

'Let's Get Working': social prescribing and employment – a genuine 'win:win'?

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Social Prescribing Network conference 2019

'Let's Get Working'

- Five year action research project (2017-2021) funded by **European Social Fund** and **Big Lottery Community Fund** through Building Better Opportunities (BBO) programme
- Core remit to help move **people with disabilities and/or long term conditions towards and into the labour market**
- Delivered across East Sussex and Kent, expect to work with c1,500 by end 2021
- BBO offers considerable flexibility in delivery methods
- **Positive link between employment and health, particularly mental, well established**
- Opportunity grasped by SCDA to propose a project to test the potential for **employment support to be offered in a social prescribing context**

Science News

from research organizations

One day of employment a week is all we need for mental health benefits

Date: June 18, 2019

Source: University of Cambridge

Summary: Latest research finds up to eight hours of paid work a week significantly boosts mental health and life satisfaction. However, researchers found little evidence that any more hours -- including a full five-day week - provide further increases in wellbeing. They argue the findings show some paid work for the entire adult population is important, but rise of automation may require shorter hours for all so work can be redistributed.

National policy drivers

Health:



DHSC
NHS



- Improving patient outcomes
- Improving system efficiency/
reducing costs



Labour market:



DWP



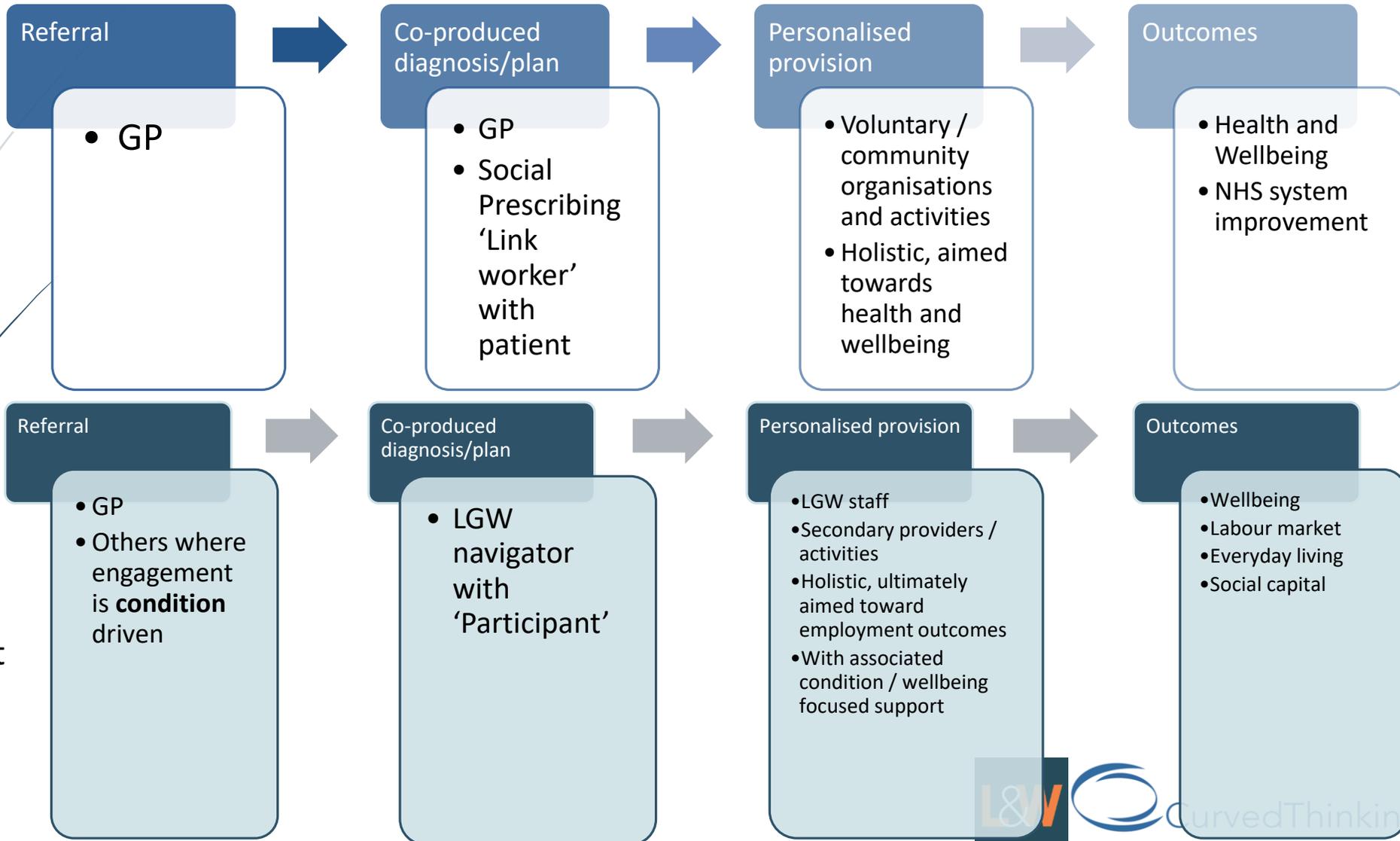
ESF/BL CF

- Maximising labour market participation
- Reducing welfare dependency



Original models of patient progression

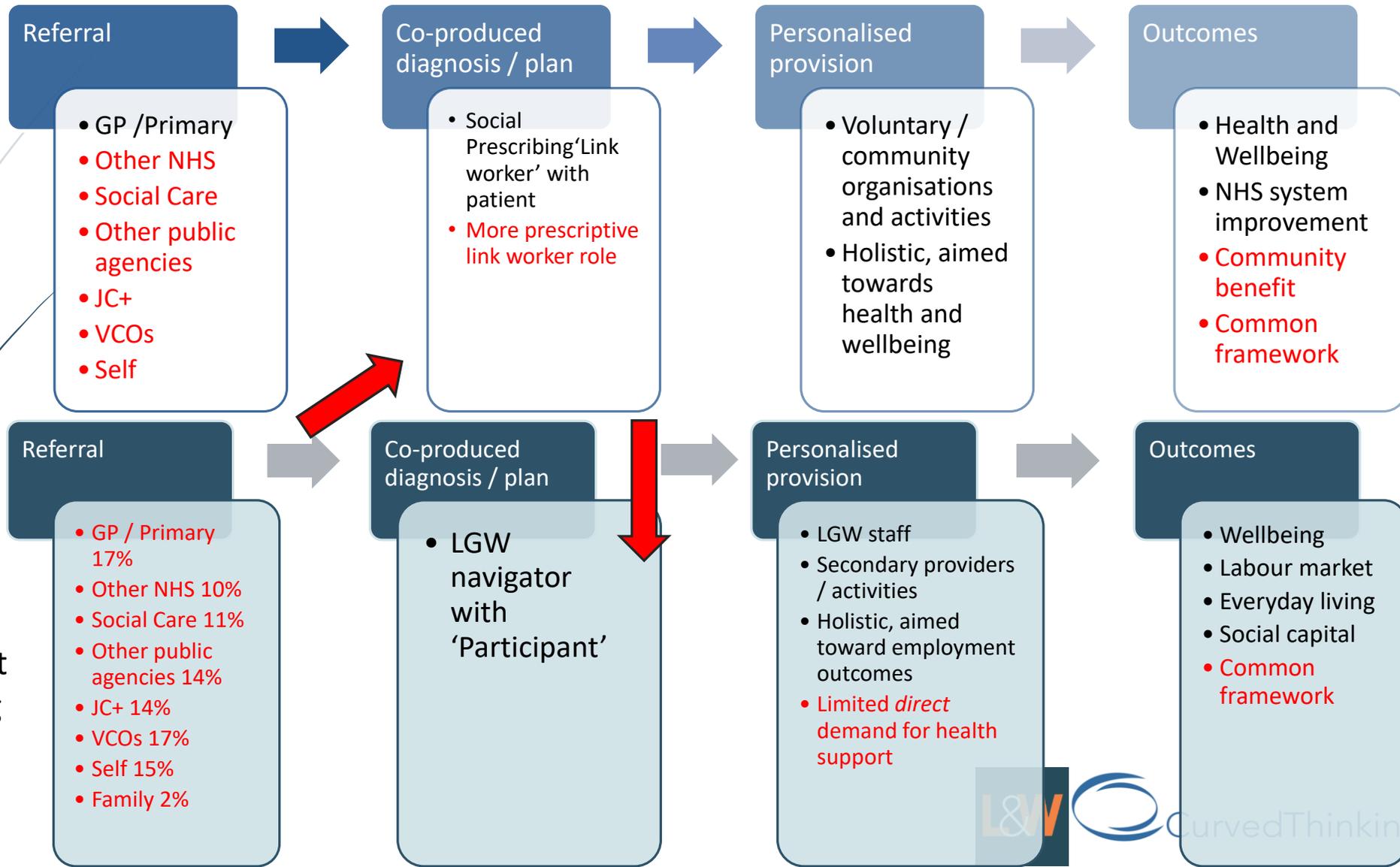
'Classic' Social Prescribing – composite picture



