



Evidence briefing

Social prescribing: social welfare legal and financial advice

Introduction

This briefing helps set out what the evidence currently tells us about social welfare legal and financial advice and health and wellbeing.

It summarises the key findings from a rapid evidence review, commissioned by NHSE, and delivered by NASP's academic collaborative.

The methodology for the rapid evidence review (which focused on recent systematic evidence reviews relevant to this theme), a thematic overview of the results, discussion of the reliability of the data, and future recommendations can all be found in more detail [here](#), alongside other Rapid Evidence Reviews completed in this [series](#).

Headlines from the rapid evidence review

Whilst there is relatively little evidence available for this area yet, what does exist confirms that:

- Financial insecurity is linked to long term physical and mental wellbeing.[3, 4, 8, 9]
- Social prescribing of integrated health and social welfare advice can lead to improvements in mental health, wellbeing, and quality of life.[8]

What the evidence tells us about the links between social welfare legal and financial advice and health and wellbeing

Social welfare, legal, and financial problems have a direct impact on physical health and mental wellbeing.[3, 4, 8, 9]

Supporting people with financial, social welfare and legal advice can have a positive impact on people's financial and related circumstances:

- improvements in financial health or debt management, housing standards, avoiding homelessness, employment or

- education/training, access to healthcare, and increase engagement with interventions from social services in young people.^[9]
- 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]
- alleviation of difficult financial situations and lessening of the financial consequences of poor health.^[4]

Social welfare legal and financial advice can positively impact mental health outcomes: Research suggests that financial and legal advice can improve mental health by reducing stress, as a result of improving financial health, debt relief and housing stability.^[1, 3, 4, 8, 9]

Social welfare legal and financial advice can be used to help address health inequalities: Studies found that welfare rights interventions can increase the scale and reliability of household income, for example from backdated payments for unclaimed benefits. In turn, increased financial stability reduced anxiety and stress, increased the ability to alter diet, improved housing conditions and physical health.^[4, 8] Increases in income may also help people to take part in more activities, to access paid-for health services such as dentistry, home care, eye care, and to maintain social connections.^[4]

Social welfare legal and financial advice can be targeted to support particular groups: For example, among people who use drugs or alcohol, these services can significantly reduce drug and substance misuse^[3, 4, 8] facilitated by improved access to primary care, mental health services, and community drug and alcohol services^[8], plus improvements in confidence, knowledge and empowerment, which enable engagement with other support services such as preventative healthcare^[4]

What the evidence tells us about social welfare legal and financial advice based social prescribing and health and wellbeing

The evidence highlights the following factors:

- **The advantages of integrating the planning and delivery of social welfare legal and financial services with health services.**
 - Locating health and advice services together and ensuring referral pathways directly link between healthcare and social, welfare, legal, and financial services increased the accessibility of these services, and encouraged people to seek help for their social welfare problems in a trusted environment.^[2, 4, 8]
 - There are inconsistencies in the availability and service delivery of social welfare advice services within healthcare settings. However, Citizens Advice reports local service provision within 600 primary settings^[5] and that this integration allowed for collaboration,

increased efficiency, and improved health and wider social outcomes.^[5] The evidence also suggests that those who were referred to advice by healthcare professionals would not have otherwise sought advice or help.^[4]

- Welfare rights advice services located with health services increased engagement with other community health services and led to a higher number of patients who were able to follow their treatment plan, particularly those with chronic or complex diseases.^[8]
- Young people experiencing social disadvantage need early intervention for prevention of poor physical and mental health, especially during adolescence or young adulthood, to prevent the build-up of poor developmental and social outcomes in the future.^[9] However, there is very limited evidence of services being aimed at young people^[9]
- **Social welfare legal and financial services provided support during the Covid-19 pandemic:** Social prescribing initiative the ‘Covid financial shield’^[5] created a group of local partners working together to halt the ‘tsunami of debt’ as a result of the pandemic. GP practices in South London put people with both financial and health difficulties in contact with ‘Financial Support Link Workers’ within social prescribing teams. The link workers help people to access 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].
- **Different types of social welfare issues could be addressed through partnerships between health, and social welfare, legal and financial services:** For example, a personalised welfare advice service for those with specific long-term health and mental health needs, resulted in improved patient experiences compared to conventional services^[8]. The types of legal issues resolved through social prescribing includes housing and homelessness, employment and job security, education and family stability, food support, wills and utility shut offs.^[4]
- **There is the potential for these partnerships to reduce pressure on the NHS:** There is evidence that complex social welfare finance and legal issues spill over into NHS General Practice^[3] 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], although larger studies are needed. Several studies have also reported that co-locating health and welfare services located can be time saving for health staff, and also some additional appointments being made due to services being close by.^[8]

