Grand River Community Health Centre

Grand River Community Health Centre's Social Prescribing & Volunteer Programs

Evaluating the Impacts of the Resilient Communities Funding Allocation

Introduction

Over the last three years, there have been significant and wide reaching impacts of the COVID-19 global pandemic. These were exacerbated for those already facing systemic barriers and health disparities (Canada, 2022). Serving Brantford, The Grand River Community Health Centre's (GRCHC) mission is to promote healthy communities by providing primary health care, health promotion and community development, to ensure that no one faces barriers to health and wellbeing. GRCHC has been at the forefront of serving clients that have been disproportionately impacted by the COVID-19 pandemic.

In 2021, GRCHC applied for and received $120,200 dollars of the Ontario Trillium Foundation's Resilient Community Funding. That funding went towards their Social Prescribing (SPP) and Volunteer Programs (VP). To best meet the evolving needs of the community, GRCHC expanded support for those who are living with mental health and substance use challenges, low income, are precariously housed, or older adults. By implementing and revising programming to better serve the community, GRCHC staff work towards the shared organizational strategic objectives of:

- Improve the effectiveness and efficiency of processes to deliver programs and services

- Increase access to GRCHC's programs and services

- Measure and report on the programs and services impact

- Support clients to improve their own health and wellbeing

Evaluation Overview

The purpose of the evaluation of the SPP & VP, made possible by Resilient Communities Funding allocation, is to assess the process and impacts of these programs for the clients who accessed them, as well as surface insights on broader benefits to inform program planning and service delivery at GRCHC.

The goal of the SPP is to improve overall health and wellbeing of GRCHC clients through facilitating positive connections to physical, mental wellness and social/recreational programs and services in the community.

The goal of bolstering the VP is to recruit existing and new volunteer roles with the aim to increase access to services within the community, while also exploring how a volunteer management virtual platform can support volunteer communication expansion of volunteer services.

Key Evaluation Questions- Social Prescribing Program

EQ 1 - Did the **processes** used support the implementation of the SPP and facilitate access for clients disproportionately impacted by COVID-19 restrictions?

1.1   How did developmental processes and planning activities support implementation of the SPP?

1.2   How have implementation activities facilitated access for clients impacted by COVID-19 restrictions?

EQ 2 - What are the individual and system level **impacts** of the SPP?

2.1   Did clients' physical, mental, and social wellness improve through the SPP?

2.2   How was the system impacted through the planning and implementation process of the SPP?

Key Evaluation Questions- Volunteer Program Rebuild

EQ 3 - Did the **processes** and tools used to implement the volunteer program support Covid-19 recovery, delivery and future expansion?

3.1   How did developmental processes and planning activities support implementation of Volunteer Program rebuild?

3.2   How have implementation activities facilitated access for clients impacted by COVID-19 restrictions?

EQ 4 - How did the Volunteer Program rebuild allow for a needs based **process** and approach to GRCHC programming and develop volunteer roles that are responsive to community need?

Methodology

The methodology for this evaluation was codesigned with GRCHC leads to be tailored for client and staff context. To assess process and impact, the methods are rooted in client and staff knowledge and experience. The table below outlines the data collection methods for each of the evaluation questions above.

