Social Prescribing for Young People in the West Midlands:
The Potential Impact on Employment and the Economy:
Final Report and Evaluation Framework

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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.

Dr Mubasshir Ajaz

Head of Health and Communities

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 in order to support their social, emotional, and practical needs[1]. 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, to ensure the development of a new frontier of social prescribing is evidence-based from its inception to meet the needs of children and young people[2]. In particular, 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, often accompanying issues around debt, housing, and other financial issues were raised – highlighting the need for link workers, referring agencies, and individuals, to understand the link between mental health needs and other social or economic issues.

Working with existing partners in the West Midlands, the current 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 us and share their experiences – **please contact the research team by emailing socialprescribing@wlv.ac.uk**.

Research Digest and a New Survey in the West Midlands

This report is presented at the culmination of a 15-month project to research the need for, and provision of, social prescribing for young people within the West Midlands, and in particular the potential economic and employability benefits of such services. This document is intended to inform and stimulate discussion with practitioners, policy makers, commissioners, and researchers in the field, and builds on the ICRD's previous work within the field.

In January 2023 we published our initial Research Digest.[i] 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. We found that the survey responses corresponded with our digest findings, that any social prescribing provision for young people in the West Midlands is relatively new (within the last few years) and that there is very little evaluation of impact – particularly on economic and employability impacts. Further, it appears that there is no clear and consistent method of evaluation.

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

The free text elements of the survey allowed us to gather valuable data on the experiences of respondents. Most respondents offered social prescribing services for young people, and all agreed that there was a need for such services in the West Midlands.

The following reasons for which young people in the West Midlands are referred to, or seek, social prescribing were noted:

- 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

Just over half of the providers either offered advice on economic areas or signpost to relevant agencies, and all respondents agreed that there is a beneficial **economic impact** to social prescribing – with some providers giving direct and indirect examples of this within their own service, and some respondents agreeing that social prescribing both directly and 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

This report 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. 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.

The below table compares our key findings from the first two stages of this investigation; the initial research digest (stage A) and the survey of social prescribing providers and referring agencies (stage B):

Research Digest	Survey Findings
Dedicated social prescribing provision for children and young people is new but growing. *There is currently little published evidence of its effectiveness,* but research is underway to address this.	The survey responses correspond with this - *any provision for young people is relatively new* (within the last couple of years) *and there is very little evaluation to date* – particularly on economic and employability impacts.
There is *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.	Respondents agreed **there was *a need for social prescribing for children in the West Midlands*.** Potential economic and employment impacts of social prescribing reported included: 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 employmen*t - This

Research England

	can include through increasing confidence and making more positive choices.
The benefits of social prescribing (related to employment) can include **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. **These positive aspects of social prescribing would be of benefit to young people in the West Midlands**.	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.

Figure 1 - A comparison of research findings from the initial two stages of the investigation

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]. We have identified that 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.

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 and tools 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.

Click here to go straight to the Evaluation Framework

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's Exchange building, in the heart 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.

Introduction

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 needs[4]. The topic of social prescribing for young people is gaining traction nationally, but there remains a need to collect evidence to better understand its effectiveness. This report is presented at the culmination of a 15-month project to research the need for, and provision of, social prescribing for young people within the West Midlands, and in particular the potential economic and employability benefits of such services. This document is intended to inform and stimulate discussion with practitioners, policy makers, commissioners, and researchers in the field, and builds on the ICRD's previous work within the field.

In January 2023, our Research Digest summarised a rapid scoping review of the need for, and provision of, social prescribing for young people in the region. The key messages from this research were that:

- Dedicated social prescribing provision for children and young people is new but growing. There is currently little published evidence of its effectiveness, but research is underway to address this.
- There is 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.

In February and March 2023, we surveyed organisations across the region[ii] about social prescribing provision for young people in the West Midlands and its economic and employability impact. These responses, together with our research to that point formed the basis of a Recommendations Report, published in August 2023.

