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Social Prescribing for Young People in the West Midlands: The Potential Impact on Employment and the Economy: **Evaluation Framework and Executive Summary**

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Foreword

The current reality in public services is one of finite resources and increasing pressures on the ones delivering them. The needs of our communities are multifaceted and require a system that itself is multi-layered, coordinated and utilises the extensive strengths and assets that are on offer within our communities. Within healthcare specifically, social prescribing has emerged as a powerful approach to bridge the gap between healthcare services, which are generally clinically focused and the broader aspects of wellbeing. The concept of social prescribing represents a transformative shift in our understanding of health, emphasising the importance of addressing not only physical ailments but also the social, emotional, and practical needs of individuals.

This report, a result of extensive research and collaboration, sheds light on the burgeoning interest in social prescribing, particularly in its application to young people across the United Kingdom. The Institute of Community Research and Development (ICRD) at the University of Wolverhampton, in partnership with the West Midlands Regional Economic Development Institute (WMREDI), embarked on a 15-month journey to explore the potential of social prescribing for young people in the West Midlands. This research represents an ambitious effort to examine the need for and benefits of social prescribing, with a keen focus on its economic and employability impact.

In the West Midlands Combined Authority's Health of the Region Report in 2020, there was a clear commitment to promote people-powered health. The work at the Combined Authority has since focused sharply on including the voluntary, community and faith sector to develop community-centred initiatives, as a means to tackle the long-standing health inequalities in the region. Social prescribing aligns seamlessly with this agenda, focusing on supporting our communities in leading healthier and happier lives. It is a testament to our shared commitment to creating an environment where individuals can thrive and achieve their full potential.

It is great then to see ICRD bringing their evidence-based practices to this project. By building on their previous work with community social prescribing providers and children and young people, the research has ensured that the development of social prescribing for young individuals is rooted in empirical data from its inception.

The report highlights that while there are social prescribing services available for adults, there is an urgency for creating tailored services for young people to complement the existing formal provision. The need for social prescribing for young people in the West Midlands, as highlighted in this report, is undeniable. The report illustrates the potential impact of these interventions on mental health, wellbeing, and the economy, particularly in terms of employability. We know from recent labour market data as well as from the West Midlands Mental Health Commission, that economic inactivity is a key concern for young people in the region.

This report then unveils a relatively new but rapidly growing field: dedicated social prescribing provision for children and young people. All social prescribing providers surveyed in the report, agreed that – as well as important health and wellbeing impacts - social prescribing is seen to contribute to a move towards employment and the gaining of positive life skills. It illustrates the potential benefits of social prescribing, together with the need for a more interconnected approach to provision and a greater understanding of the value of provision which is already available.

The interplay between wellbeing and economic outcomes represents a promising area for further exploration. It is clear though that social prescribing can serve as a pathway toward improving the physical and mental wellbeing of young individuals.

The core message of this report is the potential of social prescribing to transform the lives of young people in the West Midlands. It is a call to action, urging stakeholders to recognise the need for a more interconnected approach to provision and a deeper understanding of the value of existing services. The report authors have designed a vital new tool for social prescribing providers and commissioners: an evaluation framework to understand the impact of social prescribing programmes for young people. This tool will help in the planning of new services, measurement of the impact of existing services, and service development – to ensure programmes have the best impact possible on the health and wellbeing and employment needs of young people in the region.

As we look ahead, the vital work undertaken by the Institute for Community Research and Development (ICRD) and the West Midlands Regional Economic Development Institute (WMREDI) serve as an important step towards achieving a brighter, healthier, and more prosperous future for our communities. This report should assist all stakeholders, practitioners, researchers, and policymakers as a resource in transforming the lives of young people through the power of social prescribing. By working together, we can build a brighter future for our communities, where wellbeing and economic prosperity are within reach for all.

