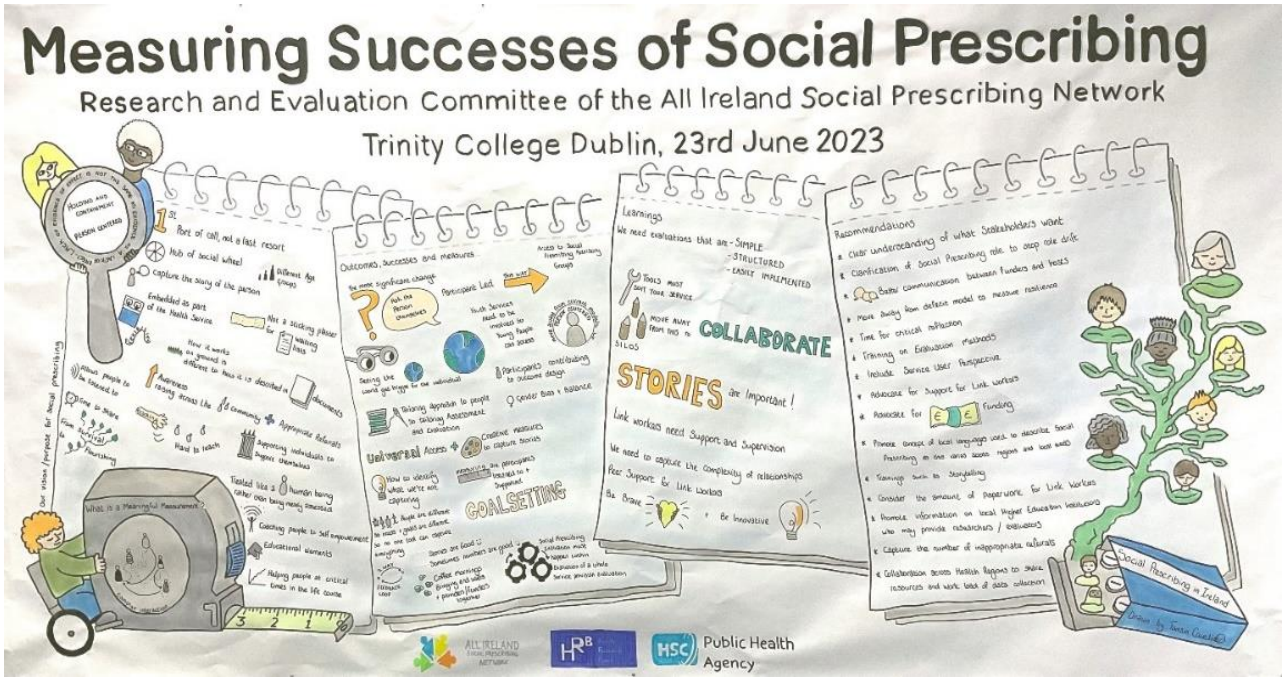

Measuring Successes of Social Prescribing

Trinity College Dublin

Workshop Report

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ALL IRELAND SOCIAL PRESCRIBING NETWORK

HRB Health Research Board

HSC Public Health Agency
Research and Development

Introduction

Social prescribing is a referral mechanism which connects people to non-medical, community and social based activities, which aim to empower an individual to take control of and manage their health and wellbeing (Husk et al., 2020). It has experienced rapid global growth in recent years (Morse et al., 2022) and has been recognised to have the potential to address individual, social and societal determinants of health, by improving access to adequate social support, adequate housing, and financial support, in order to avoid social isolation and loneliness for people (NHS England, 2020). While there is obvious growth in social prescribing services, and clear targets for the implementation of social prescribing, there is a reported lack of evaluation of the services, with recent research concluding that economic evaluation of social prescribing is weak, with limited research and evidence in evaluating the impact of social prescribing (Kiely et al., 2022). This is echoed in communities delivering social prescribing, where difficultly in evaluating social prescribing, along with inadequate evaluation processes have been reported (Mulholland, Galway and Lindsay, 2022). The rapid growth of Social Prescribing has resulted in a need for effective, robust evaluation processes, to determine the impact of social prescribing on the health of individuals, as well as its impact on local communities and associated financial costs.

