



How social welfare legal and financial issues affect health and wellbeing: the role of social prescribing

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About the authors

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Introduction

There is now substantive evidence that financial insecurity is associated with long term physiological and psychological wellbeing [4, 3, 8, 9]. Both medical and legal literature indicate that where underlying social drivers affect patient health, medical intervention alone is unlikely to improve health outcomes [8]. Social prescribing methods of integrated health and social welfare advice have been shown to lead to improvements in mental health, overall wellbeing and a greater quality of life [8]. However, social welfare legal advice has rarely been a central focus in social prescribing and support services are fragmented [5]. Key systematic reviews and reports have recently emerged analysing these links and gaps in both evidence and service provision [3, 4, 5, 6, 8, 9]. This review will provide a summary of the latest developments and information regarding the link between social welfare advice and health and wellbeing, alongside gaps in service provision. We used a Rapid Evidence Review methodology by identifying key search terms to supplement existing reviews on the topic, and by drawing information and evidence from the wider grey literature. Laid out below is a brief outline of the benefits of social welfare advice on health and wellbeing, social prescribing pathways, the benefits of social welfare advice on populations at greatest risk of health inequalities, and recommendations.

Methods

- Scoping is defined in this piece of work as exploring a range of evidence sources to populate an understanding of the concepts, boundaries, outcomes, and critical ingredients to achieve defined and emergent outcomes. Our method was guided by our aim to explore information available on websites about real-world projects or services as well as published literature. Therefore, please note that this review is a rapid scoping review, rather than a systematic review.
- A Rapid Evidence Review approach was used to provide this evidence synthesis. Rapid Evidence Reviews streamline the steps of systematic reviews under an accelerated time frame to produce evidence in a shortened time frame. We searched PubMed and Google Scholar, and sources of grey literature including google, greylit.org and opengrey.eu.
- The following terms were used to identify relevant social prescribing literature: social prescri* OR community refer* OR on prescription. Search terms were established using the PICO (population, intervention, control, outcome) method. Interventions included (but were not limited to) financial, financial service, debt advice, legal advice, legal service, social justice partnership, criminal justice, gambling services, gambling advice, social prescribing, community referral, *on prescription. Outcomes included wellbeing, social welfare, health, maternity, chronic respiratory disease, cancer, and hypertension.

- For searching in Google, ‘social prescribing’ OR ‘community referral’ or ‘on prescription’ were combined to get an initial series of hits. Further search terms on social, welfare, legal and financial issues, as listed above were individually applied to these hits. Where multiple pages were found, up to the first 10 pages were searched. To keep the review manageable, the searches were limited to the last 5 years only, when the majority of social prescribing publications have been produced.
- Studies included reviews (including scoping reviews), reports, and grey literature. Studies were included if they explicitly assessed the relationship between social welfare legal and financial advice alongside one of the identified outcomes and were written in English. All other literature was excluded.
- The first broad search and screening of abstracts was conducted by LK to make a preliminary selection of studies for consideration. Rayyan.ai software was used to organise all sources of information, for screening and for independent review of each paper. Final selections for inclusion were then made by both authors (LK, HC) when reading the studies in full. Results of the review process were compared, and any discrepancies discussed and resolved.
- In this review ‘social prescribing’ refers to healthcare professionals referring patients to a range of non-clinical services with the aim of supporting health and wellbeing holistically [4].
- Social welfare issues encompass welfare benefits, debt, housing, education, and employment [4].
- Welfare advice services are characterised as those which provide advice from experts regarding general social welfare issues and entitlement to welfare benefits [8].
- Financial issues refer to financial insecurity, income and household income and poverty [8].
- The International systematic review of the impact of Health-Justice Partnerships describes Health Justice Partnerships as providing assistance to healthcare professionals to address social welfare legal needs of patients whose health is impacted by socioeconomic circumstances [4].

Results of the search strategy

- A total of 10 studies were identified. Five addressed social welfare and financial advice [2, 5, 6, 8, 9], five focused on legal interventions [1, 3, 4, 5, 7], and one study reported on migrant experiences of social prescribing and access to welfare advice [10].

