Mile in My Shoes: Deborah's story

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My name's Deborah McKenna and I work as a Social Prescriber, Community Link Worker in east of Gateshead. I have a background of 40 years in local government. And then I've moved into this role having been semi-retired for a couple of years, because I thought the job description looked absolutely fantastic and I could see how you could actually help people on a day-to-day basis.

A social prescriber would deal with patients who've been referred to us through… a different variety of sources. It could be via the GP, from a district nurse, it could be a self-referral because somebody in the community's heard about us and they want to make contact and get some sort of support or help or advice. Sometimes what they've initially contacted for us is not exactly what they want us to deal with. There can be a wider issues, social isolation, literacy, mental health problems. So, the issue we sometimes initially go in for is not ultimately what we end up dealing with.

Increasingly we see a lot more working-class poverty. People have two or three jobs. They may have been made redundant from a previous job or haven't been able to seek alternative employment, and they move on to doing two or three jobs and they are just above the threshold for claiming any benefits. Which makes it extremely difficult for them to pay all their bills, rents are higher than they've ever been. So increasingly we are delivering food parcels and trying to seek other ways of maximising people's income who are actually working. Working-class poverty has definitely increased.

If a person has been able to admit that they have got issues, they very often are very relieved. They become less anxious. Maybe they can't read or write, or maybe they just struggle with forms generally and the form makes them anxious. So, to be able to go into somebody's home and assist them to fill the form in, they get a sense of achievement because it's completed, it's signed. We can walk to the post box and go, 'There, that's that done.' That gives you, as a Social Prescriber, a huge sense of achievement because the person's done it, you've just been able to help them through the form and take away the anxiety and you do walk away and think, 'Job's a good 'un. That's, that's been helpful for them,' you know.

The initial contact when you knock on the door when you go to see a patient determines the level you speak you speak to somebody at. And I think that's a skill that all frontline workers – in particular, when you're linked to either health or housing – that you learn very quickly. So, what we generally do is, we will glean what we can glean from what the person would like us to deal with and then there. But then we will try and maybe meet them under different circumstances, if we can. 'Can we meet you – do your shopping on a Wednesday at Asda, can we meet you at Asda café? Or can we meet you at Tesco or… What time do you finish work; can we walk home with you?' It can be a bus ride. We're literally prepared to do

anything that fits in. The one-to-one is invaluable. So, we would encourage that by any means we could.

When you're doing this job, it… can be very emotional. You do have to safeguard yourself before you can help other people. I've had patients sadly who've committed suicide. We've had patients who get themselves into bother with the police. We've – we've got patients who find themselves roofless. We've sadly had a patient who was murdered last week. We do the bit we can do; we support family members and… patients. We very often are the contributor linking them up with whatever they need.

It's whether you can keep the hook in is the way I look at it. So, the person does want to achieve whatever their aim. But very often something else in their life is stopping them at that point and time. We would leave them with the reassurance that when they were ready, they could always come back to us.

When people shadow us, cos people do shadow us as social prescribers. We've had lots of people at different levels come out with us. And I think they're always surprised at the amount of different subjects that we might cover with a patient. If naturally a person will say, 'So what's this about?' before we knock on the door, you know. And we'll say, 'Well, all I know is the referral's come through.' And then you get in there and there's black bags to the walls, the person's been hoarding for the last 25 year. And you say, 'Ooh, you've got lots of bags lying around here, you know, what it is? What do you collect?' And then they might say, 'I know, I wish I could get some help with it.' And clearly, they don't know where to start. And then you leave and the person's very happy cos they haven't been pushed into anything. You've given them what they want. It's almost as if the hoarding doesn't matter because you'll go back next week. And gradually, as you get their trust, you'll bring in other services with their permission.

People who've shadowed us and have seen that type of outcome are extremely surprised and – blown away. And sometimes because they're from a different background, they'll say, 'Why didn't you mention the 24 bags to the ceiling?' Or 'Why didn't you push that further?' That's not what the person wants us to deal with, initially.

If somebody in government was listening to this, I would want them to take away the worth of the social prescriber but more importantly than that, I think we need to look at the confusing structure of the National Health system and how difficult it is for patients to work their way around it. There are huge barriers to getting from Primary Care to Secondary Care. There are huge gaps in the service due to insufficient, successive funding. It's very, very confusing for patients to find their way around the system. It's got to the stage now where it does need massive reform. But the NHS has to stay free and more people frontline that can actually move people through to the care they actually need.

What does the job bring to my life? It brings pleasure, it brings satisfaction, knowing that I've helped people or attempted to help people. I can see a difference. We can track the difference with patients. We do case studies. It isn't something that doesn't work, it's a

commonsense approach to dealing with people. Human beings going in and talking to other human beings. Not, ‘Press 7, *[phone push-button noises],* press star, stand on one foot and turn around.’ It's just a straightforward approach to dealing with human beings, asking them what their problems are. And I enjoy that, it makes sense to me.

Being a social prescriber, there’s definitely humour in our work. Even when you’re completing some of the most hideous bureaucratic forms, you can find yourself having a proper giggle with the patient because we just go in with a positive attitude, with, ‘Nothing’s insurmountable’. There will be some shape or form we can help people in. You do feel that you can make huge difference. And we’re not here to rescue everybody. We’re here to do what we can to help people who’ve identified they’d like some help.

I absolutely love this job; I think it’s the best job in the world.