Our reports present key findings, but not an assessment of the quality of the methods or findings within each source. It should also be noted that this document is not intended as an extensive survey into all available services providing social prescribing provision for young people, towards economic and employment benefit, but rather an overview of the examples of practice which we have identified to date. New research, practice, and policy on such social prescribing, continues to be published, and we direct those interested in a wider evaluation of social prescribing schemes for children and young people to the work of Dr Daniel Hayes[7], Dr Marcello Bertotti[5], and the ongoing social prescribing for mental health project (CHildren and young people's Options In the Community for Enhancing wellbeing through Social prescribing - CHOICES). The CHOICES project was established to expand the evidence base around social prescribing to include children and young people, particularly in regards to mental health[6]. 'We would also encourage readers interested in the wider field of social prescribing to look at the resources available through the National Academy for Social Prescribing which includes evidence reports and case studies[iii].

The first section of this report details the context, methodology and key findings of this investigation, broken down into the three stages which we undertook – the initial scoping review and production of a research digest, a survey of social prescribing providers and referral agencies, and a review of monitoring and evaluation methods. We then present our suggestions for an evaluation framework which seeks to

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[ii] When focussing on the West Midlands, we refer to the seven metropolitan boroughs – Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall, and Wolverhampton. Given the relatively early development of social prescribing for young people the age range has been left broadly open to ensure we included as much relevant data as possible. The age range used to define a young person for this project was up to the age of 25, in order to ensure we could explore the economic impact of social prescribing in terms of potential effect on employment. While we have identified an upper age limit - to allow the opportunity to differentiate between 'adult only' services and those which provide support to younger people - a lower age limit was not defined for this project.

[iii] Available at www.socialprescribingacademy.org.uk.

capture and understand the potential economic and employability impacts of social prescribing for young people, together with our conclusions from undertaking this investigation.

Strategic Context

Social prescribing is a means by which frontline healthcare professionals (e.g., GPs) can refer individuals to local, non-clinical services that are able to provide support for social, emotional and/or practical needs[1]. Its goal is to improve health and empower individuals to self-manage their own health. Traditionally, social prescribing has been aimed at older adults who were socially isolated and lonely and regularly presented at GP practices. For these individuals, medical or pharmaceutical interventions might not be necessary, and rather a social intervention would be more appropriate, hence the term 'social prescribing'. Nevertheless, it is well known that low mood and poor wellbeing affect a large proportion of the population, and that the model of social prescribing could be rolled out to include more of the population requiring non-clinical support for their health and wellbeing.

Social prescribing schemes are often provided by organisations within the voluntary and community sectors, with referrals to link workers coming from local health and care agencies, while self-referral is also encouraged. The UK Government describes social prescribing as complementing "other approaches, such as active signposting by health and care professionals"[7]. These "[c]ommunity-centred ways of working can be more effective than more traditional services in improving the health and wellbeing of marginalised groups and vulnerable individuals"[8]. It is worth noting that other activities could be considered as forms of social prescribing without being described as such – for example, agencies such as the Citizen's Advice Bureau or Jobcentre which provide advice and guidance, or social clubs (i.e. drama, dance, sports) set up with the intention of reducing loneliness, improving wellbeing and assisting in the development of social skills, confidence, and other transferable skills. Such provision which is not formally described as 'social prescribing' will not have been captured within this report but should be considered in future research designs.

The UK is considered to be "at the forefront of formalising the use of social prescribing alongside traditional medical treatment … to address the environmental, economic, social and psychological issues affecting people's well-being"[9]. Benefits include improvements in personal attributes such as self-esteem, confidence, and mental well-being, together with those transferable to the workplace or training, such as communication and the acquisition of new skills[10].

Alongside economic challenges, the West Midlands faces a multitude of complex health, mental health and wellbeing challenges stemming from biological, psychological, economic, environmental, and social causes across the life course (social determinants of health[11]). The conditions in which individuals are born, live and work have implications on their health, with greater socioeconomic deprivation such as those in the West Midlands, having a negative effect on social, physical, and economic environments, with action at each stage having the potential to make a positive effect. The increasing challenge of health inequalities across geographical and demographic (age, ethnicity, sex, socioeconomic) classifications has been brought to the fore during the Covid-19 pandemic. Addressing these challenges requires a co-ordinated approach to improve and promote health and mental health at a population, workforce, and individual level[12] [13]. A recent strategy paper calls for "all public health organisations in England to maximise the contribution of behavioural and social sciences to the protection and improvement of the public's health and wellbeing"[14].