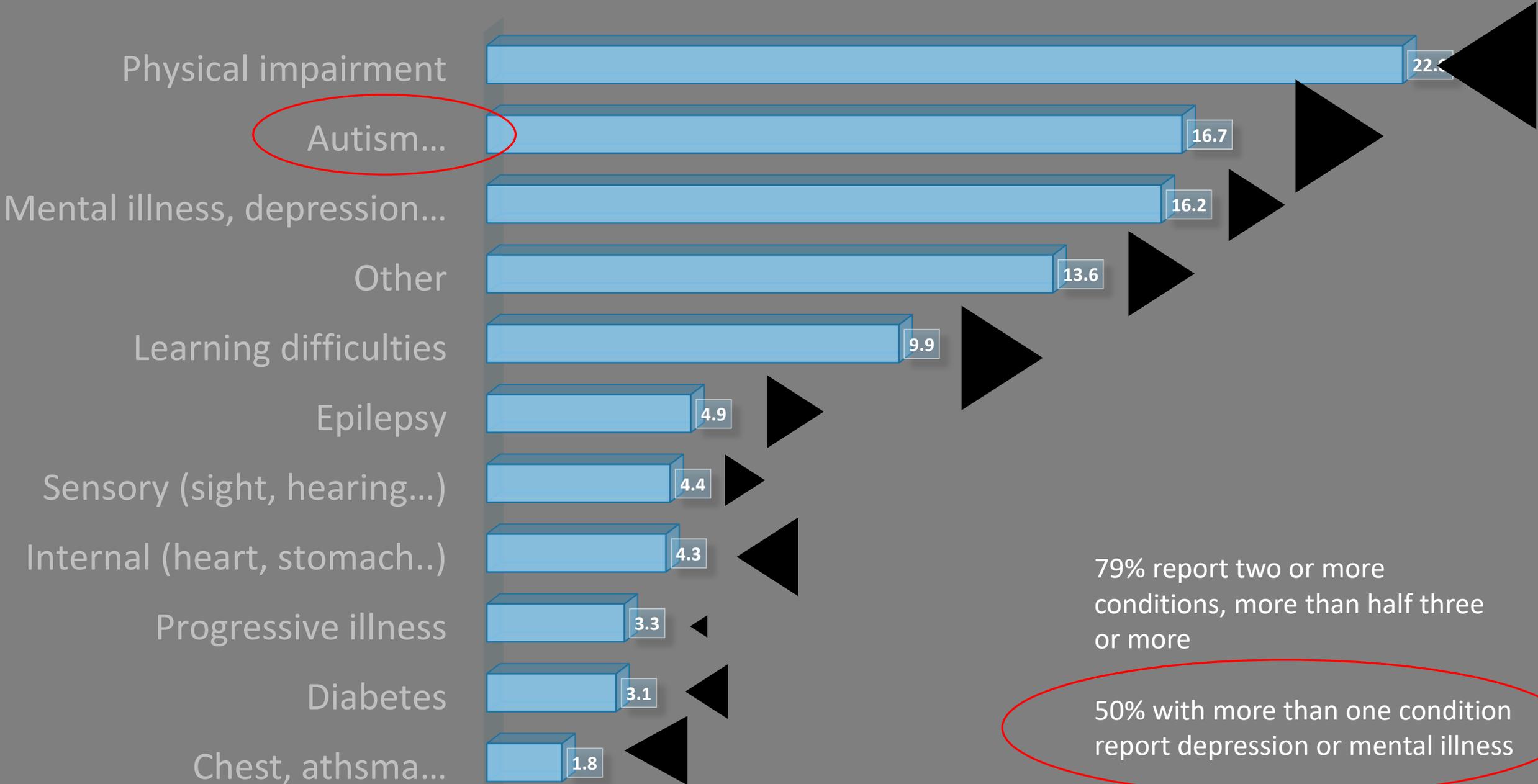
2019 models of patient progression

'Neo' Social Prescribing – post National adoption

Let's Get Working



MAIN REPORTED HEALTH CONDITION / DISABILITY



79% report two or more conditions, more than half three or more

50% with more than one condition report depression or mental illness

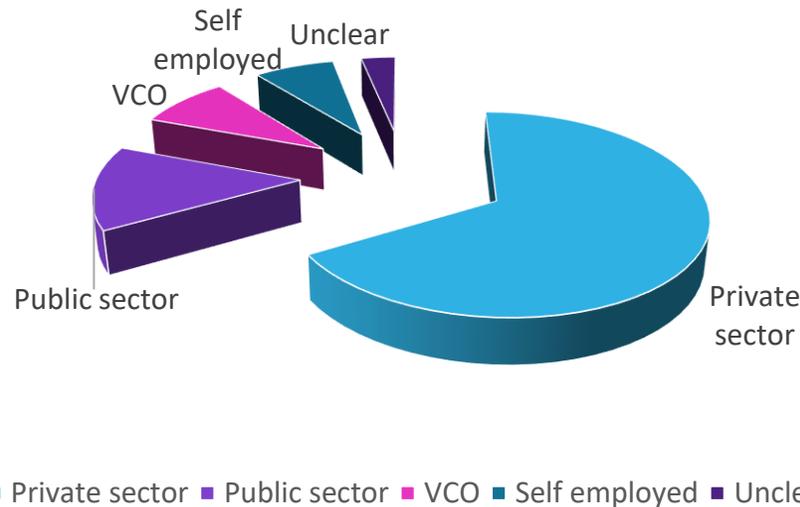
LGW Participants – distant from the labour market, many disadvantages

- ▶ **2/3 inactive** before joining (therefore likely to be harder to help)
- ▶ **1/3 unemployed**, mean before joining project 49 months (4 years), median 19 months
- ▶ 1 in 3 on ESA, 1 in 5 on JSA, 16% on UC. **At least 15% not on any benefits**
- ▶ **More than half in jobless household, 20% with dependent children**
- ▶ **26% no higher than lower secondary education.**
- ▶ **1 in 3 lack basic skills**



Employment outcomes

65% into employment,
70% 25-49 into
employment, 57% <25s



16% went into learning, 1 in 3 of <25s

6% job seeking
12% 'no result'

2/3 to private sector, 8% self employment

Men and women equally likely to go into employment

Of those **previously inactive**, 58% went into jobs, as did 78% of those previously unemployed.

Of those previously **unemployed**, 19 had been without work for more than a year, **7 for more than 5 years**

Very significant improvement in **perception of labour market engagement**

Self assessment on exit, by end 2018

Self assessment ratings total (min 7 max 35)	On joining project	On exit	Change	Number showing 2+ increase	Number showing no change (-1 to +1)	Number showing 2- decrease
Mental health (SWEBWEMS)	21.0	27.1	6.1+	101	21	19
Employment and learning	21.1	28.5	7.4+	108	17	24
Everyday living	24.4	26.6	2.2+	77	26	38
Community and connections	22.9	27.4	4.5+	96	23	22

Source Participant Assessment Questionnaire (PAQ)

Sustaining outcomes?

- 165 exited at least 6 months ago, **102 went into employment (62%)**
- 50 (30%) responded to follow up survey so far
- 33 of these went into employment, of which **20 remain in employment at least six months after leaving the project**
