



**How Social Welfare
Legal Advice and
Social Prescribing
can work
collaboratively,
ideally when the
advice is situated
in healthcare
settings**

**Findings and
recommendations**

**From crumbling
buildings, £400 in
the bank and 12
people in a
derelict church...**

1984



2021

**...to an internationally
renowned model of
health and community
regeneration delivering
provision to our
community, including
11,000 service users
and 53,000 registered
patients**



**Community
Hub**

**Medical
Practice**

**Research
& evaluation,
Innovation
and
Knowledge
share
&
exchange**

Background

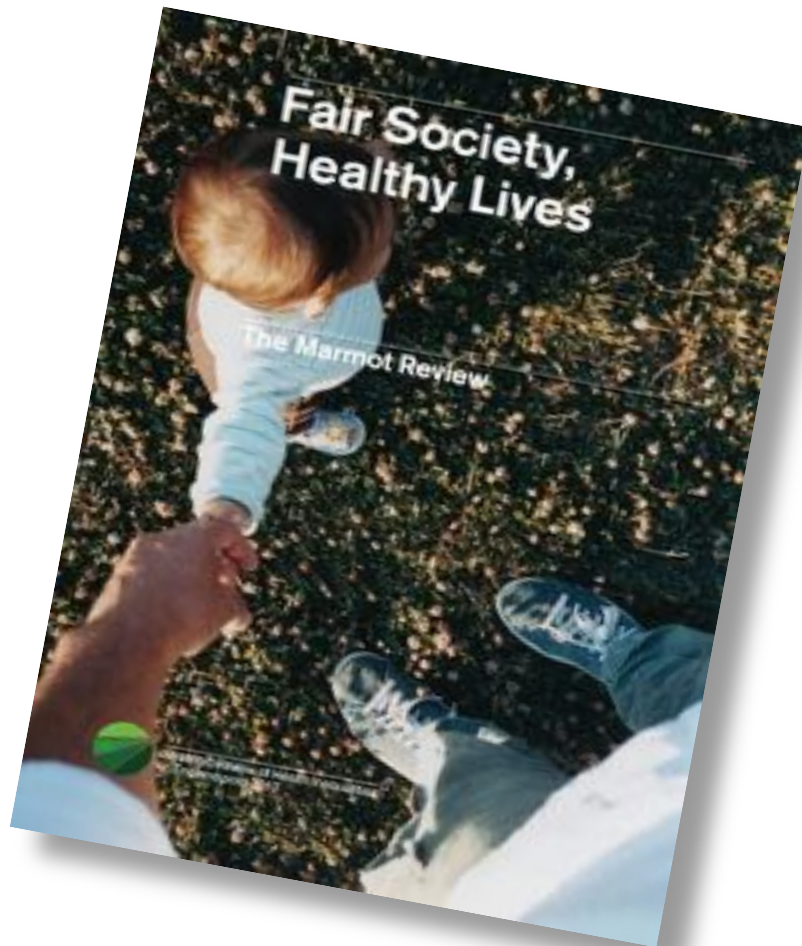
- Research commissioned by the Mayor of London and The Legal Education Foundation
- Aimed to explore good practice in collaboration between social prescribing and social welfare legal advice in healthcare settings and consider next steps to build on this approach
- 20 interviews undertaken with individuals in a range of roles across London and the UK, 13 pre-COVID, 7 post

SUPPORTED BY

MAYOR OF LONDON

The
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What makes us healthy and how access to advice can influence health and wellbeing outcomes



Dozens of studies have shown the benefits of good, timely, advice for health and wellbeing

Money and Mental Health - Money and Mental Health Policy Institute (2016)

Debt and Health - Richardson et al. (2013)

Fuel Poverty and Health - Public Health England (2014)

Advice in Primary Care - Citizens Advice and Royal College of GPs (2018)

Early and co-located action - Low Commission (2014)

Preventative advice - Citizens Advice (2016)

Impact of advice on health - Low Commission and ASA (2015)

When law is good for your health - Genn, H. (2019)

Impact of co-located advice - Woodhead et al. (2017)

Co-location in schools - GLA Tackling Child Poverty Through Schools project (2020)