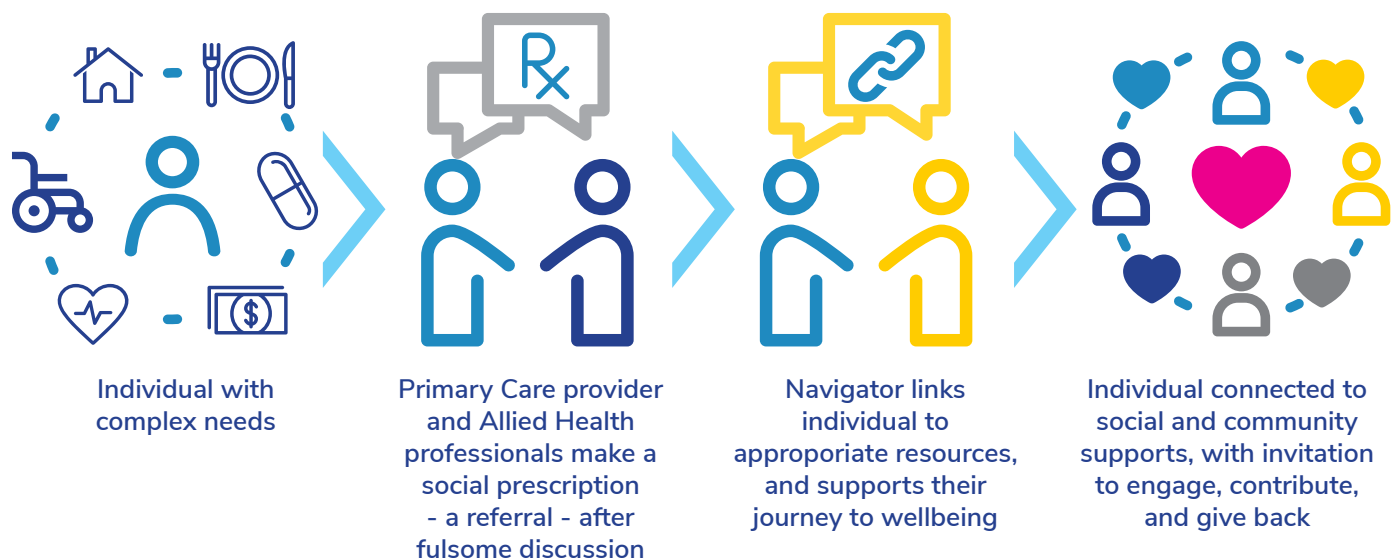| Evaluation Question	Audience	Methods	Participants (#)
EQ 1 - Did the **processes** used support the implementation of the SPP and facilitate access for clients disproportionately impacted by COVID-19 restrictions?	Staff	Evaluation Leads meeting	4
	Staff	Interview (Consultant led)	2
EQ 2 - What are the individual and system level **impacts** of the SPP?	Client	Interviews (Peer led)	7
	Client	Electronic Medical Records	N/A
		Document review - Alliance of Healthier Communities	N/A
EQ 3 - Did the **processes** and tools used to implement the volunteer program support Covid-19 recovery, delivery and future expansion?		Document review Volunteer Tracking Volunteer Assistant – Job description	N/A
	Staff	Interview	1
	Volunteers	Focus Group	2
EQ 4 - How did the Volunteer Program rebuild allow for a needs based **process** and approach to GRCHC programming and develop volunteer roles that are responsive to community need?	Staff	Evaluation Leads meeting	4
		Document Review – Outreach program tracking	N/A

Key Findings - Social Prescribing Program

Built for Success (EQ 1)

Evaluation findings reveal that the structure of the SPP is a key element of the program's success. GRCHC designed the program to include the support of a Navigator role.

Figure 1 outlines an overview of the program model, highlighting the pivotal role of the Navigator in connecting clients with complex medical needs to community and GRCHC supports.

Figure 1. Social Prescribing Pathway

| Individual with complex needs | Primary Care provider and Allied Health professionals make a social prescription - a referral - after fulsome discussion | Navigator links individual to appropriate resources, and supports their journey to wellbeing | Individual connected to social and community supports, with invitation to engage, contribute, and give back |

Based on client feedback, and staff interviews the Navigator role is key to client success in GRCHC's SPP. In client interviews may spoke about the support and program staff. One client shared that she noticed a change in herself and attributed that to staff.

> *" Noticed such growth in myself because of staff. Especially Suzanne. Who made me feel welcome and was easy to open up to."* - SPP Client

By considering the complex needs of clients, the Navigator provides the psychosocial support needed to facilitate social prescribing uptake. Findings indicate that relationships established with community organizations (3), facilitate community referrals.

