



# Social prescribing, funding, and safeguarding

## Workshop Report

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Sophie Boyd and Brianna E. Robertson-Kirkland



THE UNIVERSITY  
of EDINBURGH



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On 7 March 2023, Scotland's Singing for Health Network hosted a workshop that focused on issues around social prescribing, funding, and safeguarding for singing for health groups. These topics were chosen as they reflect the important themes that have emerged during this two-year project, Royal Society of Edinburgh-funded project. The 23 workshop attendees represented social prescribers and link workers from the [Health and Social Care Alliance](#), the [Scottish Community Link Workers Network](#), and the [Scottish Social Prescribing Network](#); Higher Education Creative Health academics from the Royal Conservatoire of Scotland and the University of Glasgow; third sector representatives from arts-health and creative ageing charities; Glasgow Life representatives; and singing group leaders from across Scotland.

The workshop was organised as a 'world café' style event and was therefore designed to generate discussion between workshop attendees to capture current issues, solutions and questions around key discussion points. The following discussion points were introduced by invited guest speakers:

### **1. Singing for Health and the funding problem**

"Social prescription and funding", Alison Leitch from Scottish Social Prescribing Network

### **2. Training and safeguarding in Singing for Health**

"Developing training initiatives for Singing for Health practitioners", Anne Gallacher from [Luminate](#).

"Safeguarding and practitioners", Clare McBrien from [Givin' it Laldie](#).

This report will summarise the key headlines that participants raised in group discussions on each topic. Conclusions are offered as to the role of Scotland's Singing for Health Network in addressing these issues in the future.

## **Social prescription and the funding issue**

Social prescription and funding go hand in hand. Social prescription requires resources for sustainable longevity. Issues of who pays for social prescription are important to address. It is also important to consider how to make social prescription more accessible for GPs and service users, including generating a valid and widely available evidence base for singing on prescription, as well as exploring the ongoing evaluation of services. COVID-19 shone a spotlight on the importance of mental health and social context of singing groups (see [Theorell et al. 2023](#); [Daffern et al. 2021](#)). How can we improve the support for these services? The following headlines offer more depth into these discussions:

### **The Scottish Government must catch up with the rest of the UK on social prescription**

Currently, there is no appointed minister for social prescription. While the Scottish Social Prescribing Network is endorsed by the Scottish Government, the network is unfunded and run on a voluntary basis. A Scottish Government initiative for social prescription would enable the necessary resources to be invested into achieving a sustainable model across Scotland.

A unified payment structure for link workers across Scotland is necessary as part of a sustainable model.

### **A joined-up approach is required for effective social prescription**

The NHS must work *with* third sector organisations to achieve positive outcomes. This involves sharing resources and managing capacities. There is a need for recognition that social prescription puts pressure on the third sector. A hub (currently under development, with five universities, led by the University of the West of Scotland) is necessary to bring together partners from across social

prescription services and research, to acknowledge the issues in Scotland, to generate new research, and to offer solutions across the NHS, third sector, and higher education.

### **How can we encourage buy in from GPs?**

Many GPs are currently unaware of singing for health activities and the ways in which singing can help their patients. Scotland's Singing for Health Network has gone some way to aiding in this area by providing a [map](#) of all the singing for health groups currently operating in Scotland, however, further work in this area is needed. For example, further training is needed for GPs and people working in primary medicine to engage with singing for health research and local resources. A research hub would help to achieve this, as well as further outreach to medical schools and their social prescription champions. Evaluation from singing groups would help to evidence the impacts of singing on patients for GPs to further understand the role of singing in the management of conditions.

### **Social prescription is *not* free**

Research and evaluation demonstrate that singing groups for specific conditions relieve pressure on the NHS via decreased contact time required of GPs through patients' ability to self-manage conditions, decreased reliance on medication, and decreased hospital visits, for example, decreased exacerbation in COPD patients.

However, it is essential to recognise that social prescription is **not free**. Where pressures on NHS resources may be resolved via social prescription, it is unsustainable to expect the third sector to carry this burden. Currently, the singing for health groups who operate under the third sector model are under pressure to identify funding to ensure their groups can run from week to week, while also preparing for and leading sessions, and providing pastoral support for group members. Such a burden requires time, expertise, and appropriate safeguarding of the practitioner (discussed in more detail below). Under the current model this is unsustainable. There are other examples across the third sector that are not music specific. Social prescription must be followed through with funding, as with pharmaceutical prescriptions.

