



Topic: Social Prescribing

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Context:

The profile of social prescribing has increased over the past year, due to two main drivers; the increased move towards personalising health and social care and the understanding that people's health is determined by a number of complex and interrelated social, economic and environmental factors. This is a cultural shift in the way health and care is perceived and delivered that makes individuals active participants, rather than passive recipients in their health and care. For occupational therapists, personalised care is about focusing on people's strengths and enabling individuals to carry out the activities they want and need to do in their lives. Personalised care is intrinsic to the profession.

RCOT View:

Social prescribing is a key component to enable people to participate in social activities. Enabling social participation is at the heart of the occupational therapy profession. As such, this makes occupational therapists the obvious partner to develop, build and support social prescribing initiatives.

Occupational therapists are therefore, ideally placed to advise and lead the development of social prescribing services, especially in areas where take-up has historically been low. There should be a named lead for social prescribing in every locality, which is a role ideally suited to the core skills and competencies of occupational therapists.

Occupational therapists are not social prescribers, but their skills and expertise can enhance social prescribing services. Social prescribing is a tool which must be based on a personalised assessment of need and should not be a replacement for expert occupational therapy intervention. Social prescribing may be viewed as the universal approach for assisting people to participate in social activities; whereas occupational therapists work with those whose needs are more complex and require a more tailored approach for them to be able to actively engage and participate in social activities.

RCOT expects occupational therapists to develop and promote their existing skills in social prescribing. Occupational therapy practitioners can do this by:

- Building a working knowledge of how to access local social prescribing projects and services for people to access services independently.
- Establishing working relationships with social prescribing services and practitioners (such as link workers) in support of people on their caseload. This would also involve working on



processes that enable smooth transition between services so there is no delay in peoples care.

- Offering expert advice, guidance and possible supervision to social prescribing practitioners in primary care services.

Occupational therapists in management/leadership roles can do this by:

- Demonstrating to local managers, commissioners of services and other relevant parties the part social prescribing plays in current practice for people with complex needs.
- Seeking opportunities in funding and leading on social prescribing initiatives.
- Promoting how the existing occupational therapy evidence base can be applied to social prescribing and seek opportunities to contribute to ongoing research.

Additional information:

Occupational therapy's role in social prescribing. Available at:

<https://www.rcot.co.uk/news/occupational-therapy-role-social-prescribing>

Making personalised care a reality, the role of occupational therapy. Available at:

<http://cotimprovinglives.com/campaign-reports/>