

More money, skills and knowledge needed for social prescribing to serve as route into work

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New funding, greater expertise and wider awareness in the system—and beyond—are needed to embed work outcomes into social prescribing practice.

A new report from The Work Foundation, *Embedding Work and Related Outcomes into Social Prescribing: Overcoming Challenges and Maximising Opportunities*, says social prescribing can be an effective means of integrating people into [work](#). However, government and wider stakeholders must address a range of cultural and practical barriers to realise this potential.

The report, supported by a grant from AbbVie, as part of the Fit for Work UK Coalition, looked at changes in the social prescribing landscape since 2016. In that period, senior government ministers and government departments, including the Department of Health and Social Care (DHSC) and the Department for Work and Pensions, have increasingly referenced social prescribing, both generally and, more particularly, as a route to work.

However, while there is more widespread recognition of social prescribing as a route to work since 2016—both in literature and among practitioners—such high-level policy aspirations to enhance the focus on work are still some way from being realised.

The research found evidence of a lack of recognition of the role work can play in improving [health](#) among social prescribing practitioners, as

well as a lack of capacity and expertise to focus on work and related outcomes, but also highlighted the potential for positive results if these challenges are overcome.

Additional funding to incentivise work and related outcomes is needed to fill a gap in capacity and provide training for social prescribing practitioners, such as 'link workers', to develop the relevant expertise.

Building on social prescribing's capacity to foster partnerships—including across local health services and with wider services in the community—links could be sought with employment bodies/services, further expanding social prescribing's remit beyond the health and [social care](#) space.

A new message to articulate the effects social prescribing can have in relation to work and related outcomes is also needed to make the case for expansion into the employment space—ensuring 'work as a health outcome' is better recognised among healthcare professionals and work-focused providers, while breaking down barriers between the two groups. The DHSC's proposed National Academy for Social Prescribing could play a key role.

The report's authors stress that integrating work and related outcomes into social prescribing must be done carefully. There needs to be recognition it often serves as an 'indirect' rather than 'direct' route to work—via training, volunteering or other means—and there would be risks and problems if expectation of an immediate return to work is imposed, or if such results are rewarded through 'payment by results' to stakeholders.

They also call for new research to demonstrate evidence of the social prescribing's effectiveness breaking down clients' barriers to work.

"Social prescribing is a powerful means of reintegrating the 'hardest to reach' groups into the community, improving their health and wellbeing, and, by first prioritising their [basic needs](#), empowering them to take steps towards employment," said lead author Dr. James Chandler.

"Work—and in particular 'good work' - is hugely important for people's self-esteem, personal fulfilment, and, in turn, their health and wellbeing. As such, work is increasingly recognised as a 'health outcome' in and of itself.

"Social prescribing is currently primarily considered a health 'intervention' and often seen as a means of reducing direct health and social care costs. However, through its [holistic approach](#), building on people's assets, improving their confidence and [self-esteem](#), it naturally breaks down barriers to work, setting people on a journey towards improved health and wellbeing which—provided they want to—can culminate in employment.

"There are barriers to integrating work and related outcomes into social prescribing. One way of addressing them is improving awareness of work as a health outcome among social prescribing stakeholders. Another is equipping link workers with knowledge and expertise to support clients on a journey towards work."

Provided by Lancaster University

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