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**West Midlands
Combined Authority**

Executive Summary

Social prescribing aims to help people access local, non-clinical services and activities provided by voluntary and community organisations to support their social, emotional, and practical needs¹. Interest in, and delivery of, social prescribing for young people across the UK is growing. Research undertaken as part of a 15-month collaboration between the Institute of Community Research and Development (ICRD) at the University of Wolverhampton and the West Midlands Regional Economic Development Institute (WMREDI) sought to examine the need for, and benefits of, social prescribing provision for young people in the West Midlands and its economic and employability impact.

This multidisciplinary research project built on ICRD's previous work with community social prescribing providers, and with children and young people. It aims to ensure the development of a new frontier of social prescribing is evidence-based from its inception and meets the needs of children and young people². Previous research undertaken by ICRD identified, in relation to the economic and employment focus of this investigation, that while many referrals to social prescribing services in the Black Country were related to mental health needs, they were often accompanied by issues surrounding debt, housing, and personal finances; thereby highlighting the need for link workers, referring agencies, and individuals, to better understand the link between mental health needs and other more social or economic issues.

Working with existing partners in the West Midlands, this project commenced with a review of existing evidence and culminated in the **production of an evaluation framework** for commissioners and providers to measure the impact of social prescribing for young people.

We end this report with two calls to action:

1. That commissioners and providers of social prescribing for young people implement our evaluation framework
2. That researchers seek to test and refine our evaluation framework

We ask everyone utilising the findings of this report to connect with the research team at ICRD via socialprescribing@wlv.ac.uk and share their experiences.

A number of key outputs have emerged from this programme of work:

- Research Digest (January 2023)ⁱ
- Recommendations Report (August 2023)ⁱⁱ
- Final Report and Evaluation Framework (November 2023)ⁱⁱⁱ

Additionally, a series of blogs have been published to accompany the publications, which can be viewed on the project webpage^{iv}.

ⁱ Available at <https://www.birmingham.ac.uk/documents/college-social-sciences/business/research/city-redi/projects-docs/research-digest-final-final-jan23-jm.pdf>

ⁱⁱ Available at <https://www.birmingham.ac.uk/documents/college-social-sciences/business/research/wm-redi/wm-redi-project-docs/social-prescribing-summary-report.pdf>

ⁱⁱⁱ Available at <https://www.birmingham.ac.uk/documents/college-social-sciences/business/research/wm-redi/wm-redi-project-docs/social-prescribing-for-young-people-in-the-wmids-framework-and-report.pdf>

^{iv} Available at <https://www.birmingham.ac.uk/schools/business/research/research-projects/city-redi/wm-redi/theme-5/social-prescribing-for-young-people-in-the-west-midlands.aspx>

Research Digest and a New Survey of the West Midlands

In January 2023 we published our initial Research Digest which explored the need for, and existing provision of, social prescribing for young people in the West Midlands with a focus on the impact on economic and employability outcomes. Our rapid, desk-based scoping review of existing literature in the field of social prescribing provision for young people in the West Midlands identified approximately 150 documents, with just over half considered in scope for the purpose of this review.

Building on this, we conducted a survey of social prescribing referrers, practitioners, and professionals, to gather first-hand accounts of how and why such services can make an impact on youth employment, and on the region's economy. The link to the survey was shared with both our existing networks, and the wider social prescribing field through social media, and seven organisations responded to the survey and shared their valuable experiences.

Many young people in the West Midlands were referred to, or sought, social prescribing for:

- Social, emotional, and mental health difficulties (SEMH) in mainstream school
- Lack of confidence, mental health, relationship breakdown, homelessness, care leaver and lack of community support
- Anxiety and social isolation/loneliness
- Mental health support, family/peer relationships

Yet, just over half of the providers offered advice on economic areas or signposted to relevant agencies. All respondents agreed that there is a beneficial **economic impact** to social prescribing (i.e., directly/indirectly contributes to bringing people off benefits and other funding support.)