This report shares details of a one-day workshop on 'Measuring Successes of Social Prescribing' held in Trinity College Dublin in June 2023. The workshop was hosted by the Research and Evaluation committee of the All-Ireland Social Prescribing Network (AISPN) as a follow up to a short break out session held the previous year at the All-Ireland Social Prescribing Network (AISPN) conference, held in 2022. During the conference break out session, delegates were invited to share their experience of outcome measurement in social prescribing, incorporating views from link workers, service managers, funders and academic researchers. This immensely informative session provided insights on the challenges associated with measuring and evaluating social prescribing, and it was clear that there was demand for more debate in this area. A conference report is available here. As a result of the interest in further developing measurement strategies, funding was sought to host a one-day workshop.

The purpose of the workshop was to bring together those involved in social prescribing across the island of Ireland, to discuss the evaluation of social prescribing, and to make recommendations that would result in improving evaluation processes. With funding support acquired from the Health Research Board in Ireland and the Public Health Agency in Northern Ireland, over 60 attendees were able to take part in the workshop, including social prescribing service users, link workers, social prescribing co-ordinators and funders. Discussions and subsequent recommendations were based around three key questions:

Question One

What is your vision/purpose for social prescribing?

Question Two

What outcomes do you associate with your vision/purpose for social prescribing? What approaches would you and/or could you use to evaluate these outcomes?

Question Three

What are your key recommendations for evaluating your social prescribing service?

Workshop Discussions

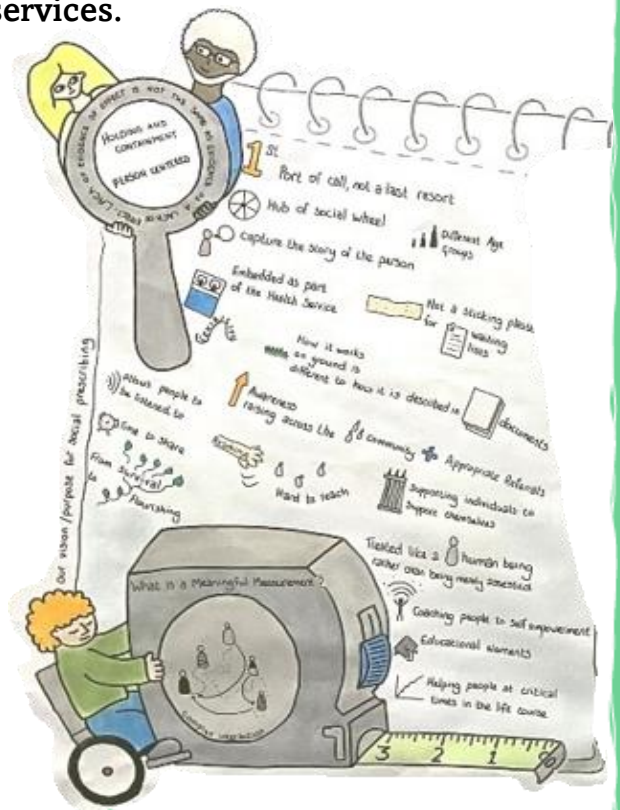
For the purpose of this report the discussions from these three key questions will be presented in four sections:

1. **Vision/Purpose for Social Prescribing**
2. **Approaches used to evaluate vision and outcomes of social prescribing services**
3. **Barriers and Facilitators to evaluation**
4. **Key Recommendations for evaluation**

The Vision and Purpose of Social Prescribing

Workshop participants were asked for their vision/ purpose for their Social Prescribing services.

Five categories were identified and are summarised below:



1. In the Community, for the community and with the community

- For Social Prescribing to be embedded in the heart of the community and to help develop new communities, bring people together from different cultures and diversity, help older people connect to their community and to provide a 'normal community life' for people, particularly those aged 18-40 where there are gaps in community services.
- To provide social justice by having Social Prescribing accessible to all in order to support health and wellbeing and for people to have a sense of belonging.
- To not discriminate against people by making the service open to everyone.
- Services need to adapt to the needs of their local community as different contexts need different approaches.