SROI for advice services - Citizens Advice Direct (2014)

SROI of co-location - Improvement Service (2016)

SROI of advice for local authorities - nef and Advice UK (2010)

Advice and Covid-19 - Heseltine Institute for Public Policy and Practice (2020)

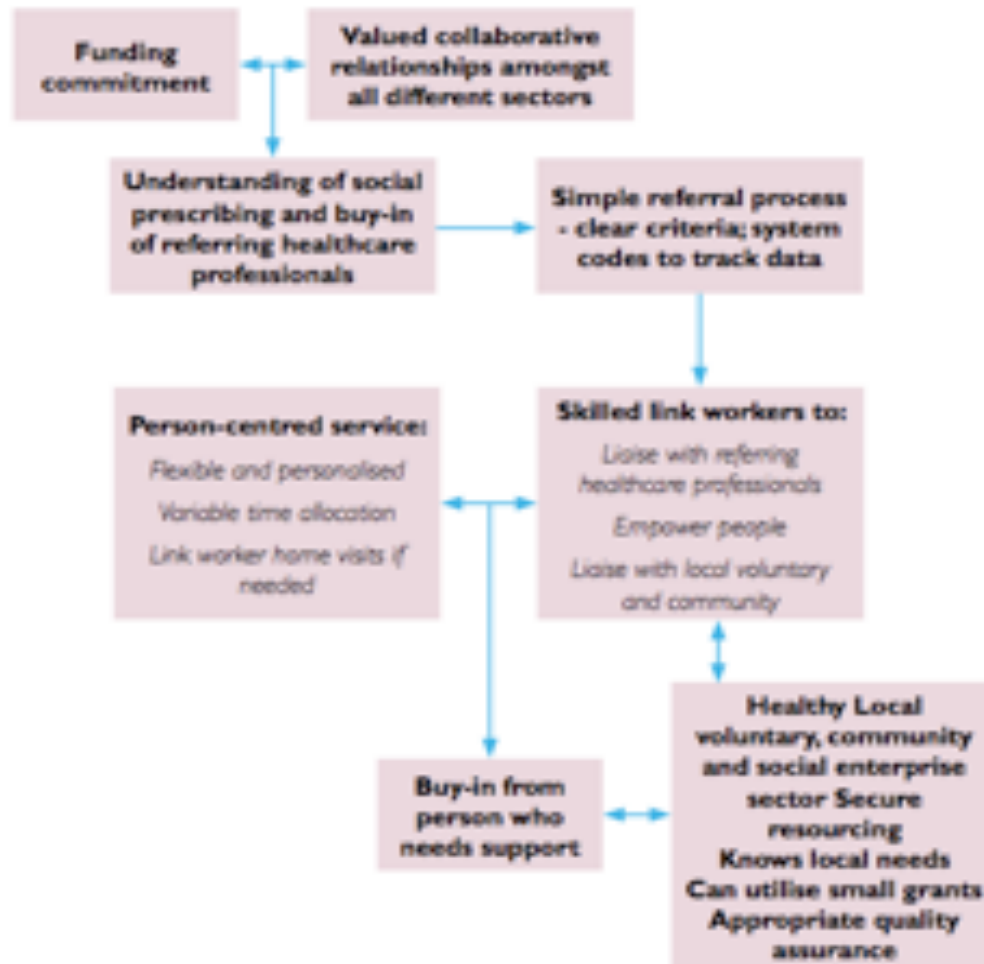
A little history, two parallel histories

The 20 year development of social prescribing schemes, from innovation to mainstream

Social prescribing now covers all 1,200 Primary Care Networks, within which are grouped the 7,000 GP practices in England