Specifically, social prescribing is seen to contribute to a move **towards employment** and the gaining of positive life skills in the following ways:

- Increased ability to learn skills relevant for employment
- Increased confidence
- Enabling a return to paid work and further education and training
- Increased control over use of time and activities undertaken, leading to more positive choices

We found that the survey responses corresponded with our Research Digest findings; social prescribing provision for young people is relatively new (within the last few years) and there is very little evaluation of impact – particularly on economic and employability - and there is no clear and consistent method of evaluation. Both the Research Digest and Survey identified a need for dedicated young people social prescribing services, with the potential for beneficial impacts on both employment and the economy.

A summary of the key findings are highlighted in the Table below.

	Research Digest	Survey Findings
Provision	Dedicated social prescribing provision for children and young people is new but growing.	Any provision for young people is relatively new (within the last couple of years) Survey respondents agreed that there was a need for social prescribing for children in the West Midlands.
Evidence	Currently little published evidence of its effectiveness, but research is underway to address this.	There is very little evaluation to date – particularly on economic and employability impacts.
Economic Impact	Developing personal skills, including building resilience and relationships, which could be transferable to the workplace. There is the potential for social prescribing to have benefits both for the individual and the economy, particularly from those services which focus on financial and employment support.	Entering and returning to work; gaining transferable skills; building confidence and aspirations; and improving engagement with education which in turn improves opportunities for work. Further, social prescribing can be seen to play a role in moving young people away from benefits and into employment - this can include through increasing confidence and making more positive choices.
Wellbeing Impact	Potential for social prescribing to impact positively on the wellbeing of young people. While there is little tangible evidence to this effect currently, the novelty of this review concerns the further potential for impact on economic and employability aspects – and the links between these and wellbeing.	Identified impacts of social prescribing for young people include promoting physical and mental wellbeing; a positive, supportive community; improved confidence; developing new interests; and increased engagement with school and their community.

Table 1: Summary of the key findings

This study demonstrates the need for social prescribing provision for young people in the West Midlands, and also the potential impact of these interventions both for mental health and wellbeing, and economically – in terms of employability. Our research has shown that while there are social prescribing services available for adults, which can also take the form of financial and employment support, there is clearly a need for specific services to be made available for young people in the West Midlands, to support existing formal provision.

An Evaluation Framework for Social Prescribing for Young People

The conditions in which individuals are born, live and work have implications on their health and economic status. Our research has shown that there is a clear need for specific social prescribing services aimed at young people in the West Midlands, and that providing appropriate support has the potential to enable young people to enter the workplace (for example, addressing mental health conditions and raising self-esteem)³. Research to date suggests there is the potential for social prescribing to close skills gaps and further develop soft skills such as communication and confidence, with a link to making a positive effect on individual economic status, social capital, and employability for adults. This requires further exploration and evaluation with young people.

However, such provision is in its infancy, and **further evaluation is required to understand the impact on young people**. This report illustrates the potential benefits of social prescribing, together with the need for a more interconnected approach to provision and a greater understanding of the value of provision which is already available. Social prescribing schemes should have a robust method to track the effectiveness and impact of financial and employment support. While initial financial outlay on the provision of such services may be difficult in the current economic climate, our research shows that the economic benefits to both the individual and the region could potentially outweigh this, so it is important that there is the ability to capture this within monitoring data.

The evaluation framework was developed after conducting an in-depth review of a sample of social prescribing providers across the West Midlands. Seven reports published by these providers met our criteria for inclusion and the evaluation approaches, methods, outcomes, and measures used by providers were examined to inform the overall framework.

Our suggested **evaluation framework provides a proportionate and pragmatic tool** for providers and commissioners to provide oversight of the outcomes and outputs of social prescribing, particularly in relation to the potential economic and employability impacts for young people. The report also includes a number of considerations for the future development of social prescribing programmes for young people.