- All but one say continued employment was either **all down to LGW**, or it played a significant role

- **80%** say, with the benefit of hindsight, that LGW had a positive or very positive impact on their lives (not just employment)

Learning

- Social prescribing environment has **changed under our feet**
- For better (higher profile, more awareness, recognition of diversity of referral sources, limited resource injections)
- And worse (less direct clinician engagement, stimulated competition/bandwaggoning, significant complexity, confusion and unclear remits, makes our evaluation trickier)
- Movement towards the labour market **improves both sets of policy goals for individuals**
- Policy drivers don't respond that well to attempts to deliver multiple benefits
- Employment support can be **effectively delivered through social prescribing**, needs better integration with local SP ecology and greater visibility
- Common framework **should include employment** related support
- Our evaluation needs **better view of system outcomes** in addition to individuals

'I found myself alone and confused after a head injury and they gave me hope and someone to talk to and helped me piece my life back together'

LGW participant, still in work a year after leaving the project



'I'm doing really well. I've almost completed the first year of my Access course. I've just finished the Fine Art, in September I'll be doing Creative Writing & next year I'll be doing English Literature.

After that, it's onto University :)'

LGW participant, still in education a year after leaving the project



'I have not yet met a participant we could not progress in some way'

Front line member of staff



Thanks for your attention

- Information exchange, collaboration, debate and discussion of these issues, particularly in the context of employment support, most welcome:
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- John Bell, Senior Partner CurvedThinking, john@curvedthinking.com