Social prescribing provision has traditionally been targeted at adults and the elderly experiencing social isolation, loneliness, and long-term health conditions. However, with mental health problems affecting 17.4% of children aged 5 to 19 in the UK[15], Child and Adolescent Mental Health Services (CAMHS) are reportedly overwhelmed and struggling to cope with the demand for their service[16]. To date, the potential

of social prescribing to meet the needs of children and young people is under-explored[17], but as practitioners and policy makers' attention now starts to turn to social prescribing for children and young people[18], it is imperative that the research evidence base builds simultaneously. This report considers the need for, benefits of and potential barriers to accessing social prescribing interventions for young people in the West Midlands, with particular focus on its impact on employability and local economy.

While our research has shown the potential for economic and employability impacts of social prescribing services for young people, this area remains relatively underexplored and is worthy of further consideration and evaluation. This is borne out by recent warnings from the YMCA that the existing benefits system could act as a deterrent to youth employment[19], and the investment by DCMS and the NCS Trust in the UK Year of Service Programme set up to boost youth employability[20]. Further, the October 2023 report by Barnardos on the topic of youth social prescribing (which was published at the culmination of this project) focuses on the potential for social prescribing as a preventative and early intervention for children and young people's mental health[21].

Considerations for Social Prescribing Practice

ICRD is currently involved in various research projects focussed on social prescribing and has identified the following opportunities to potentially improve social prescribing provision within the West Midlands region both for young people and the wider population:

- More Wellbeing Services Directories to build on the work in Walsall to develop the Community Living Directory, a self-service electronic platform linking individuals with local organisations for social and community activities[iv]
- Framing 'positive outcomes' from a more patient-centred perspective (rather than from the perspective of reducing pressure on health services)
- Rethinking the language of social 'prescribing' to move away from a clinical focus (rendering the service user as a passive beneficiary) towards empowering the individual to be charge of (and accountable for) their own health and well-being
- Building on synergies between partners and services to ensure a unified and co-ordinated delivery model, and the sharing of best practice
- Co-designing future service provision with those with lived experience
- Developing bespoke provision for children and young people
- Encouraging Link Workers and wider strategic organisations to champion the benefits of social prescribing and the role of such services in addition to more traditional healthcare provision, rather than being seen as either a replacement for a medical model or a justification for cuts to healthcare services
- Greater evidence sharing of improvements to individual health outcomes as well as the broader societal benefits of social prescribing
- Recognition that both social and medical needs can be supported though social prescribing, although these needs may not always be first presented to healthcare professionals, but through a variety of channels as appropriate for the individual service user, including schools.

In relation to the economic and employment focus of this investigation, while many referrals are related to mild mental health needs, often accompanying issues around debt, housing, and other financial issues were raised. There is a concern then, that through more traditional medical-based referrals, that non-medical issues such as these may go unaddressed if vulnerable people do not view their GP as a source of support in

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iv Available at https://www.wcld.co.uk/kb5/walsall/asch/home.page

these areas. Further, both link workers, referrers, and individuals accessing social prescribing services need to understand the link between mental health needs and other more social/economic issues.

Our research has shown that there is some potential for overlap between services for adults and the older range of youth services where they are available. While adult-focused services are outside of the scope of this particular project, it is important to note their role in supporting service users to address financial issues, to become independent, and to gain skills for employment, where relevant. There is a need, therefore, to **balance the bespoke nature of services** and interventions addressed around the needs of young people engaging with these services, with ensuring that services are **accessible and straightforward**, to address potential 'fatigue' of engaging with multiple service agencies.