2. Health promotion service

- Social Prescribing to be considered as a health promotion practice to support individuals to move from '*Surviving to Thriving*'.
- To help people cope with mental health difficulties, cancer, dementia homelessness, asylum seekers and other challenges.
- To improve service users' health and wellbeing, confidence, self-efficacy and social connections through Social Prescribing's holistic pathways.

3. Supporting individuals to support themselves

- The main purpose of Social Prescribing is to support individuals to support themselves and coach them towards self-accountability.
- It is a place where people come to feel listened to as a human being as opposed to being '*assessed*'.
- The vision is for the service to be person-centred and allow equal access to services for everyone in order to help with their issues.

4. Social prescribing to be a recognised service

- Social prescribing is still embryonic as a service with many different names, branding and models.
- Social prescribing should be a recognised service within HSE and embedded in health services with equal recognition with other services e.g., Physiotherapists, Occupational Therapists etc.
- Social prescribing should be interconnected with other community services through symbiotic partnerships with organisations such as HSE, primary health care services, etc.
- Social prescribing should not be considered '*a sticking plaster or a waitlist service'*.
- The potential of Social Prescribing is undermined when it is considered as filling gaps for other social and health services through meeting basic needs for people such as housing, employment, food.
- It was made clear by the workshop participants that it is important that social prescribing services are made visible and spoken about to ensure people are aware that it is '*not random'*, it has '*universal access'*, and is '*self-evident'*.
- Evaluation is important to show the positive outcomes of social prescribing and to make it more recognised because at the moment there are '*no figures (data).*' Evidence-based outcomes are needed to increase credibility of social prescribing.

5. Agreed Definition

- Agreed terminology for social prescribing needs to be established in order for the public to understand the service.
- The word '*prescribing'* can be a barrier causing individuals to misunderstand the purpose of the service.
- Social prescribing services should use the Global Social Prescribing Alliance definition.

What is being assessed and how?

Participants at the workshop were asked what outcomes they associated with the vison and purpose of their social prescribing services.

They were also asked what success would look like for these outcomes and what approach/es would they use to evaluate outcomes of their services.

Workshop participants stated that it is important to measure outcomes overtime but opinions on specific evaluation approaches and measurement tools varied amongst the participants.

Narrowing the Gap

Due to the absence of clear guidance, participants believe that currently there are significant gaps in what is collected for evaluation purposes in Social Prescribing services and what is not collected.

Therefore, to reduce these evaluation gaps, a standardised approach is needed to guide evaluation of services.

Approaches to Evaluation

Service User Centred/Perspective

According to workshop participants, users of social prescribing services should at the centre of the services' vision and therefore what they want from the service will determine outcomes to be measured '*Purpose of the service will be tailored to the context and individuals that you see.. will also tailor outcomes but contributing to community seems to be universal*'.

Based on '*whatever matters to the client*', perspectives of all stakeholders (Service user's, Community groups, primary care staff and GP's) are needed to determine how services are delivered and what outcomes should be evaluated

Increasing the contribution from service users on evaluation was deemed very important. Evaluation of a service must be tailored to the service users and their local context. Learning difficulties and literacy levels of service users must be taken into consideration when deciding on evaluation approaches and tools.

Participants from the workshop want honest responses from services users about their needs and to make sure they are comfortable to open up about their reason/s for attending the service '*Social worker is scary, social prescriber is caring*'. Therefore, ensuring the service user is getting the most from the service is always a major outcome.

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Qualitative or Quantitative approach?

There were differences between workshop participants on whether qualitative or quantitative methods are the best approaches to evaluate social prescribing.

Participants discussed how they believe that funders want quantitative data, i.e., '*matter of fact data*'. However, for quantitative data some workshop participants believe '*that if there is no change in the evaluation data this could result in prevention/maintenance of a service*' by funders. This may deter services from collecting quantitative data for fear of not reaching targets and therefore not receiving future funding.

Qualitative data was considered more favourable by some workshop participants as they believed that storytelling and case studies support quantitative measurement tools and gives services-users time to tell their story. Having coffee mornings for service users and service providers was also suggested to evaluate '*did people connect to suggested community services?*' Qualitative approaches were considered very flexible and can help determine the impact on a person, family, and wider community.