The impact of financial and legal advice on health and wellbeing

- There is an established bidirectional relationship between social welfare, legal, and financial problems and health. These directly impact physical health and mental wellbeing [3, 4, 8, 9] and indirectly impact social determinants of health such as poverty, poor living conditions and insecure jobs or housing [2, 4, 6].
- Mental health outcomes after receiving social welfare advice include reduced levels of anxiety and/or depression. For example, a mixed methods study of Citizen Advice Bureau services provided in GP practices in the Wirral [1] reported 76% of 2163 clients had reduced levels of anxiety/depression, 31% had reduced antidepressant use, and 85% had been able to resume daily activities [8]. GPs reported an 85% reduction in the numbers referred to other mental health services [8].
- Exposure to legal problems (e.g. Money and or debt issues, welfare benefits, housing/homelessness, immigration and employment [9]) is associated with mental ill health deterioration in young people [9]. For example, UK surveys reported that between 20% and 46% of young people became ill, this included impacts such as stress-related ill health, difficulties concentrating or sleeping, loss of confidence, fear, and drinking or drug use [9].
- Insecure housing is damaging to health, particularly causing poor mental health. For example in those in temporary accommodation, with those living in insecure circumstances experiencing depression at over twice the rate of the general population [2]. Additionally physical health can be damaged as overcrowded, unhealthy homes are linked to respiratory and cardiovascular illnesses [2].
- Long term conditions, for example diabetes, depression, chronic pain, chronic obstructive pulmonary disease and hypertension are exacerbated by pressures from deprivation, insecure jobs and housing, and can lead to multiple long-term conditions [2].
- One scoping review found young people reporting social welfare or legal issues affecting psychosocial factors e.g. self-esteem and stress, substance abuse and physical or mental health [9]. Support outcomes included improvements to finance or debt, housing standards, avoiding homelessness, improving employment or education/training circumstances, access to healthcare or avoiding interventions from social services [9].
- Access to social welfare advice, encompassing legal and financial help, is attributed to improvements in physical health by addressing social circumstances and determinants of health [4, 8]. Advice and support led to mental health improvements by reducing stress through improved financial health, debt relief and housing stability [3, 4, 8].
- Studies have found that welfare rights interventions led to increased financial income [4] and greater consistency of household income coming from backdated payments from unclaimed benefits [8]. Financial stability reduces

anxiety and stress, improves access to nutritional food, improves housing conditions and improves physical health [4, 8].

- Increased income was found to allow people to participate in more activities, enable access to paid-for health services such as dentistry, home care and eye care and to maintain social contact [4].
- Significant reductions in drug and substance misuse [3, 4, 8] facilitated by improved access to primary care, mental health and community drug and alcohol services [8] led to self-reported improvements in confidence, knowledge and empowerment enabling the use of other services [4].
- A qualitative study conducted in Ukraine reported that providing legal assistance in services for drug users increased engagement with preventative healthcare among this group [4].
- A systematic review [10] and call for evidence evaluating social prescribing programmes in the UK with at least 1 migrant participant found social prescribing, including access to services such as mainstream healthcare, immigration advice and bilingual advocacy, may be effective for improving migrants' health and wellbeing [10]. Although only reported anecdotally without validated tools, improvements to mental wellbeing, reduction in physical health symptoms and the likelihood of children experiencing neglect or harm were reflected. Improvements to migrants' confidence, self-esteem and empowerment was also reported anecdotally and qualitatively. Improved confidence and stability across employment, finances and using community services was also found [10].
- Health outcomes in young people receiving social welfare interventions demonstrated self-reported improvements to stress and anxiety. Qualitative findings indicated that providing advice for social and legal problems gave young people greater control to think about important life decisions [9].

Social prescribing and financial and legal advice

- Social welfare advice services have rarely been given prominence in social prescribing discourse and there are inconsistencies in presence and service delivery within healthcare settings [5]. Nevertheless, there is evidence that social prescribing schemes and social welfare advice coexist, for example Citizens Advice reports local service provision within 600 primary settings [5].
- In 2018 a comprehensive mapping exercise of social welfare legal services in healthcare settings [3] found that there is evidence that complex socio-legal issues spill over into NHS General Practice, where significant cuts to legal aid funding reduce resources for social welfare advice services to run effectively and GP practices provide access to free professional advice [3].
- Colocation and referral pathways directly linking healthcare and legal and financial services increases accessibility and encourages people to seek help for their social welfare problems in a trusted and less stigmatised environment

[2, 4, 8]. The integration allows for collaboration, increased efficiency and both improved health and wider social outcomes [5].