Putting the burden of funding onto singing group members is not appropriate as it furthers health inequalities across social and economic populations and communities. The cost of living crisis put pressure on community venues and resources, for example the cost to heat a large hall is expensive. This in turn effects the sustainability of singing groups who may have to pay increased costs for venue hire, or may lose their venue.

### **Linking in with successful social prescription models**

A current successful social prescription model is [Blue-Green prescribing](#), which seeks to reduce the negative impacts of pharmaceuticals on Scottish waterways. Singing on prescription could link in with this initiative to illustrate how singing that is targeted at specific conditions can decrease the need for pharmaceutical prescriptions. Therefore, there is a potential to link in with Blue-Green Social Prescribing funding and organisations such as Scottish water, Scottish Canals, and RSPB.

### **Evaluation is key and must take a joined-up approach**

Singing leaders and third sector organisations need evaluative tools to quantify the time and money saved by the NHS for each group member who is socially prescribed to their group. This would encourage buy-in from GPs.

However, it is important to note that there is a large body of research, including gold-standard randomised control trials, that evidence the role of singing for health in the management of specific conditions, and therefore the cost-benefit for NHS resources.

It is also important to raise that putting the burden of evaluation on singing leaders and the third sector is unsustainable, and therefore a joined-up approach with higher education is key to providing the resources needed to carry out appropriate evaluation and to help manage the data generated.

### **Small pots of funding are unsustainable and put further pressure on singing group leaders**

Short term funding pots require the singing group leader or third sector organisation to continuously fundraise. This causes precarity where the longevity of the group is uncertain. This is detrimental to the freelance singing leader whose income is precarious. It also causes concern for service users who rely on the singing group for their physical and mental health. The constant evaluation that is required from funders for each small pot of money puts further pressure on the time and resources of the singing group leader. Therefore, larger funding pots must be made available to sustain Scotland's singing for health sector, including a joined-up approach from the NHS.

### **Singing leaders must not be expected to work on a voluntary basis**

The onus of singing group sustainability must not be at the expense of singing leaders' incomes. Some of the singing leaders on the network expressed the challenging pressures of working for free so as to avoid letting their group down. However, as per the Musicians' Union guidelines, working for free devalues the labour of others across the sector.

Organisations must never plan singing for health activities without budgeting appropriate payment for freelance musicians. [The Musicians' Union offers rates of pay](#) that value the labour of singing leaders, such as preparation time, the qualifications needed to deliver sessions, and ongoing CPD.

## **Safeguarding**

### **Mentorship and peer-to-peer learning and support**

Singing leaders working in singing for health groups face emotional challenges that require support to safeguard their health and wellbeing. This support could be shaped as a **formal mentorship programme, counselling and therapy, or peer-to-peer learning**.

**Peer learning** across the sector would help to ensure that the health and wellbeing needs of singing leaders are supported. This would involve sharing resources, exercises, and experiences, as well as facilitating a space for emotional support.

**Shadowing opportunities** would be a useful way of supporting new singing for health leaders so that they are able to learn and develop their skills in a supported space outwith a training course. Large organisations with resources could provide these opportunities.

**Spaces for peer-to-peer support are important.** These spaces could be facilitated as supervision within organisations, regular debriefs, therapy sessions, monthly drop-in sessions online, a staff hub, existing online groups, or a WhatsApp group dedicated to this purpose.

It was acknowledged that creative support, as listed above, is the **first to face funding cuts**. Therefore, creative support needs to be prioritised as an area of investment and funding.

## **Support during sessions**

Having additional people in the room to monitor and maintain wellbeing of the group is important so that the singing leader can focus on leading the session, and the role of safeguarding the wellbeing of participants is carried by an appointed person.

## **Guidelines for the group**

The purpose of the group and the boundaries between the singing leader and singers should be laid out. This could be in the form of a mission statement which is co-created with group members. This would clarify how to contact the group leader and allow the leader to safeguard their personal boundaries.

## **Training**

Singing for health group leaders have a specific skillset that combines musical knowledge and experience, with medical knowledge of conditions, and group work skills to safely facilitate sessions. These skills are learned both through experience and specific targeted training. A baseline level of training is required for singing leaders to safely and effectively run singing for health groups. On going continuing professional development is also necessary to ensure singing leaders are up to date on new research and practice.