Measurement Tools for Evaluation

To measure these outcomes it was suggested that measurement tools are streamlined through having the same system and database across services.

Currently, a number of different measurement tools are being used in social prescribing services around the Island of Ireland. The issue is standardising measurement tools that are used across all services. One participant suggested focusing on one outcome in order to narrow evaluation to a specific element but by doing this other important data/information could be lost.

Participants of the workshop identified a number of different measurement tools throughout the day including, MYCaW (Measure Yourself Concerns and Wellbeing) as it gives service users ownership of how they are, '*This is mine, specific to me'*. But this tool it is not suitable for everyone, i.e. older people. In-house evaluation can be done through Wheel of Life and SWEMWBS (Short Warwick–Edinburgh Mental Wellbeing Scale) to provide KPI's to funders. Other workshop participants recommended measuring the success and impact of social prescribing by evaluating engagement in community services, levels of loneliness and reasons for disengagement.

Measuring attendance based on gender was identified as important to determine uptake of services by men.

Ideally the evaluation approach to social prescribing would be standardised but flexible with regional and national structures that are co-produced with trusted partners. At the same time, when evaluation is too broad it is hard to capture essential data. Above all, making sure that whatever approaches or tools are used for evaluation that they must work well for the link workers. Piloting evaluation is important to determine if the approaches works or not. A feedback loop is needed between the link workers and those establishing the evaluation framework.

Barriers and Facilitators to evaluation

Barriers

Time for evaluation is a major barrier for link workers and those involved in Social Prescribing services. Time needed for link workers to identify community resources, filling in forms and evaluating services needs to be recognised and a resolution is needed to reduce this administration time.

Funding was also identified as a barrier for Social Prescribing services. As many services are under-resourced, evaluation is not considered a priority amongst services. A system is needed to provide consistent funding to support services to carry out evaluation.

As a service user, everyone's journey in Social Prescribing is different including the type of supports they receive, how long they attend the service to what services or activities they are referred. This makes standardising practices difficult. Participants of this workshop identified that establishing who decides when services users are finished with services lacked clarity, making it hard to '*close*' cases. Therefore, a framework, informed by evaluation, is needed to determine standardised practices for processes such as closing service users' cases.

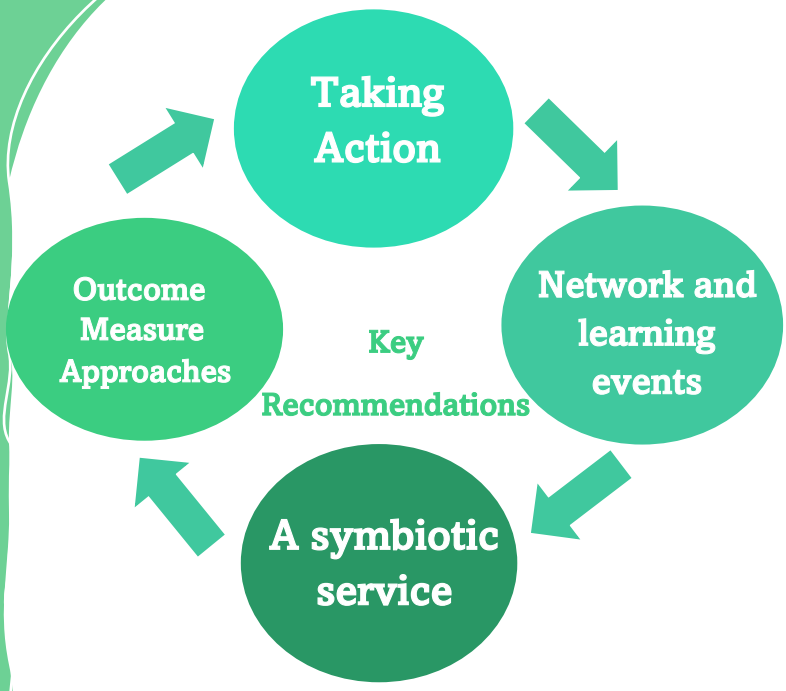
Facilitators

For evaluation, measurement tools can be a good way to connect to service users to find out more about them as it '*sparks a conversation'*. Interviews and focus groups also allows services users to open up and tell their story. Therefore, a combined approach of qualitative and quantitative may be the most beneficial for evaluating services.