- A tailored service for those with specific long-term health and mental health, with better follow up and continuity of care, enhanced and created specialised patient experiences compared to conventional services [8].
- Social prescribing facilitated action on health and social inequalities as co-located welfare rights advice increased engagement with other community health services and so improved treatment plan compliance particularly for those with chronic or complex diseases [8]. Further, high quality studies reflected that those who were referred to advice through primary care settings by healthcare professionals would not have otherwise sought advice or help [4].
- Young people experiencing social disadvantage need intervention for early prevention of poorer physical and mental health, especially during adolescence or young adulthood to mitigate the build-up of poor social circumstances over the future life course [9]. Initiatives integrating advice into healthcare settings for young people at risk of social welfare legal issues that could negatively affect their health are sparse [9].
- Social prescribing initiative the ‘Covid financial shield’ [5] created a collaboration of local partners working to halt the ‘tsunami of debt’ as a result of the pandemic. GP practices in Stockwell, Peckham and South Bermondsey are putting people with both financial and health difficulties in contact with ‘Financial Support Link Workers’ operating within social prescribing teams. The link workers will enable access to benefits, emergency financial support and debt advice. Reducing financial pressure on patients enables them to focus on treatment and recovery, improving their mental and physical health [5].
- Cross sector partnerships, for example colocation and social prescribing referral pathways, incorporating advisors into multi-disciplinary teams, integrating legal support into pathways, joint clinics and technology-based approaches providing direct access via telephone to welfare advisors [4] are necessary to “reach people where and when they are most in need of support” [2 p.25].
- Welfare rights interventions in UK primary care settings result in significant improvements in financial strain and vulnerability in the proceeding months of those who received the intervention [4]. Financial literacy was improved through empowering individuals to seek support, manage their own finances, and prevent spiralling into financial insecurity [8].
- International reports indicated significant amounts of money received by people as a result of advice and legal assistance. Other positive outcomes were the prevention of the loss or stopping of benefits, increased access to healthcare insurance, the ability to manage debts, and reduction of credit card use [4]. Qualitative research emphasised the value of financial assistance

in alleviating difficult financial situations and mitigating the financial consequences of illness [4].

- For example, financial data from studies including 14,468 participants who accessed and received support from welfare rights advice services [8] demonstrated an average income increase of £2757 per annum and an overall average of debt managed of £2,326,655 in one year [8].
- Legal issues resolved through social prescribing interventions of welfare advice included housing and homelessness, employment and job security, education and family stability, food support, wills and utility shut offs [4].
- Health Justice Partnership mapping found that reducing pressure on healthcare services was a priority. Many advice providers were seeking to reduce GP attendances (45%) and hospital admissions (39%) and services reported aiming to support the delivery of primary care through enabling GPs to manage non-health needs, reducing non-medical presentations and GP appointment times [3].
- Despite an overall lack of sufficient statistical power, some high-quality studies in the UK and Canada reflected that welfare services in healthcare settings can be a beneficial resource to support healthcare professionals and potentially save time through allowing their focus to be on the individuals' health needs [4]. Multiple other studies have reported GP and admin staff finding colocated services to be time saving through similarly reducing time spent on non-health issues [8]. However, some participants reported patients booking additional appointments with the GP as they were already in the building seeing welfare advisors [8].
- One systematic review [10] reflected that there is a minimal amount known about social prescribing approaches and outcomes for international migrants with low quality evidence reported [10]. However, half of studies assessed reflected an increase in social networks within communities, improved community participation and improved migrant access to healthcare services [10].

Social welfare advice and populations at greatest risk of health inequalities

- People from Black-African, Black-Caribbean and other Black communities in the UK are more than twice as likely to have financial issues and more than three times as likely to live in a household that is struggling with bills or rent [2]. In London boroughs of Lambeth and Southwark nearly one in three Black adults already live with more than one long-term condition and are the most disproportionately affected minority ethnic group [2]. As a result of social welfare interventions women and people from Black or Black British ethnic group were found to be particularly likely to benefit in relation to common mental health disorders [4, 9]. Social prescribing delivery must recognise the impact of remote services for those who are digitally excluded including Black, Asian, and ethnically diverse communities [5].

