

A2Dominion Community Link Worker - Social Prescribing in Ealing - Caroline O'Leary (Social Prescribing Link Worker)

AIM: Tackling loneliness and isolation in older (65+) people from predominantly black and minority ethnic backgrounds in Ealing through Social Prescribing.

Target goals/outcomes:

1. Employ two part-time Community Connectors to take on a caseload of approx. 20 clients
2. Lonely/isolated clients accompanied to medical/social appointments and given SP support
3. Increased attendance at appointments; SPs' time focused on complex cases

Highlights:

- Steering Group partnership between Age UK and A2Dominion
- Newsletter, "SP News", promoting service and wider SP activities, circulated to Ealing PCN and clients.

Impacts:

- ✓ 95% of patients (out of 20) referred to a Community Connector were **satisfied with the service.**
- ✓ Patients on low incomes, impacted most by cost of living were able to access free in-person support to help with basic needs.
- ✓ On average there was a **24% increase in in ONS scores**, in 19 out of 20 patients.
- ✓ 68% of patient **referrals to the project addressed loneliness & isolation, managing long-term health or day2day needs**
- ✓ 80% of patients ethnicity Registered as from Irish, mixed or Asian and multiple ethnic groups

[Please see the patient case study here.](#)

Social Prescribing Link Worker Impact Case Study



Mr H is a 74-year-old, with Parkinson's, living with his wife. He is under medication to stabilise his condition but is having problems with joints freezing up, having falls and no longer being able to go out unaccompanied. Mr H's wife is concerned about leaving him on his own, and he gets bored and lonely by himself. He is a well-travelled man who had a very challenging and responsible job. Now he is frustrated that he cannot mobilise as he did in the past. He would like to get out in the community without having to rely on his wife.

In December the Community Connector spoke with Mr & Mrs H. Until recently, Mr H had been able to go out alone, but lately he had experience episodes of acute immobility with members of the public having to assist him to get back home.

Mrs H was finding it difficult to monitor him while also caring for their grandchildren at their daughter's home. Mr H was getting lonely and frustrated with his inability to do things independently.