Methodology

This project involved three key stages:

A. A scoping review and production of a **Research Digest** to establish the basis for the project
B. A **survey** of groups involved with social prescribing for young people across the West Midlands
C. Development of an **Evaluation Framework** for Social Prescribing for young people, with a particular focus on potential economic and employment value

Stage A

At the time of commencing our research project in May 2022, there was limited evidence on the role of social prescribing in the West Midlands, and the material that did exist predominantly focused on provision for adults in the region. Therefore, the first phase of our project sought to answer the following questions:

1. Is there a need for social prescribing provision for young people in the West Midlands?
2. What social prescribing provision exists in (and beyond) the West Midlands for young people?
3. What are the employability and economic benefits of social prescribing for young people?
4. What are the barriers to social prescribing for young people?

Our Research Digest comprised a rapid, desk-based scoping review of existing literature (both academic and grey literature) in the field of social prescribing provision for young people predominantly in the West Midlands, but also touched on national and international provision and developments (where results were not available within West Midlands bounded searches).

The key search terms used in this review were **social prescribing, young people, children, employment, work health and wellbeing, economic instability, and inequality**. It is important to note that when focussing on the West Midlands, we refer to the **seven metropolitan boroughs – Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall, and Wolverhampton**. Given the relatively early development of social prescribing for young people the age range was left broadly open to ensure we included as much relevant literature as possible. The age range used to define a young person for this review was **up to the age of 25**, in order to ensure we could explore the economic impact of social prescribing in terms of potential effect on employment. While we identified an upper age limit - to allow the opportunity to differentiate between 'adult only' services and those which provide support to younger people - **a lower age limit was not defined** for the purpose of this project.

Following a rapid review of publicly available (online) documentation, and databases including Google Scholar, FindIt@Bham (University of Birmingham) and the idox Knowledge Exchange database, the researchers followed a snowball sampling approach by following up reference lists of relevant documents, searching organisational websites and liaising with partners at WMREDI. Approximately 150 documents were identified, with just over half assessed to be in scope for the purpose of the review. The authors

reviewed the documents in detail and extracted the main issues and patterns identified that answered the research questions above.

Stage B

Following our review, social prescribing referrers, practitioners, and professionals were invited to complete a survey which aimed 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. We received responses from seven organisations, four of them being from social prescribing providers within the seven metropolitan boroughs of the West Midlands; two from organisations with an interest in the topic of social prescribing, and one whose geographical reach was outside that of the scope of this current project. The four social prescribing providers based within the West Midlands were then invited to respond to further questions raised through the initial review of responses to further inform our understanding of the topic. One organisation kindly provided more information in this manner.

Stage C

We then undertook a review of a sample of social prescribing providers across the West Midlands (completed in September 2023) with the aim of developing an evaluation framework for monitoring and evidencing the impacts of social prescribing services for young people, with a particular focus on potential economic and employability impacts. The sample of social prescribing providers explored in this review were the same ones who were invited to complete the survey in Stage B. Each of the social prescribing providers' organisational websites were searched and reviewed (n=66), whilst the organisational reports were gathered by searching the social prescribing providers name alongside 'evaluation report' to find any publicly available information. Seven reports met our inclusion criteria (specific to the social prescribing for young people in the West Midlands area) and were included in the review (see appendix ii).

We reviewed evaluation information from providers and commissioners, including the data they collect and measures they use, to examine their measures, outcomes, and evaluation methods and techniques. This was then split into groupings of social prescribing organisations, funding bodies and researchers, and non-social prescribing organisations. It was noted that measures and outcomes are referred to by a range of terms on organisations' websites – for example, as 'missions', 'aims', and 'values'.

We then reviewed the existing indicators and measures assessing the range, validity and reliability of the measures used. Next, we mapped all of the outcomes and measures to produce a visual image of how the impact of social prescribing for young people is currently explored. Following this, and an in-depth review of previous research undertaken by ICRD into social prescribing and similar programmes in the West Midlands, we produced an evaluation framework based on three principles:

1. That the evaluation framework measures key outcomes of social prescribing programmes for young people
2. That the evaluation framework includes reliable and valid measures of impact against the key outcomes
3. That the evaluation framework balances the need for evidence with the practical constraints of provider organisations

Key Findings

The findings from our research project are here separated by stage.

