

# Case Study

Real South West London

Real Jobs

Real You

South West  
London  
Integrated  
Care System

**NHS**  
South West London



**Name:**

**Lorraine  
Podiephatshwa**

**Job Role:**

**NHS Social Prescribing  
Link Worker**

**Age:**

**44**

**Location:**

**Croydon**

## What were you doing before you worked in the NHS?

I worked as an asset-based community development project coordinator or community builder. I was supporting local residents in Croydon to set up community projects. It could be a wellbeing support group or an exercise group. It could be a food bank. Basically, anything the community felt was important to them or missing.

## How long have you been working for the NHS?

Three years.

## Has working for the NHS changed you?

It has helped me grow as a person. The job is quite fulfilling as I'm helping people on a daily life activity every day and can see the impact of social prescribing. It's life changing. A lot of people have got social problems – we all have social problems – but many don't know who to turn to or who to speak to. So for me, it's quite fulfilling because I'm reaching out and helping to meet these people's needs.

## Did you have any worries about finding a good job?

A lot of people think NHS jobs need professionals with a clinical background and clinical qualifications. They're not aware of the many other roles available within the NHS. Also, there are opportunities but it's very difficult to access the opportunities. I know a lot of people who want to go into the NHS, but accessibility remains a problem.

## Would you encourage others to apply for work within the NHS?

We're trying to break down the barriers for people. Whether it's a young person, an older person, or whether it's somebody with a disability, you're not past it. You're not going to be overlooked as you've got life skills that are useful for people. You don't always have to have two degrees and perfect results. But through your life skills, you can give something back to the community and the NHS through non clinical roles. What we're trying to say is: Don't be frightened.

## How did you find this role?

One of my former colleagues became a social prescriber. She told me how interesting it was and how lively and busy it is. I said, okay, let me try it. I found out about a vacancy and applied. I was called for an interview, which was more based around personal and lived experience than what qualifications I had.

“  
Here I am achieving  
Here I am SW London”

## Give us other examples of social problems people face

It could be that people are having issues with repairs and the property. A lot of people have issues with damp and mould. Sometimes they don't even know the legal procedure to start reporting repairs to the landlord. Sometimes it might be someone owning their property and there's someone next door who passes away, their property left abandoned. There may be some animals or some activities going on. However, the police say this is not their issue. The council says it has nothing to do with them either. It means the person is stuck living next to a property that is making their life uncomfortable and they don't know what to do about it.

## How do people find your services?

Most people in a difficult situation go to their doctor and tell them they are stressed, depressed and worried. And the doctor will ask what the problem is. What's causing all the stress? What's the anxiety about? The doctor will also do physical checks but perhaps can't find anything medical. The person then starts disclosing things such as, "I've got a housing problem, I just broke up with my partner, I've got issues with children, my child has got this disability and I'm struggling to manage it. I don't know what to do." So the doctor will then refer them to us.

## How do you support people who have been referred?

I could refer them to a social group, a walking group, an exercise group, it could be a befriending. A lot of people, they really like it – but sometimes, even if you share information with people to attend these activities, they don't do it. But if you say to them, "Look, I'm gonna call you again for a follow up to find out if you've been able to access this activity, if it was beneficial to you," then they know that they're accountable. They're going to have to give me some feedback so they tend to go and do the activity. Sometimes I actually encourage people, motivate them, empower them by saying, "Look, this is your journey, this is your life. I'm just here to hold your hand and support you. I'm not going to be there throughout. Do you want to improve your health? Do you want to improve your life? These are some of the things that you can do. It's not just one thing that's gonna fix your problem."

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I love working here. In terms of job security, the NHS is the best.”

## What are the positives for working in the NHS?

I loving working here. I would love to stay and work for the NHS until I retire. In terms of job security, the NHS is the best too.

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