Suggested Framework

This framework provides a pragmatic tool to provide oversight of the outcomes and outputs of social prescribing, particularly in relation to the potential economic and employability impacts – and inter-related wellbeing impact - for young people. The key aim of the framework is for providers and commissioners to be able to implement a consistent or comparable way to understand the impact of the programmes they provide. It aligns with previous research that suggests evaluations should consider impacts at the individual, service, system, and wider community level⁴⁵. A summary of the framework and suggested frequency of information to be collected is outlined below:

- Demographics – individual data to be collected and recorded at the time of referral
- Key outcomes (economic, employment, health and wellbeing) - individual (or provider aggregate) data to be collected at a minimum pre- and post-intervention; quarterly for longer interventions
- Service reach - individual (or provider aggregate) data to be collected quarterly
- Accessibility (of the service/support) – individual data to be collected annually
- Behaviour and culture – provider level qualitative data to be collected annually

The frequency of reporting/analysing data should be determined in discussion with the commissioner as appropriate and proportionate to existing funding arrangements.

Measure	Item	Level	Collection frequency
Core Demographics	Gender Age Ethnicity Employment Status Educational Status Postcode	Individual	At the time of referral
Optional Demographics	Sexual Orientation Disability	Preferably individual, but provider aggregate would suffice	At the time of referral
Primary Outcomes	Employment Health and Wellbeing Economic (cost effectiveness)	Individual Provider System (i.e., for health service use)	Pre- and post-programme
Employment Output	Primary: <ul style="list-style-type: none"> job applications made interviews attended engagement with education/training volunteering job offers/acceptance employment engagement improvement in personal finances Secondary: <ul style="list-style-type: none"> Comparative analysis of individuals feelings on, and confidence in, gaining employment, accessing education or training, volunteering – before and after intervention 	Preferably individual, but provider aggregate would suffice	At a minimum pre- and post-intervention; quarterly for longer interventions
Health and Wellbeing Output	Primary: <ul style="list-style-type: none"> wellbeing loneliness (See Appendix i for measures)	Preferably individual, but provider aggregate would suffice	(As above)
Provider-Specific Output	Types and numbers of employment and economic support requests from service users to case workers or organisation. Any additional information as relevant within provider specific aims.	Preferably individual, but provider aggregate would suffice Qualitative	Recorded as appropriate and collated annually
Service Reach	Number individuals engaged (new and repeat). Onward referral (quantitative, and qualitative reflections) or in-house support: <ul style="list-style-type: none"> Referral route in Referral route out Reason for (un)successful referral	Preferably individual, but provider aggregate would suffice	Collected at relevant time point and collated quarterly
Accessibility	How accessible was the service/support (e.g., provided 'in house' or signposting/onward referral to several agencies?)	Individual	Annual
Behaviour and Culture	Support and training to key staff and organisations to deliver support for economic and employability issues	Provider level - Qualitative	Annual

Demographics

A minimum data set that is consistent across all social prescribing providers, and a list of optional demographic variables that can be collated, where appropriate, would improve evaluation concerning who is referred to social prescribing. This optional list is not exhaustive and individual providers may have additional data fields that they collect relevant to their service and we recommend that collection of these continue. Providers should collect individual level data at the relevant time within their referral process. Individual data should be anonymised, and identifiable information (such as name and date of birth) should not be shared.

Outcomes/Outputs

Broadly speaking there are three key relevant outcomes which require monitoring: 1) employment, 2) economic, and 3) health and wellbeing. Given the large array of social prescribing approaches and activities, it is important to highlight that providers may have additional outcomes and their own specific outputs relevant to their service and users. Our aim is to help providers and commissioners think of additional data they could be collecting to demonstrate their impact more fully and have more consistent approaches to monitoring the impact across multiple providers to better collate the impact across the West Midlands. For consistency, measures assessing employment, individual economic measures and health and wellbeing should be assessed at a minimum pre and post programme. Where interventions are longer it would be of benefit to collect data quarterly. Various suggestions are listed in the table above about how to collect more complete data on employment outputs, and in the full report for appropriate measures of health and wellbeing that are validated and best fit the intended purpose of the service^v. Qualitative feedback from users about how they manage their health and wellbeing may also be of benefit to further improve evaluations. It would be expected that an estimate of cost-effectiveness be conducted by a research and/or evaluation team, using the monitoring data collected by the provider, and where possible, in addition to health service use data.