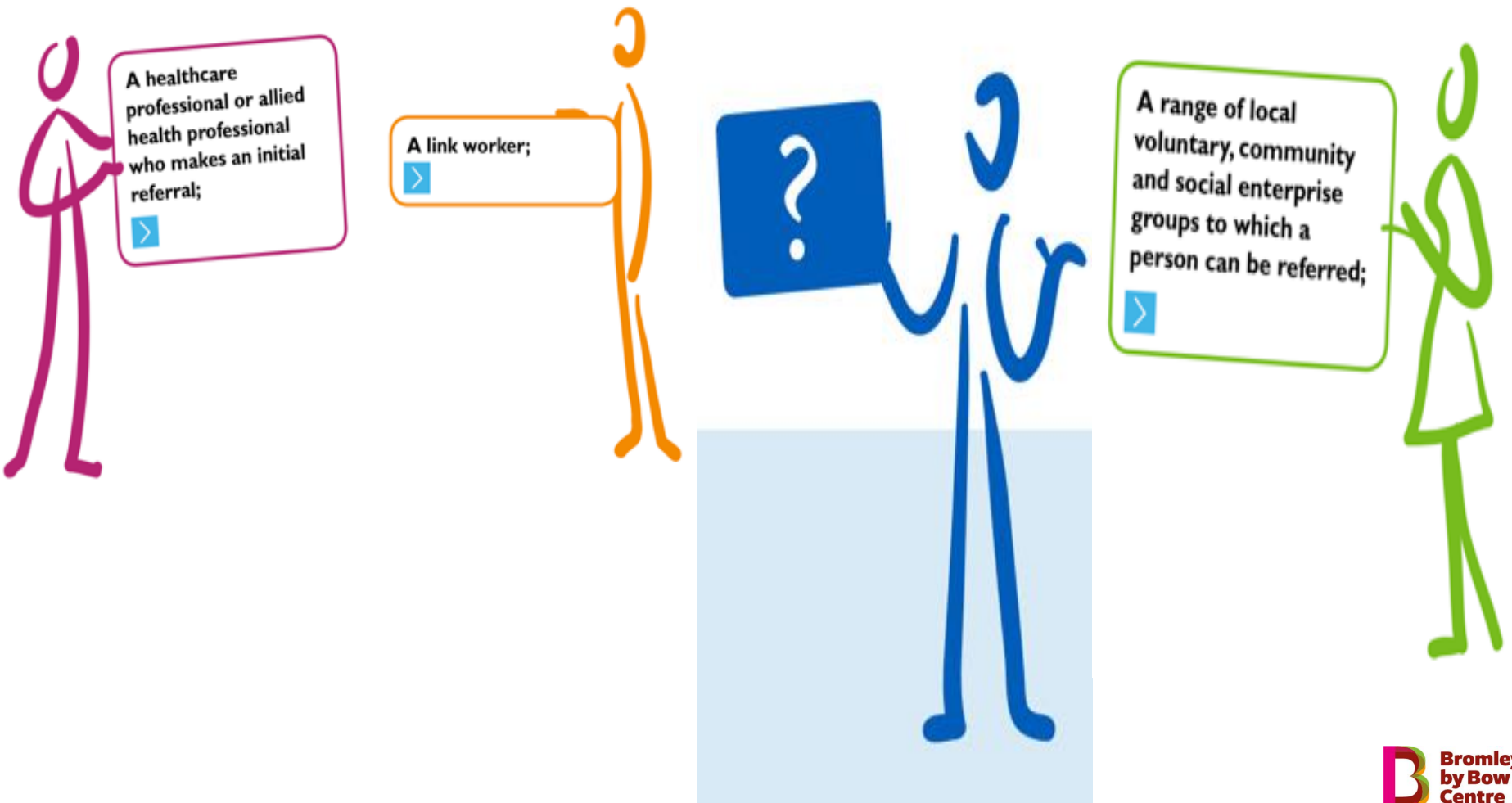
and the development of social welfare advice in healthcare settings, still only based in about 10% of GP practices

What is social prescribing?



Social Prescribing schemes, the essential model
Considerable additional value when the social welfare advice is provided within the healthcare settings

Social prescribing is everyone's business



Key findings - benefits

- **Pockets of good practice**, largely in primary care, with some examples from secondary care.
- Evidence that both services working together can help contribute to a **culture change** in healthcare settings – wider focus on social determinants, broad factors impacting on health.
- Access to both services ensures **holistic and comprehensive support** to patients who may be vulnerable and at risk of significant detriment to health and wellbeing.
- **Destigmatisation** of social welfare legal advice when offered in a neutral, familiar setting.
- Focus on **early intervention** preventing escalation of situations and increased efficiency for social welfare legal advice through access to medical records.
- Significant **untapped potential to identify unidentified and unmet need** e.g. at diagnosis stage.

