

Social Prescribing Link Worker Impact Case Study

Name of case study: My Best Life Barnsley	
Brief description of the client's/patient's issue	B is on the 12-week shielding program due to Covid-19. He has numerous health problems including Diabetes, leg infection and part of a limb removed. He has no family and can not leave his chair due to his mobility. B was feeling very isolated, scared, and depressed and the only person he would talk to would be the nurse who dressed his wounds.
Summary of the support provided	B wanted someone to talk to on a regular basis to stop him feeling isolated and also to stop his mind from thinking the worst all the time. We could not provide B with home visits in the usual way, so I put a phone befriending service in place (DIAL – North Locality Council in Barnsley). They now phone B every few days and will chat to him about anything from football to the news to Bs old job as a coal miner. I also ring B on a regular basis and text him to let him know he his not alone and we are thinking of him.
Summary of outcome and impact (including quotes)	B is in a much better place now. He says that he feels happier now. He told me that knowing he his going to be getting a call gives him something to look forward and its just nice to know someone is there on the other end of the phone. B said, “without the befriending service I would have cracked up a long time ago”. B is now looking forward to the end of lockdown and would like to meet the befriender in person and consider other social outlets.
Tips for others or future plans (optional)	My tip is to make use of the great agencies out there that want to help people. Make the connections with them and build solid relationships and keep them involved in making Social Prescribing work.

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Summary of the support provided	<ul style="list-style-type: none"> • I could not contact R as he had no phone, so I went to the home. Adhering to Covid-19 guidelines in place at the time (social distancing/outdoors). • We had a discussion around how we could support him to buy a phone believing this would allow greater communication in the future, but R did not want to do so at this time. • R spoke to me about his difficulties with low mood and loneliness. R felt that a referral to Mental Health Services would be supportive and asked that I complete this. • We talked about his passions, which include music and how he used to play in a band. • I contacted Barnsley's local community responders and made a referral. I also spoke to the OT who had managed to get him a food parcel before the bank holiday weekend. • R stated he had some financial difficulties. He wasn't claiming attendance allowance and didn't know that it existed, we agreed that I would obtain the forms and we would start this process together. • R had enough medication for a couple of weeks since his discharge but had difficulties when he needed more. I suggested I could order this from his surgery for him next week and arrange for the pharmacy to drop off also, which R gratefully accepted.
Summary of outcome and impact (including quotes)	R now has a process in place for food and medication. The outcome for Attendance Allowance is pending. Social Services may be providing some on-going support. I will continue to visit (following Covid-19 guidelines, social distancing etc) until we manage to get all vital support needs arranged. I will discuss obtaining a phone with R to give him independence and options

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	for on-going wellbeing calls.
Tips for others or future plans (optional)	We discussed the potential for links with music groups in the future.

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Brief description of the client's/patient's issue	O was supported previously by another Advisor who supported him through a suicide attempt and his stay in Hospital after this. When O left hospital he was rough sleeping at various friends' houses and sometimes in his car, this was when I began supporting him. O had been supported by the previous Advisor to complete an application for a Berneslai Homes property and he had been offered a property but as a result of the Coronavirus, the current tenant of the property had not been able to move out and Berneslai Homes had also halted all their lettings until safe to resume. O informed me that rough sleeping was starting to have a negative impact on his mental health, and he wanted to look into other housing options rather than waiting for the property that he had been allocated to become free.
Summary of the support provided	<ul style="list-style-type: none"> • NHS Core Mental Health Team – I spoke with A, mental health worker who supported O with his mental health during this period. We discussed O's needs and how we could all work together. • Berneslai Homes – I spoke with various professionals at Berneslai Homes to discuss O's housing options. • BMBC Homeless Team – I discussed O's options with them when O informed me that his mental health was declining as a result of rough sleeping. • Barnsley Advocacy Service –was very helpful in getting O a new property and she was happy to discuss her support with me. • Hospital - I also liaised with the hospital and O's surgery to coordinate this medication
Summary of outcome and impact (including quotes)	O is now in a one-bedroom Berneslai Homes property in an area of Barnsley that he prefers and has told me that this has improved his mental health. He has recently informed Universal Credit of his move and is now receiving rent support from them.

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Tips for others or future plans (optional)	We have worked together to do an application for the BMBC Hardship Fund to apply for white goods for his property as it doesn't currently have any, we are awaiting a decision for this. I will continue to support O to ensure he is settled in his new property.
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Brief description of the client's/patient's issue	S lives alone with her cat and up until recently has gone out on her own into the community. She reported no longer driving due to her fluctuating cognitive ability, which has led to a reduced confidence to drive even on 'good days'. She stated this has restricted how much she is getting out of the house. S recently attended the managing memory group at the service and valued this intervention, in particular, the social element. However, since this group ended, she has struggled with motivation to attend other social groups in the area. She reports feeling low at the moment due to the current pandemic. She misses going to church, her church has arranged an online service twice a week and she feels she's missing out due to not having social media account, which is something she's keen to learn.
Summary of the support provided	During my first telephone contact with S I explained that I am unable to complete any home visit in the usual way due to Covid-19, I offered regular wellbeing telephone as S has no family other than her son with mild learning disability. She felt she could benefit from regular chats and she said it is nice to chat to someone who is not family. As S was missing out on church due to not being on social media, I offered to guide her through setting up a Facebook profile to enable her to have a meaningful and interactive engagement with her church community.
Summary of outcome and impact (including quotes)	S is grateful that she now feels fully engaged with her church. She said having Facebook has enabled her to stay in touch with her fellow church members and she's now able to access all the resources through social media.
Tips for others or future plans (optional)	To continue regular telephone support with the hope to refer to Age UK for online support once S is confident enough using social media at the moment, she is only using it for church service.