Service Reach

The following details should be captured by providers as a means of monitoring the service reach: 1) number of people referred/accessing service; 2) referral routes in and out this can highlight any particular areas of high demand, or equally important where a lack of referrals may be coming from that may be expected to generate referrals; and 3) reason for unsuccessful referrals (drop down choices could include: Did not meet eligibility criteria, Did not attend appointments/did not call back or contact, Refused support offered, Needs Too High, No capacity, Exceptions to above).

Ideally, referral information should be collected at the individual level so that analyses can explore who is not able/choosing to take up the support, and thus where widening inequalities may become apparent.

Accessibility

To assess the accessibility of the social prescribing service on offer to service users we recommend, at a minimum, that users are asked a single item on accessibility (i.e., how accessible did you find the service?), with the opportunity for users to expand on this if they choose.

Behaviour and Culture

It would be useful for providers to be able to evidence how they are maintaining and improving service delivery and we propose all providers have a means by which they could report on this outcome annually. We suggest a qualitative assessment that provides details about partnership working (number and breadth

^v Available at: <https://www.birmingham.ac.uk/documents/college-social-sciences/business/research/wm-redi/wm-redi-project-docs/social-prescribing-for-young-people-in-the-wmids-framework-and-report.pdf>

of organisations, including those with an employment/economic focus) and staff investment in relevant training and communication with other social prescribing providers – particularly related to providing economic and employment support to service users.

About Us

Since 2017, the ICRD has been working to improve the lives and life chances of people in the West Midlands through research driven policy development, promoting social mobility and by delivering effective community-based transformational projects. Based at the University of Wolverhampton, ICRD uses interdisciplinary expertise to affect positive change by working collaboratively with local communities and other networks. The ICRD's work in the field of Inequality and Social Analysis aims to map and understand inequality in the West Midlands and further afield, working with individuals and communities to tackle disadvantage. With a focus on co-production and peer-led work, we work with a range of partners across civil society, particularly the voluntary and community sector.

WMREDI is based at the University of Birmingham. It aims to support inclusive economic growth in our city-region and regions across the UK. WMREDI acts as a catalyst for a step-change in regional collaboration through its work with partners, including the University of Wolverhampton and others, enabling better policy insights through collaborative research and new channels for knowledge exchange to help to rebalance the UK economy and create inclusive local economies.

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¹ Buck, D., & Ewbank, E. (2020) *What is social prescribing? The Kings Fund*. Available from: <https://www.kingsfund.org.uk/publications/social-prescribing>

² Massie R., & Ahmad, N. (2019) An evaluation of Wolverhampton's social prescribing service. Final report for Wolverhampton CCG. Institute for Community Research and Development: University of Wolverhampton

³ Learning and Work Institute and Prince's Trust (2022) *The Power of Potential: Supporting the future of 'NEET' young people*. Available from: https://www.princes-trust.org.uk/about-the-trust/research-policies-reports/the-power-of-potential-supporting-the-future-of-young-people?utm_source=Twitter&utm_medium=Social+Media&utm_campaign=Power+of+potential

⁴ NHS England (2020) Social prescribing and community-based support Summary guide <https://www.england.nhs.uk/wp-content/uploads/2020/06/social-prescribing-summary-guide-updated-june-20.pdf>

⁵ Midlands Decision Support Network (2022). Evaluating Social Prescribing Literature review for the MDSN Evaluation Community of Practice collaborative project. Available at: <https://www.midlandsdecisionsupport.nhs.uk/wp-content/uploads/2022/12/SP-literature-review-Oct-2022.pdf>

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