Key findings - challenges

System challenges

Funding

This is the key area of uncertainty, with a mismatch in funding levels and stability of commitment to funding between social prescribing and social welfare legal advice.

Impact of COVID-19

COVID-19 has brought about increased need and delivery challenges and is likely to continue to do so in the coming months/years.

Scaling up

Lack of clarity as to where social welfare legal advice fits within the bigger picture.

Practical challenges

Management - Largely management is separate and there is limited collaboration.

Location - Due to differences in scheduling, benefits of co-location can be missed.

Relationships – These are critical to the success of collaborative delivery.

Lack of guidance/support –

- Referrals – best practice in how these should work between SP and SWLA and how referrals should be triggered from health professionals.
- Working protocols and data sharing – often have to be established from scratch.
- Delivery methods – how best to utilise technology, volunteers etc.
- Training – for all key parties.

Key findings - conditions

from Sarah Beardon's NIHR study

Service models

Consider who is best placed to identify need, consult with key groups in design and development, encourage some kind of local needs assessment

What makes for good collaborative working?

- Good communications and information flow between all parties
- Create environments conducive to collaboration - provide opportunities to work together and get to know each other
- Address barriers to collaboration - knowledge barriers, physical barriers, administrative barriers
- Broker relationships between agencies –

often takes some leadership and encouragement from above, particularly from managers in the health service that can inspire trust and confidence

Sustainability

- Seek out joint resourcing & support in kind – to draw on all the resources available, develop that collective responsibility
- Focus on evaluation and promotion - to build confidence and awareness
- Develop and strengthen leadership – service champions play a critical role in influencing strategic decision making

Key findings – conditions (continued)

Determinants of resourcing decisions

Willing:

- Depends on whether the goals of the partnership align with their goals as organisations
- Commonly doubted their responsibility to fund:
 - Local authorities – feel it's a health role, should be NHS funded
 - NHS – feel it's welfare (not healthcare), should be local authority funded
 - Charities – feel they may be subsidising something that should be state funded
 - Did not observe these doubts where the partnership was supported through joint funding

Able

- Constraints with budgets or physical resources

Confident:

- Depends on what evidence they have to show the partnership is worthwhile
 - Get this evidence through service evaluations
 - Local feedback – services with high profile had inspired confidence

Key points:

This shows what services were measuring in their own service evaluations

Note: little in terms of impact evaluation – difficult and time consuming. Services wanted help with this.

Funders were largely happy with the evaluations based on process/outcomes

- Could see they were reaching people effectively
 - Could see positive welfare improvements
- But not enough to satisfy some funders, who wanted evidence of improved health and reduced service use – need to build the evidence base here

Recommendations

System level

Funding

Multiple levers should be considered to draw in funding to enable parity of provision between SP and SWLA.

Impact of COVID-19

Universal access to SWLA should be viewed as a key pillar of London's recovery from COVID-19 in order to mitigate the potential post-COVID acceleration of inequalities. Access through health settings should be a core component.

Scaling up

Stakeholders with experience should be actively engaged in the scaling up process. Ability to be flexible should be inbuilt.

Support for services

Practical guidance

Practical guidance on best practice and templates for adaptation should be provided in relation to:

- Management of both services within healthcare settings
- How to ensure high quality referral pathways including proactive identification of need
- How to maximise the benefits of co-location
- Working protocols and data sharing including templates to ensure confidence
- The range of delivery methods which have been found to be effective
- How to form strong relationships across all parties

Training – Training for all parties should be developed to maximise mutual understanding and build key knowledge

More information on our website

- Links to our reports
- <https://www.bbbc.org.uk/insights/news-and-resources/social-prescribing-and-social-welfare-advice-services/>
- Links to webinar and case studies
- <https://www.bbbc.org.uk/insights/news-and-resources/collaboration-between-social-prescribing-and-social-welfare-advice/>

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Unleashing Healthy Communities



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