The role of social, welfare and legal advice in improving health and wellbeing among people likely to be experiencing health inequalities

- **Black, Asian, and ethnically diverse groups:**
 - 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]
 - Women, and people from Black or Black British ethnic groups were found to be particularly likely to benefit from social welfare interventions in relation to common mental health disorders^[4, 9]
 - Social prescribing delivery needs to recognise the need for and impact of remote services for those who are digitally excluded, including minority ethnic groups.^[5]
- **Socially excluded individuals and those with long-term health conditions:**
 - People vulnerable to 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 for medication, transport, specific diets, and pain management. A small-scale study^[7] in the US reported reductions in asthma severity and asthma medication usage among adults receiving a housing intervention.^[4]
- **People with cancer:**
 - Those with serious illnesses such as cancer may be unable to pursue legal processes or may assume that they are not entitled to welfare assistance unless told by healthcare professionals.^[4]
 - Some social welfare services operate in connection with healthcare services specialising in a particular condition, for example cancer, HIV or drug and alcohol centres,^[3] and there are also services that support particular patient groups, such as older adults, those with mental health conditions and victims of domestic abuse.^[3] These have shown some positive financial outcomes such as aid with costs associated with cancer diagnoses, providing security during illness, and helping patients maintain employment.^[3] Early action could result in improved health outcomes and reduced costs where issues could be promptly resolved.^[5]
- **Migrants:**
 - Access to culturally and linguistically appropriate healthcare can be important to achieving positive outcomes of social prescribing for migrants. ^[10]
 - One review suggests that increasing resources to meet the needs of some of the people at greatest risk of experiencing health

inequalities in society, such as refugees and asylum seekers, can have a significant impact on social and health inequalities. [8]

- Social prescribing programmes in the UK, including access to services such as mainstream healthcare, immigration advice and bilingual advocacy, may be effective for improving migrants' health and wellbeing, [10] although stronger evidence is needed. They may also improve confidence and stability across employment, finances and using community services in this group. [10]
- Social prescribing approaches showed an increase in social networks within communities, improved community participation and improved access to healthcare services for international migrants. However, the evidence base needs improvement. [10]
- One systematic review [10] contained studies of low-quality, meaning 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]

What the evidence tells us about barriers to, and enablers of, social prescribing

- The trusting relationships created by healthcare workers is a significant enabler in accessing individuals including people at greatest risk of experiencing health inequalities, such as migrants [3, 8, 10]. These relationships mean that a wide range of issues can be advised on. Providing a trusted, familiar, and free of stigma location was useful in enabling community- based interventions for patients. [5]
- Locating social advice and health services together is an effective form of integration and gives, opportunities for regular discussion as to how advice services can support both healthcare services and patients. [3, 5]
- Lack of space and staff are barriers; in primary care settings space was easier to find in in large multi-service health centres than in GP practices. Oversubscription means all cases cannot be supported [3]
- Immigration policies have also been mentioned as a possible barrier to successful social prescribing where instability and a lack of appropriate statutory service provision further complicate social prescribing provision. [10]

How reliable is this evidence?

- Overall, there is 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 both the patient group, and the types of issues that are addressed.

- The rapid evidence review was based on a small number of key systematic reviews and reports; however, they represent the latest developments in the area, and are considered robust and comprehensive. There is a small amount of evidence on how to best implement welfare services in a healthcare setting and reach those who are most in need^[8]. Whilst the studies that included social welfare advice and health among young people suggested 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.

Evidence informed implications for social prescribing planning, delivery, and research

- A need to ensure that link worker, social welfare advisors and healthcare staff receive the appropriate support and training^[5] to develop a comprehensive understanding of the relationships between different social, legal and welfare issues, and ensure that services can work together to deliver this.
- Develop better ways to evaluate social welfare legal and financial advice interventions, including how well they work, and the difference they make to health outcomes.^[4]
- Services should be designed so that they can meet individual needs. This might include language and gender specific service delivery, for example^[10]
- Develop social welfare advice services that are accessible to, and suited to, young people^[9]
- Find ways to fund effective and wide-reaching services

References

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