Practical Supports (EQ 1)

30

Devices through
lending program

25

Devices currently on loan
(83% usage rate)

10

Devices on loan to
homeless or precariously
housed clients
(40% of devices on loan)

Feedback on the device lending library demonstrates that coupling it with the SPP, strategically addresses complex and unique client needs, root causes, and access barriers.

Program usage is significant, with 83% of the devices on loan. The program continues to provide devices to those experiencing disproportionate COVID-19 impacts, particularly those precariously housed, to enable and sustain their connection to community & GRCHC programs and supports.

With respect to the navigator facilitated social prescription component of the program, Electronic Medical Records the SPP demonstrated an overall increase in client visits since program implementation, see figure 2.

Figure 2. Social Prescribing Program Clients by Month Seen

Month	Individual Clients seen
22-Jul	23
22-Aug	14
22-Sep	30
22-Oct	40
22-Nov	47
22-Dec	37
23-Jan	47
23-Feb	38
23-Mar	38
23-Apr	33
23-May	52

Ongoing Client Impacts (EQ 2)

Through peer led interviews, clients report overall increased social inclusion, self-confidence, and connectedness.
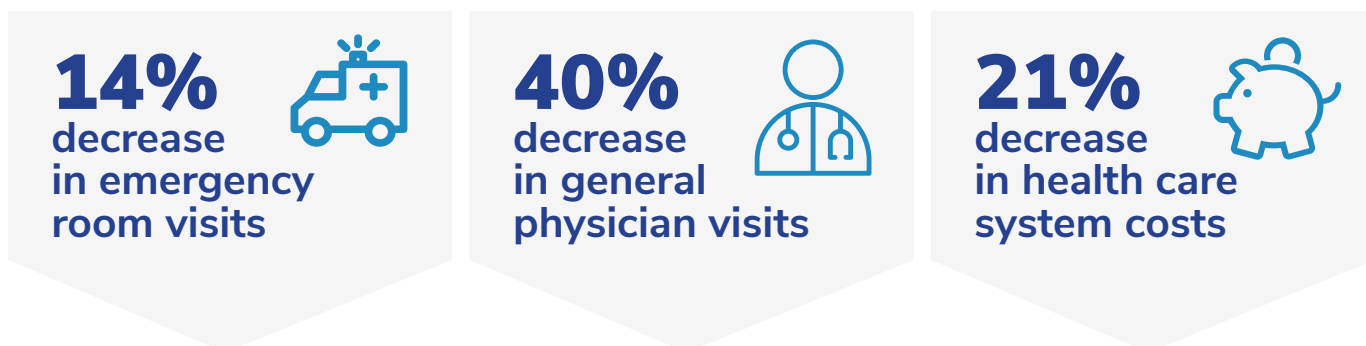
Clients report that participation in the SPP improves quality of life, mental wellness, mood, and reduces feelings of loneliness and depression. These positive impacts identified in GRCHC client interviews are consistent with those reported by the Alliance for Healthier Communities' year long pilot study. This pilot included over 1,100 clients across 11 Ontario Community Health Centres (Alliance for Healthier Communities, 2020):

Client impacts of SPP reported by Alliance for Healthier Communities

49% decrease in loneliness

12% increase in mental health

19% increase in social activities

In addition to individual impacts, evidence suggests the potential for system level impacts established by existing evidence of SPPs. Formative research around social prescribing originated in the UK, in Shropshire and Frome. These studies have the most robust and longitudinal data around social prescribing and show the ground breaking impacts of SPP. Shropshire and Frome (Local Government Association, 2022) find:

System level impacts of SPP reported by Shropshire and Frome

14% decrease in emergency room visits

40% decrease in general physician visits

21% decrease in health care system costs

This evaluation is point in time, rather than longitudinal, therefore system impacts are unable to be assessed, however, they can be inferred, based on existing evidence related to SPPs.