Since time is a barrier for services to carry out evaluation, providing administrative support for link workers could help overcome this barrier and allow services to be evaluated properly.

Guidance from governing bodies as well as an agreed framework on evaluation would facilitate social prescribing services to run their service efficiently and for them to have clarity around areas such as closing cases and support them in evaluation. Additionally, support is needed for social prescribing services to apply for funding opportunities.

Gender inequality within services has also been seen as a barrier with male services users being a minority in Social Prescribing. Evaluating gender attendance can help determine appropriate services and activities to be incorporated into Social Prescribing to make it more inclusive and attractive to all genders.



Key Recommendations

At the workshop a number of recommendations were made for evaluation of social prescribing with **FOUR** main recommendations:

1 Taking Action

The main recommendation that came from this workshop was to '*take action*' following discussions from the day. Evaluation of services is '*discussed to death*' therefore, outcomes from the workshop need to be actioned as those involved in social prescribing '*Don't want to sit around the same table a year from now and have the same conversation*'.

2 Network and learning events

Participants of the workshop recommended more evaluation events/spaces to share, learn, develop and network. These events could be weekend-long and be organised quarterly or biannually. A participant of the workshop mentioned '*This has been an incredible/informative day. I've made brilliant connections with brilliant people. This will inform future funding applications helping to address the needs of the social prescribers.*' It was also recommended that more service users be invited to future events in order to provide their perspective as well as representation from staff of community-based services with which social prescribing-users are linked.

Absence of the HSE at a wider level was remarked upon as there are limited dealings with the HSE at ground level. Limited representation from the HSE at the workshop was noted by some workshop participants and these events are a prime time for the HSE to provide support and guidance to social prescribing services.

With funding being a consistent topic amongst workshop participants it was recommended that support should be provided for funding applications as there is a lack of clarity when it comes to funding services.

Standardised work practices through training for Link Workers and all those involved in Social Prescribing is required. Participants suggested training for GP's to understand the purpose of Social Prescribing.

3 A Symbiotic Service

It was recommended that social prescribing needs to be '*symbiotic'* and include other departments along with the Department of Health. This could include the Department of Justice, Children and Disability and Education. Social prescribing is embedded in our health service and needs to be considered equally with other services i.e. Physiotherapy, Occupational Therapy. An awareness should be made for it as a complementary service.

4 Outcome Measure Approaches

When evaluating outcomes services need to differentiate between medical outcomes and social outcomes. When data are collected it should be collected in real time so that improvements can be made to the service as the need arises.

Workshop participants identified a number of different areas of evaluation including community benefits, levels of engagement and pride in the community and visible change within the community.

Health care utilisation is another outcome that was identified including GP visits or changes in why individuals visit their GPs. But this outcome can take time to measure.

Measuring quality of life is important but this can mean different things to different people.

Appropriate outcome measurement tools that are accessible to each service no matter where they are based are needed. Using evaluation measures developed in other countries and that are not NALA (national adult literacy agency) approved is not appropriate '*We are creating the box, not trying to fit in the box'*.

As previously discussed a combination of qualitative and quantitative approaches is recommended to determine service users' health and wellbeing.

Focus groups were recommended with organisations involved in social prescribing asking about the impact of the service on community groups and the wider community.

Evidence based measurement tools needs to be identified with suggestions from participants of baseline measurement being simple. It is also important to capture unexpected outcomes.

Participants of the workshop recommended determining efficient and appropriate referral pathways. This will prevent inappropriate referrals and any time or resources that may be wasted from this.

Discussion

Social Prescribing is an evolving practice traversing diverse geographical and demographic context across the Island of Ireland. While there are many anecdotal accounts and some reports (Gage 2020; Bavan & Diamond 2022) highlighting the success of social prescribing, the absence of a clear evaluative framework means there is limited consensus across all stakeholder groups on what success ought to look like and how it might be measured. While the HSE (2020) social prescribing evaluability assessment identified twenty-five aspects of social prescribing that could be measured, only two: 'Change in Personal Wellbeing' and 'Change in social Connectedness' were recognised by contributors as essential.