### **What should the training cover?**

Training in non-musical skills is important for singing leaders who have already gained experience in music, such as individuals who have followed a career pathway as singers and singing leaders. Training should be developed that covers the following skills:

- Condition-specific training: Vital for singing leaders to understand how best to support people living with long-term conditions and to safely support them in sessions.
- Group work skills: Understanding of groups is important, whether it consist of working with people with a variety of conditions or a diverse community. Resilience to work in difficult settings important training.
- Practicalities of leading a session: Including skills in using appropriate technologies, such as hybrid technology, funding applications, prepping for sessions, health and safety risk assessments.
- Youth work training.
- Supervision and mentorship.

### **What training is already available?**

- [NHS Education Scotland](#) (NES) modules
- [ASIST suicide prevention](#)
- [Scotland's Mental Health First Aid](#)
- [Alzheimer's Scotland Dementia Training](#)
- [Glasgow Council Voluntary Services](#) (GCVS)
- [Paragon Ensemble Music Training](#)
- Core training around disability awareness

## **How do we make training more available?**

The accessibility of training is important, and therefore it should be a paid opportunity for freelance singing leaders to attend training that will develop their skillsets as singing for health practitioners.

Compiling a hub of resources on the Scotland Singing for Health Network website will help to signpost singing leaders to relevant training opportunities.

## **What training opportunities can Higher Education offer?**

Higher Education can provide expertise for data capture and evaluation. A research hub, as previously mentioned, is necessary to bring together different strands of working across music and medicine.

Some degree pathways already touch on the identified training needs. Therefore, Higher Education could make modules available as part of a joined-up training approach. Scotland's Singing for Health Network are already paving the way for such opportunities, by providing shadowing opportunities to students who undertake the Music Leadership and Community Music modules as part of their BMus degrees at the Royal Conservatoire of Scotland (RCS). Further opportunities could be developed via the RCS's short courses.

Equally degrees such as Community Development which is offered at the University of Glasgow could offer placements for students within community music organisations. However, it is important to be mindful of the additional pressures this would place on the third sector organisations who host students. Higher Education can offer a community of practice with mentors and role models for students coming up through music education.

Higher Education offers a funding portfolio which differs from the third sector. Therefore, partnerships between the third sector and Higher Education could help resolve some funding challenges.

It was acknowledged that there is a perceived hierarchy of how community music is understood by certain professional musicians (though such views are rapidly becoming outdated as institutions such as the RCS provide training in community music via their BMus programme). That said, we need more confidence as a sector to illustrate the value of our community-based work.

## **The role of Scotland's Singing for Health Network in meeting the needs of the sector**

We are now at the end of our 2-year Royal Society of Edinburgh funded period. However, we are actively pursuing new avenues for hosting future network activities. The following recommendations for future network activities have been compiled from this workshop's outcomes. We have broken this into three clear avenues, showing what we can deliver in the short and medium terms, and what will require longer term thought and development:

### **Short term (next 6 months)**

- Making training more available and accessible, including signposting to training opportunities via Scotland's Singing for Health website.
- Providing ongoing support as part of Scotland's Singing for Health Network, for example, via peer group meetings, and communicating upcoming funding opportunities and events on social media and the network email list.
- Further promoting the work of singing for health groups across GP practices and primary care via the Scotland's Singing for Health website, flyers, and posters.

### **Medium term (next 6-18 months)**

- Continuing to build links with medical schools to educate medical students. Including linking up with social prescription ambassadors in each medical school.
- Facilitating more workshops like Workshop 3 to work together on identifying issues and solutions.
- Having a seat at the table in social prescription conversations.

### **Long term (more than 18 months)**

- Compiling evidence-based guidelines for establishing new groups.
- Collating training opportunities in a Higher Education setting, including possibilities for accredited training in the future.
- Generating new research and compiling existing research into the cost-saving benefits of singing for health for the NHS.
- Linking up singing leaders with researchers to carry out evaluation and offer training on evaluation.

### **Final outcome**

There are recommendations from those who attended this workshop that Scotland's Singing for Health Network can act on in the short term (outlined above). We are also actively engaging in conversations with organisations and institutions to address those issues identified, with the aim of fulfilling the medium- and long-term outcomes. Some of the more chronic issues, such as third sector funding, is part of a much wider discussion, which we will be continuing with fellow creative health organisations, and networks in Scotland.