

Culturally sensitive social prescribing and frailty prevention: a co-produced community research project - summary

Nadia Bashir, Charlotte Jackson, Zoyah Kanwal, Chris Dayson, Caroline Dalton

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This is a short summary of the key findings from a co-produced community research project¹ funded by Sheffield Hallam University (SHU). In Autumn 2023, researchers from SHU partnered with practitioners from Darnall Well Being (DWB) – a community health organisation – to recruit participants and co-deliver community researcher training. This was to enable members of Darnall’s local communities to develop their qualitative research skills and undertake research on a topic that mattered to them.

Together, we co-produced and piloted a methodology – community research, for and by the community – on the topic of culturally sensitive social prescribing in relation to frailty prevention within culturally and ethnically diverse communities.

Our 15 Community Researchers conducted one-to-one interviews and two focus groups involving 28 research participants. They explored:

- What frailty prevention services people used?
- Any gaps in services?
- Who should provide the services and where?
- What was understood about social prescribing?
- How might socially prescribed services meet frailty needs?



¹ For more information about the project visit the [CRESR website](#).

Findings and recommendations

1 Frailty services in ethnically diverse communities should be based locally and provided by people who are culturally competent.

2 Low awareness and uptake of socially prescribed services suggests that information relating to frailty services should be available in different formats that are relevant and engaging for different communities to understand

3 There is a need for affordable and accessible community transport to enable more community members to participate in frailty prevention activities and services.

4 Information about frailty prevention services and activities should be held on a database centrally but also locally by community organisations.

5 Few services, if any, exist for people with frailty who are restricted to their homes. Befriending services in the home could help address the isolation experienced by people unable to access social prescribed services within the community.

6 Adopting community partnership approaches to research can help achieve better representation of groups and/or populations underrepresented in research. For example, in our experience of health research, men are difficult to recruit, yet men readily participated in this community research project.

This project provides lessons for academics, policy makers, the NHS and social prescribing partners about how we engage and involve diverse communities in the design and delivery of services that makes them more meaningful and accessible.

Social prescribing is currently too focussed on the needs of the health care system and health professionals and would benefit from being more responsive to the needs and assets of local communities.

Contact Information: Professor Chris Dayson Centre for Regional Economic and Social Research (CRESR), Sheffield Hallam University c.dayson@shu.ac.uk

Sheffield Hallam University

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DAYSON, Christopher <<http://orcid.org/0000-0003-2402-1183>>, BASHIR, Nadia <<http://orcid.org/0000-0002-1384-4849>>, JACKSON, Charlotte, KANWAL, Zoyah and DALTON, Caroline <<http://orcid.org/0000-0002-1404-873X>>

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