



**Collaboration
between social
prescribing and
social welfare
advice in London
March 2021**

Background

- Following on from research report released in January on co-location and collaboration between social prescribing and social welfare advice services
- Looking to explore:
 - Different models of collaboration
 - Experiences of social prescribing schemes on the ground
 - Data available to evidence changing need for social welfare advice services
- Spoke to people in 11 different boroughs, some with specific services in place, others without

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Since the pandemic began, how has the level of demand for advice on issues like welfare benefits, housing and debt changed?

 Start presenting to display the poll results on this slide.

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Which of these kinds of issues do you see the most?

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How easy do you find it to access support for your clients needing social welfare advice?

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How would you describe the data you hold on the demand for social welfare advice?

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Have you ever found yourself helping with advice issues that went beyond your job role/knowledge level?

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Different models of operation

- **Co-location**, with advice based within or integrated into primary care
- **Reserved capacity**, for link workers to refer on to
- **Collaborative working and clear referral pathways**, resulting in greater service integration and smoother journeys for patients
- **Training and capacity building** of link workers and other frontline staff to identify issues and give initial information
- **Combined link worker/advisor roles** to provide holistic support

Key challenges

- **Rising demand**, and anticipation of this continuing further
- In some areas, real **challenges in accessing services for patients** – both advice and statutory
- This can lead to **link workers being forced to hold complex cases** which go beyond training level and cause capacity challenges

Demonstrating demand

- Some have **robust systems in place** which demonstrate the level of demand and how this has changed since before the pandemic
- In some cases, the advice service itself has **data on referrals from social prescribing**
- Largely report **between 50% and 80% of patients** seen having some kind of social welfare issue

Challenges demonstrating demand

- **Broad data categories**, which can make it unclear what is advice related or which kind of advice it relates to
e.g. employment – employment law or employability?
Money – welfare benefits, debt or money management?
- **Differences in data systems** with challenges getting cross-borough or inter-borough comparable statistics
- **Onward referral data** doesn't always paint a true picture of demand e.g. where services are beyond capacity link workers may stop referring

Bromley by Bow Centre

Unleashing Healthy Communities



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