Social prescribing is a means of enabling healthcare professionals to refer patients to a non-clinical service, who can work with them to co-design “non-healthcare interventions” to improve their health and wellbeing. It is increasingly used within the NHS as a means of supporting and empowering patients to address social, emotional or practical needs, through developing links to appropriate community service. The growing evidence-base on social prescribing identifies the following benefits for patients: improvement of psychological and mental wellbeing; behavioural change and lifestyle improvements; acquisition of learning, new interests and skills; better support, community integration and reduction in social isolation and loneliness; and, improvements to physical health.

Around a third of people of working age are living with one or more long-term mental or physical health condition. For many, this will affect their everyday lives including their ability to work. Poor health is a risk factor for unemployment and economic inactivity. Work, and particularly good work, often comes with many benefits for an individual; providing not only an income, but also self-esteem, a sense of purpose and social networks. Work is often identified as a recovery goal even for those with severe disability. Further, **work is a social determinant of health**, with evidence showing that good work is associated with improved mental and physical health compared to unemployment. This is borne out in service use, with people who are in work less likely to access health services, indicating sustainable health and wellbeing benefits.

Given the synergies, we anticipate that social prescribing and good work may be complementary. To explore this further, our research has examined **social prescribing through a ‘work’ lens**. We explored how work is viewed within the social prescribing context, the extent to which it contributes towards broader health, recovery, and functional goals and how this approach enables a return to work. Our study first undertook a **review of the literature** on social prescribing and work, together with a short exploratory **questionnaire with members of the social prescribing network**. This was followed by **four case studies** of related organisations in which we explored the role of work in their service. We then followed a client journey, where we sought to understand the relationship of social prescribing and work from a **client perspective**.

Despite the lack of recognition in the literature, **achieving or moving closer to work** was identified as **common goal for clients** and the majority of respondents to our questionnaire agreed that employability and work-related outcomes should be included in the specifications of social prescribing services; identifying that **work has a role in reducing social isolation, improving self-confidence, and self-esteem**, as well as having a more direct impact on health and wellbeing. Clients’ concerns about finances and the welfare system further reiterated the relevance of work related issues within social prescribing.

The four case study organisations – based in **Bromley-by-Bow in East London, Hertfordshire, Rotherham, and Newcastle** – varied in terms of who could access their service, the length of engagement and how support was delivered, but they all identified **similar challenges for clients** who accessed their support. These included financial issues, in particular a need for advice on welfare benefits; housing issues; anxiety and low mood; and social isolation.
How then might social-prescribing be better used as a means of providing support to achieve work-related outcomes? Social prescribing for work outcomes can be viewed in two ways:

- A direct route to work by referral to community-based employment support;
- An indirect route to work, via a range of community activities which build self-confidence, self-efficacy and social networks.

Despite the variation in services we were able to identify some key elements which appear important if social prescribing is to positively contribute to improving work-related outcomes for clients. These were:

- Entry via, and strong links with the health system, usually referrals from GPs but also from secondary mental health services. Particularly important was a clear separation from the welfare system;
- Links with a wide range of good quality community support, with social prescribing acting as a single pathway to a range of support - ‘A lubricant between cogs’, enabling and empowering people to access opportunities they otherwise would not be aware of or would not engage with;
- The ability to fill gaps in existing community support, given the lack of good quality employment support services and expertise in the community;
- Dedicated ‘Link Workers’, identifying clients’ needs and providing the link to appropriate support/activities: “My role is about…trying to encourage people to think about what changes they would like to make if they could.”;
- Person-centred approach, ensuring that the individual patient’s needs and goals always lead the activities, starting with what they see as the most pressing first.

We also identified some challenges for improving work outcomes. These include: a limited vision of health and wellbeing (and outcomes measures); lack of expertise around work and welfare; short-termism in service provision; low availability and quality of community services; and, poor awareness of work as a health outcome.

Our research, although limited at this time, demonstrates the opportunities existing within social prescribing to support clients for whom work is important and for whom work may contribute to improving their health and wellbeing, whether this is a short, medium or long term goal. We do not believe this potential is currently being fully utilised.

We believe that building work into social prescribing can be done at several levels:

- Early discussions of work as an option preferably integrated into the initial assessment, in a positive and empowering way.
- Driving the development of good quality employment services (including welfare support) in the community. This becomes even more important where the social prescribing service interaction is time-limited as people are effectively discharged into the support.
- In measuring outcomes. To enable us to learn about whether and to what extent social prescribing is supporting work goals, and how and for whom this is being done.
In Conclusion

Our research provides some encouraging early findings about social prescribing as a means of improving a wide range of social outcomes, including work, as a pathway to improving health and wellbeing. We have been able to draw out some of the key features of social prescribing, and believe there is potential to build upon these within the work and health environment. However, there is not sufficient data available to allow a rigorous assessment of the extent to which social prescribing is achieving work outcomes, and this, compounded by the variation between the case study organisations, means we cannot recommend one model as being preferable or more effective for work-outcomes. Encouraging data collection on work and other social outcomes will improve our ability to evaluate, compare and improve services, as well as strengthening recognition of the importance of work as a key determinant of health and wellbeing.

We provide recommendations for some first steps towards integrating work-related support into social prescribing that are easily achievable and can offer tangible benefits for clients. These are:

1. **Include work as a social determinant of health and wellbeing and as an outcome measure.** This would have several benefits. It would reflect the broader agenda of better integrating work outcomes in the health system, driving the recognition that health care professionals are often an important influence on the extent to which people perceive themselves as being able to work. Furthermore, it would drive the collection of data to inform commissioning decisions, and to allow evaluation and comparison of different models to understand what is most effective.

2. **Develop good practice guidance and supporting tools to improve the recognition of work in this context, and improve the ability to effectively support clients to achieve it.** This should include information for commissioners and “Link Workers” on the value that good quality work can have, and guidance on what effective work and welfare support might look like, drawing on good practice and the employment support and vocational rehabilitation evidence base. This approach would help to improve “Link Worker” skills and confidence in this area.

We believe that social prescribing offers an opportunity to improve health and wellbeing for a wide range of people, and would like to see its expansion to enable more people to benefit from its holistic, person-centred approach. Further, we call for social prescribing to be taken to the ‘next step’ and action be taken to optimise the role of the service in supporting work opportunities for those clients for whom this is a desirable outcome, and a means to improving health and wellbeing.

Despite the considerable potential in social prescribing as a means of supporting people with multiple and complex health and social barriers towards work, we would have concerns about its adoption as part of back to work support within the welfare system. Being voluntary and person-centred are inherent to social prescribing; this does not appear compatible with conditionality and the mandatory aspects of the current welfare system. Further, given these elements of the welfare system were identified as causing significant stress for clients, there would likely be reluctance among stakeholders to pursue such an approach. This is something to be borne in mind during the current period of health and work policy and practice reform.

For more information

- info@theworkfoundation.com
- www.theworkfoundation.com
- +44(0)20 7872 5416

February 2017

All rights reserved © The Work Foundation (Lancaster University)

Image credits: thinkstock.com