In conducting evaluations, there are many different tools used by link workers and their services (Connolly et al., 2024). Thus, while evaluation may be widely occurring, it is difficult to collate this information to gain a picture of the success of social prescribing from a regional, nation or all Ireland perspective because the tools used, measure different things. In light of this the aim of the 'Measuring Successes of Social Prescribing' conference was to ascertain what success means for social prescribing through understanding what stakeholders recognised as being the core purpose of Social Prescribing, how this success was being measured and the factors making measurement easy or difficult. The conference workshops had over sixty participants comprising social prescribing stakeholders from diverse contexts including service users, link workers, service managers / coordinators, funders and academic researchers. Through their exploration of a range of questions in a variety of workshops and exercises, aggregated data was gathered and collated around four themes as follows.

The Purpose of Social Prescribing

Social prescribing was described primarily as a conduit connecting people with their local communities, particularly where people are marginalised or have difficulty accessing local resources. Participants stressed the importance of social justice, accessibility, and inclusivity, and viewed social prescribing as a user-centred service for all community members (though currently recognised that regrettably not available to children). Social prescribing was described as empowering service users to identify and address what matters to them, a place where they can feel listened to and heard. At a broader level social prescribing was viewed as reflecting the needs and interests of the local community and therefore had to be flexible enough to adapt to changing community demographics, e.g. an aging population.

In addition to addressing the social wellbeing of the local community, social prescribing was recognised as having a significant role to play with regard to health promotion and supporting mental health. This might be through supporting people to engage in healthy activities such as exercise classes or directing them towards support groups relating to mental health difficulties or cancer support. With regard to the social determinants of health, social prescribing was regarded as making a positive contribution by addressing anxiety and depression, supporting social connection, and helping people to find meaning or purpose in their lives.

Given the contribution Social Prescribing makes to the health and wellbeing participants felt it deserves equal recognition with other similar services currently imbedded within the HSE, such as physiotherapy and occupational therapy. It was felt that link workers had an important role to play on MDTs (multidisciplinary teams) in primary health and social care and it should not simply be regarded as a holding service for people awaiting resources, care or treatment. With regard to the status of social prescribing participants recognised evaluation as important in ensuring the success of social prescribing, promoting and maintaining the credibility of the service and improving the status of social prescribing. Relating to this, participants recognised a need for agreed terminology that could become universally recognisable among diverse stakeholder groups and identified the term '*prescribing*' unhelpful by implying medical rather than social intervention.

Current Assessment & Evaluation

Social prescribing was recognised as an embryonic and therefore still evolving service tasked with responding to the diverse needs of different communities. While there was consensus on the importance of measuring outcomes overtime, there was a diversity of perspective from workshop participants on the evaluation approaches and measurement tools that ought to be used. For example, workshop participants felt that the type of quantitative information required by funders was unable to measure significant social prescribing successes that would be apparent through more quantitative approaches, thus many emphasised the need for narrative methods of evaluation. Lack of clear guidance and consensus on the purpose of social prescribing among stakeholder groups was recognised as leading to gaps in evaluation. To reduce these gaps and establish appropriate evaluation methods workshop participants felt a standardised approach was needed to guide evaluation of services. With regard to evaluation, workshop participants emphasised a user-centred approach to measuring success. By extension this would also inform how the service was delivered or should be modified. To facilitate service user evaluations, workshop participants recognised a need to provide feedback mechanisms that considered learning difficulties, literacy levels and non-English speakers. Providing feedback can be intimidating and workshop participants emphasised how service user must feel comfortable if they are to obtain honest evaluations and accurate measurements.

Currently Used Evaluation Tools

Tools currently being used include MYCaW (Measure Yourself Concerns and Wellbeing) which was felt to support service user autonomy and empowerment but was deemed unsuitable for funders. The Wheel of Life and SWEMWBS (Short Warwick–Edinburgh Mental Wellbeing Scale) were recognised as appropriate for providing KPI's to funders. In developing additional tools workshop participants felt that being able to measure engagement in community services would also be beneficial.

