivery methods to local contexts. While digital engagement

was particularly successful in Belgrave, it cannot be assumed that all groups will have the skills or resources to participate in online activities. Assessing digital inclusion on a case-by-case basis is crucial to ensuring accessibility for all.

5.3 Key challenges and barriers to social prescribing for older people facing financial hardship

While the initiatives achieved significant success, several challenges were encountered. Understanding these barriers provides valuable learning for future service design and implementation.

Identifying and Engaging Older People Facing Financial Hardship – Financial hardship is often hidden, and older people may feel stigma, shame, or fear of judgement, making them hesitant to seek support. Distrust of services, concerns about scams, and internalised attitudes such as 'I must make do with what I have' further complicated engagement efforts. Additionally, community-based organisations lacked access to local-level health system data that could support targeted outreach and service planning.

Systemic and Structural Barriers – Fragmentation across healthcare, social care, and voluntary sectors made it difficult for potential participants and professionals to navigate available support. Misaligned administrative boundaries, overburdened SPLWs, and limited collaboration between statutory and community organisations hindered the integration of social prescribing into local health systems.

To overcome this, projects needed to invest time in building shared understanding and trust between community organisations and health systems. Ensuring that all stakeholders, including statutory agencies, recognised the value of community-led social prescribing is critical to securing buy-in and fostering cross-sector collaboration.

Challenges in Link Worker Engagement – Although the pilots successfully engaged SPLWs, SPLWs faced heavy caseloads and competing priorities, making it difficult to dedicate time to engaging with community-based social prescribing efforts. Developing strategies to better integrate SPLWs into community networks would enhance their role in connecting older people to appropriate services.

Lack of Awareness and Clarity on Social Prescribing – The term 'social prescribing' was not always well understood, leading to confusion among older people about its purpose and potential benefits. A shift towards clearer, person-centred language – such as describing social prescribing as 'connecting with your community' – could improve engagement and accessibility.

Short-Term Funding and Sustainability Challenges – Short-term funding undermined trust, limited the ability to build relationships with older people, and reduced the confidence of partners. This in turn constrained the impact of the pilot activities. Greater continuity of funding would enable more sustainable community-based social prescribing and provide security for staff, volunteers, and community members.

5.4 Recommendations for future commissioning and service development

Based on the findings from this review, future social prescribing initiatives should consider the following:

1. **Improve Community and Health Sector Integration** – Improving cross-sector collaboration, reducing fragmentation, and clarifying the role of community social prescribing within the wider health and care system will improve accessibility and effectiveness.
2. **Increase visibility and accessibility of SPLWs in community settings** – Enabling PCN based social prescribers to spend more time in community venues would help increase their visibility and build trust and awareness with local residents, while also allowing them to keep abreast of what's available locally to refer patients into.
3. **Strengthen Local Networks and Ecosystems** – Investing in relationship-building between statutory services, voluntary organisations, and community groups will enhance coordination and impact.
4. **Prioritise Co-design and Community Engagement** – Involving residents with lived experience of relevant issues in service design and development will ensure activities are relevant and meaningful.
5. **Adopt Holistic, Person-Centred Approaches** – Understanding social, emotional, and practical needs individuals may have will maximise the effectiveness of interventions.
6. **Ensure Sustainable Funding** – Long-term investment in community-based social prescribing is crucial to maintaining trust, continuity, and impact.

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