

# Meeting the Social and Emotional Needs of Persons within Healthcare and our local Communities



In this article we look at how a person's social and emotional needs and their associated physical, cognitive, cultural and spiritual intrinsic capacities can be better supported and encouraged within our communities. We look at two perspectives.

In the first, Kahir Lalji looks at Social Prescribing and the formal healthcare system's role in addressing social and emotional needs and personal interests through social prescriptions. In the second, Jane Teasdale looks at how home care providers, a person's supportive social networks and the community at large can do the same.

## Social Prescribing:

### A holistic approach to healthcare



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#### What is it?

Social Prescribing is a holistic approach to healthcare that brings together the social and medical models of health and wellness. It provides a formal pathway for health providers to address the diverse determinants of health, using the familiar and trusted process of writing a prescription.

Social Prescribing bridges the gap between clinical and social care by referring patients to local, non-clinical services that are chosen according to the individual's interests, goals, and gifts. It allows doctors, nurse practitioners, and interpro-

fessional health providers to formally refer patients to community-based programs.

It empowers the individual to improve their health by developing new skills, participate in meaningful activities, and become more connected to their communities.

A social prescription can include participating in an exercise group, receiving a healthy meal, taking an art or dance class, joining a bereavement network or community garden, exploring a local hiking trail with a group of peers, and much more.

Successfully implementing a Social Prescribing program means removing the barriers people experience to doing these things. These barriers may be economic, geographical, interpersonal, or psychological.

Social Prescribing is about listening deeply, providing necessary supports, and empowering people to be co-creators in improving their own health and wellbeing.

#### History

The Social Prescribing movement and similar approaches began in the United Kingdom in the late '90s and has since become a key component of the UK National Health Service long-term strategy.

The evidence demonstrated strong potential to improve individual wellbeing as well as ease the load on the healthcare system. Since then, Social Prescribing has become a global movement gaining momentum throughout Australia, New Zealand, Europe, and North America.

#### Why is it important

Evidence shows that as much as 80-90% of our health outcomes are driven by social determinants of health (Magnan 2017). For a person to thrive in health and wellbeing, they must have access not only to appropriate clinical care and material supports, but also to meaningful social support and a community where they feel they belong.

Statistics suggest that 20% of patients consult their GP for what is primarily a social problem (Torjese, 2016). Some of the key issues that seniors are facing

are depression, loneliness, and isolation. Loneliness and social isolation have been described as major health threats, suggesting that “people with a weak sense of community belonging are more likely to be in the top five per cent of users of health care services; this 5 percent accounts for more than 50 percent of total health care spending... Costs that could be reduced if these individuals were part of connected communities” (Ontario’s Chief Medical Officer of Health).

Social Prescribing has been found to:

- Reduce isolation
- Improve mental health, resiliency, self-esteem, and quality of life
- Create community resilience and nurture community assets
- Create stronger connections between systems
- Reduce frequent primary care use
- Enhance social infrastructure
- Reach marginalized groups

## Glimpse into SP in Canada

Social Prescribing is increasingly recognized as the next step in improving and better integrating healthy systems in Canada. Social Prescribing frameworks have been adopted in Canada and are being implemented in various provinces including British Columbia, Alberta, and Ontario. These three provinces are working collaboratively in their effort and have formed the Canadian Social Prescribing Community of Practice. Within this Community of Practice there a focus on learning, sharing, and building knowledge and creating systems and programs that will be sustainable overtime.

If you would like to know more about Social Prescribing in Canada, or would like to be involved in advancing this movement, please contact [Kahirl@uwbc.ca](mailto:Kahirl@uwbc.ca) and we will be happy to direct you to right partners closest to you.

# Addressing meaning, being and community within home care



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Every person has capacity for social and emotional, cognitive, physical, spiritual and cultural engagement with others, irrespective of health, age, and life stage.

As a home care provider, we believe it is important to interact with people as persons of meaning, being and community. People should not be defined by illness or by what they cannot do.

First and foremost, we should be connecting with the person at a meaningful level through conversation. Finding out about the person also allows us to

better connect them with interests and activities and to help maintain and or develop social and emotional connection. An important part of person centered home care services is therefore assessing, supporting, and facilitating a person’s capacity to engage along a number of dimensions.

Addressing and engaging with the wider social and emotional requires training in person centered care, and in developing a deeper understanding and awareness of empathy. Delivering this wider set of services also requires evolved assessment and care planning processes and deeper knowledge of community assets and resources.

We have staff with specific responsibility for such engagement who work with PSWs, clients and their families (Client Services Liaison) as well as a social work component for addressing more complex needs.

Part of addressing these wider set of needs and abilities is collaborating with the person’s social support network and in identifying how this network can be developed and maintained. Understanding how we deal with social isolation and loneliness is also important. Additionally building up a picture of the local community assets, those within the immediately walkable or accessible areas is vital. We work with clients and families in developing this local map. Beyond this, connecting with other social capital in our communities and in encouraging businesses and other community assets to be openly person centered will help build the type of environment where people can engage, create, contribute, and be accepted.

To achieve the ultimate goals of social prescribing and the social supports of evolved home care we all need to work together, to better understand one another and to reinforce the importance of the person and the ability to actualise meaning and being and connection.

So be creative and think of new ways of doing things and of connecting with others, nature and community. For example, why not go forest bathing? This is becoming more and more popular. Here is the link to a blog from [Ontarioparks.com](http://Ontarioparks.com) on the subject and an interesting article forest bathing in British Columbia.