Key Findings - Volunteer Program Rebuild

Team of Capable and Confident Volunteers (EQ 3)

Through the Resilient Communities fund, the VP program was able to rebuild and support the recruitment of additional human resources to oversee key elements such as: virtual training, implementation of volunteer management platform, and creation of new volunteer roles. The resulting impacts on volunteer recruitment and retention were evident in the GRCHC volunteer numbers, based on volunteer program documentation, see figure 3.

Figure 3. GRCHC Volunteer Program- Volunteer Numbers.

14
New volunteers recruited into the VP program

33
Active volunteers supporting GRCHC programs and services

11
Members of the Volunteer Boards of Directors

3
Individuals volunteering after accessing the SPP

Since the rebuild of the VP that began in June 2022, there have been 14 new onboarded volunteers, however 4 have left the program due to extenuating circumstances. This volume of new volunteers joining the program over a brief period can be attributed to the dedicated recruitment efforts of the VP staff. In combination with returning volunteers, these individuals form the foundation for a VP program that is flexible and able to respond to community needs, while building on the strengths and assets of volunteers.

As a result of the volunteer management program, staff can ensure that volunteers have access to support, effective training and streamlined scheduling in a manner that is most convenient to volunteers. In a focus group with current volunteers, the group indicated that through their training and access to the Better Impact platform they felt prepared and confident in their abilities to perform their volunteer duties.

Responsive Strengths-Based Programming (EQ 4)

Staff interviews reveal a responsive and adaptive approach to programming during COVID-19 restrictions. Staff screening roles established during the COVID-19 restrictions, for example, evolved in response to the growing and changing needs of the community to become a needed harm reduction support, such that the outreach and greeter role that is now a volunteer held position. The newly formed outreach program creates a space for volunteers to support wayfinding, and promotion of GRCHC programming while providing access to much needed harm reduction supplies, shower, and laundry facilities for clients.

The success of this new volunteer-led program is demonstrated in client participation. With the number of participants per session steadily increasing over time.

Program Year	Average participants/session
2021	15
2022	35
2023	45

While the program meets client needs, volunteer interviews reveal the importance and impact of the volunteer opportunities on the wellbeing of those in the volunteer roles. The opportunity to give back to a centre that supports their wellbeing journey is a significant driving force in individuals' commitment to volunteering with GRCHC; a small focus group confirms that volunteering helps them to create feelings of inclusion and being part of a larger community.

"[I] feel more included and feel a part of something" - Volunteer

Volunteers also share that they feel empowered to share their skills and knowledge with others to provide the same supportive environment that they benefit from. This is most evident in the three individuals who continue to participate in the SPP while also offering their time and commitment to volunteering at GRCHC.

Overall Conclusion –
Ecosystem of GRCHC Programs and Supports

The GRCHC allocation of the Resilience Community Fund to the SPP & VP successfully increased program access and resulted in improved wellbeing outcomes for those experiencing disproportionate impacts from COVID-19, creating social return on investment for the healthcare system.

The programs in this evaluation, along with the system of support and resources at GRCHC illustrate the positive impact of a collaborative approach to client care taken by staff. The integration of navigation and the bolstering of SPP & VP enhance existing collaboration to create an ecosystem of support for clients to achieve their health and wellbeing goals. The environment of support created by staff and volunteers enable clients to navigate the complexities of their unique needs. Through the relationships established in this process, clients are both able to realize their potential in a safe and caring environment and give back to the organization using the abilities and strengths that they possess and have enhanced.

Clients attend GRCHC programs or utilize services to support their health and wellbeing journey

Connections with caring and welcoming staff

Clients supported to improve physical and mental wellbeing

Increased client motivation to stay connected to GRCHC

Desire to give back through a strengths-based approach

Inspiration to continue to be part of the GRCHC community and participate in volunteerism

References

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Local Government Association. (2022, September 12). *Self-help and social prescribing in Shropshire libraries.* From https://www.local.gov.uk/case-studies/self-help-and-social-prescribing-shropshire-libraries

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