- Socially excluded individuals and long-term health conditions: Those at risk of social exclusion and those with ill health are much more likely to develop social welfare problems [3]. For example, people with long-term health conditions often have unreliable or lower incomes due to being too ill to work consistently, and have extra expenses on medication, transport, specific diets, and pain management, demonstrating the clear links between physical, mental, and financial health. A small-scale study [7] in US hospital settings report reductions in asthma severity and asthma medication usage for adults receiving housing intervention [4]. These data highlight the need for a preventative approach, especially amongst disproportionately affected Black, Asian, and ethnically diverse groups [2].
- Cancer. UK studies described how those with serious illnesses such as cancer may be likely to lack the physical or mental strength to pursue legal resolution processes or may assume that they are not entitled to welfare assistance unless informed by healthcare professionals [4]. Health Justice Partnership mapping found some social welfare legal services operated in connection with healthcare services specialising in a particular condition, for example cancer, HIV or drug and alcohol centres [3]. There were also services that supported particular patient groups, such as older adults, those with mental health conditions and victims of domestic abuse [3]. Positive financial outcomes due to social welfare services were found to aid with costs associated with cancer diagnoses, providing security during illness and helping patients maintain employment [3].
- There is increasing interest in how referrals and resources could be effectively targeted to certain clinical pathways which are likely to have social welfare legal advice needs for example for new diagnosis such as cancer or dementia, pregnancy, and caring responsibilities. Early action could result in reduced complexity for advice services, reduced detriment to health and reduced costs where issues could be promptly resolved [5].
- Migrants. Increasing resources to meet the needs of some of the most vulnerable people in society, e.g., refugees and asylum seekers, has a significant impact on the intersection of social and health inequalities [8]. Access to culturally and linguistically appropriate healthcare can be important to achieving positive outcomes of social prescribing for migrants [10].

Social prescribing pathways: barriers and enablers

- Trusting relationships created by healthcare workers is a significant enabler in accessing individuals [3, 8], including people at risk of health inequalities such as migrants [10]. The value of healthcare workers as trusted intermediaries ensures that a wide range of issues are advised and addressed [5]. Good working relationships enable successful partnerships between healthcare services and advice providers [3]. Providing a trusted, familiar, and free of stigma location was useful in enabling community-based interventions for patients [5].

- Colocation is an effective form of integration with social prescribing and primary care, facilitating opportunities for regular discussion as to how advice service can support both healthcare services and patients [3, 5].
- Funding was flagged as a barrier for providers and limited-service capacity for social prescribing and delivering social welfare legal advice where funding remains fragmented [5, 10].
- In 2018 charity funding was found to be the most common source of financial support for social welfare legal services working within healthcare and most funding was short-term [3]. Advice Services Alliance estimates a funding gap of at least £13 million in social welfare services a year in London [3]. Cuts to legal aid eligibility has further restricted access to advice [3, 9].
- Resource constraints include being short of space and capacity; in primary care settings space was easier to obtain in large multi-service health centres than in GP practices. Oversubscription means all cases cannot be undertaken [3].
- Immigration policies were mentioned by some providers as a barrier to successful social prescribing [10] where instability and a lack of appropriate statutory service provision further complicate social prescribing provision.

How reliable is this data?

- A limitation of this report is that conclusions are based on a select number of key systematic reviews and reports; however, they represent the latest developments in the sector and are considered robust and comprehensive. The systematic review [10] and call for evidence addressing social prescribing and migrants contained studies of low-quality evidence, there is a lack of robust data collection and a low rate of reliability to the body of evidence within studies used. Studies were also not likely to represent migrants experiencing significant and greater barriers to entering social prescribing services [10].
- There is sparse collective understanding of how to best implement welfare services in a healthcare setting and target those most in need [8]. Similarly, there is little known about approaches to social prescribing for international migrants [10].
- Whilst the studies that included assessing social welfare advice and health among young people indicated levels of uptake of advice for social welfare issues in England and Wales and Australia, there is a lack of evidence from other global regions. Population-based surveys also relied on self-reporting and are likely to underrepresent the legal needs of groups such as refugees, racially and Black, Asian, and ethnically diverse groups, those facing homelessness, LGBTQ+ and young people with mental or physical disabilities. There is also a lack of evidence for any longer-term outcomes in this scoping review [9].
- Overall, there is strong evidence amongst both quantitative and qualitative studies for improvements in mental health and wellbeing as a direct result of

legal interventions [4]; however, it is important to note that health impacts are likely to depend on patient populations and the legal issues addressed.

Recommendations

- The development of evaluation tools, robust study designs, and comparative studies would strengthen current evidence on the understanding of social prescribing through social welfare advice and the impact of such initiatives and identify how outcomes can vary by context [4].
- Future research should explore the lack of representation from groups at greatest risk of health inequalities, due to barriers on access and how migrants' needs are best addressed through service delivery, for example tailoring to individual needs such as language interpreting and gender specific service delivery [10].
- Research should also address the gaps in evidence regarding the impact of the pandemic on young people's need for advice and further research on groups underrepresented in population-based studies is needed [9]. There is a need to better develop social welfare advice services accessible and suited to young people [9].
- The issue of funding needs to be addressed in order to provide effective and wide-reaching services.
- Ensuring appropriate training of link workers, social welfare advisers and healthcare staff [5] to enable a comprehensive understanding of the intersection of issues to ensure affective service delivery and collaboration, is also a priority.

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