Other factors participants felt were important to measure were levels of loneliness, comparative uptake by diverse cohorts e.g. males v females, and reasons for service withdrawal.

One of the most significant findings from the workshops was a desire among stakeholders, in particular social prescribing services to have a set of standardised tools, rather than the variation of tools currently used. This would provide a framework for evaluation which would reduce confusion and time invested in evaluation by providing clarity and structure. It would also allow for cross comparison between services and sharing of ideas where practices were found to be particularly successful. However, it was recognised that given the diversity of contexts any standardised tool would have to have some level of inbuild flexibility in order to meaningfully accommodate these differences. Finally, and more importantly any standardised tool must not present an excessive burden to the link worker, thus the tool should be designed and frequently reviewed in conjunction with link workers.

Barriers and Facilitators to Evaluation

One of the main barriers impeding evaluation was time. Workshop participants outlined how in addition to meeting with service users, a considerable amount of time is taken up with administration. Workshop participants felt that this aspect of social prescribing was not fully recognised or appreciated. The need for link workers and other staff to apply for funding on an annual basis was recognised as major burden. Participants felt that in line with other similar professions, social prescribing should be funded on an ongoing rather than annual basis which would allow time for evaluation.

As suggested, another barrier to evaluation is the uniqueness of every service user's circumstance from type of supports to length of engagement making standardising evaluation difficult. Additionally lack of clarity around when services users are finished, make it hard to evaluate '*closed*' cases, because they often remain '*open*' and therefore officially unfinished.

A combined approach incorporating both qualitative and quantitative tools was recognised as being most beneficial where filling forms was seen as supporting initial conversations, while interviews provide opportunities for hearing service user stories in depth.

Other facilitators identified as potentially being beneficial included administrative support for link workers, clear guidance and an agreed evaluative framework from governing bodies, as well as guidance on funding applications and accessing other resource opportunities.

Key Recommendations

Workshop participants recommended that:

- Workshop outputs be converted into real outcomes, and not repeated indefinitely
- Funding be ongoing to reduce time burden and allow for evaluation
- Such events (conferences) occur on a biannual basis as they are highly beneficial
- HSE attend future events to provide support and guidance
- Social Prescribing services are provided with support around funding applications
- Work practices are standardised through Link Workers training
- GP's are provided with information / training on purpose of Social Prescribing
- Social prescribing is embedded in the health service
- Social prescribing is recognised as symbiotic with other depts. e.g., justice / disability
- Social prescribing is regarded as equal with other services e.g., Occupational Therapy
- Measures used for evaluating social prescribing success differ and are recognised
- Data is analysed promptly so that improvements can be made as needs arise
- Community benefits and community impact are also part of evaluations
- Increased health care utilisation including GP visits are evaluated
- All services have access to outcome measurement tools
- Tools reflected the needs of service users, not a need to gather data
- A combination of qualitative and quantitative approaches is used
- Efficient and appropriate referral pathways are identified and agreed

Conclusion

Social prescribing is a dynamic and evolving service that is being incorporated into diverse contexts throughout the island of Ireland.

While there is much anecdotal evidence and several reports (Gage, 2020; Bavan & Diamond, 2022) highlighting the success of social prescribing, success means different things to different stakeholders.

While all social prescribing stakeholders recognised the importance of evaluation, the lack of standardisation means there is no capacity for collation of data across services, making it impossible to get a regional, national or All Ireland picture of social prescribing.

Many stakeholder groups identified high workloads and lack of time as a barrier to evaluation. Link workers, in particular, expressed a need for greater clarity, consistency and guidance on what commissioners require from evaluation, so they can use their limited time more productively.

Ultimately everyone agreed on the importance of evaluation, but there was a feeling that needs around delivery were not heard and expectations on what was required, were not clear. If measuring success in social prescribing is to be itself successful, there is a need for all stakeholders to collaborate on the design of evaluation and measurement tools. This may sound simple, but it will require dedicated time to build consensus around what success means for social prescribing across all stakeholders.

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