Stage A

The key findings from our initial research digest can be grouped into the following four themes:

Theme	Description
Need	There is ***a clear need for specific social prescribing services to be made available for young people in the West Midlands***, to support existing formal provision for both mental health and wellbeing and for employment.
Provision	There is ***a lack of publicly available information on what social prescribing provision is available for young people in the West Midlands***, and ***how it could support young people in the move away from benefits and into the workplace.*** Yet we know provision for young people does exist within the West Midlands.
Opportunities	The ***benefits of social prescribing*** (related to employment) can ***include 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. ***These positive aspects of social prescribing would be of benefit to young people in the West Midlands***.
Challenges	***Barriers*** to young people accessing social prescribing ***include the cost and difficulty of travel, language barriers, and lack of cultural appropriateness***. This can lead to young people, particularly those who identify as being from Global Majority groups, disabled and/or low income being excluded and thus feeling discouraged from taking part in social prescribing activities.

Figure 2 - Key findings from Research Digest

Our research has demonstrated a 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. Nevertheless, we found little information which evaluated the benefits of social prescribing for young people in the West Midlands specifically in terms of providing an economic benefit or enabling a transition into the workplace. There is thus a need for robust, consistent, and effective evidence collection and evaluation.

Three recommendations were made from this review:

- Better understand the current provision of social prescribing for young people in the West Midlands that is not readily publicly accessible, and how employment features in this provision
- Establish and develop effective co-ordinated social prescribing interventions for young people within the West Midlands that provides financial and employment support and involves young people in the design of the services
- Social providing schemes should have a robust method to track the effectiveness and impact of financial and employment support.

More detail on the findings is available through the research digest[v].

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[v] Available at: https://www.birmingham.ac.uk/documents/college-social-sciences/business/research/city-redi/projects-docs/research-digest-finalfinal-jan23-jm.pdf

Stage B

The free text elements of the survey allowed us to gather valuable data on the experiences of respondents. All of the respondents whose organisations offered social prescribing services for young people (n=5) agreed that there was a need for such services in the West Midlands.

The following anonymised responses detail the reasons for which young people in the West Midlands are referred to, or seek, social prescribing:

- 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

While three of the five providers either offered advice on economic areas or signpost to relevant agencies, all respondents agreed that there is a beneficial **economic impact** to social prescribing – with three providers giving direct and indirect examples of this within their own service, and four respondents agreeing that social prescribing directly/indirectly contributes to bringing people off benefits and other funding support. One respondent expanded on this by highlighting their organisation's corporate plan which states one of their aims as providing support to vulnerable young people to enable them to maintain tenancy arrangements and make a "successful transition to adulthood".

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

Our research suggests that currently the definition of social prescribing differs across providers, and that in order to engage with policy makers there needs to be consensus on what it is and what impact it can have.

> "*In a time when acute services are stretched and demand outweighs capacity there needs to be a focus to move to preventative approaches that will stop people re-attending time after time but social prescribing as a service needs to have the evidence base about its impact in order to influence this change.*"
>
> (Survey respondent)

Further, respondents suggested the following **improvements** within the social prescribing sector and wider referral system:

- Continued development of an effective pathway from referring organisations to providers
- A more accessible and visible service model
- A more attractive social prescribing offer including link workers with lived experience whom service users can relate to
- Ongoing financial support and additional link workers for young people, including those who are home educated

Our research revealed the need for specific social prescribing services for young people in the West Midlands, to support both mental health and wellbeing and for employment. However, such provision is in

its infancy, and further evaluation is required specifically for the age group in question as "75% of mental health problems are established by the age of 24" [22]. Both the research digest and the survey findings illustrate the potential benefits of social prescribing however the survey responses also highlight the need for a more interconnected approach to provision and a greater understanding of the value of provision which is already available.

Stage C

Stages A and B of this project clearly demonstrated the growth and potential of social prescribing for young people with specific regard to economic and employment impacts. They also clearly highlighted a need to ensure that the impact of such programmes is measured and the importance of implementing consistent approaches to measuring this impact across programmes.

Evaluation information from providers and commissioners

Research previously undertaken by ICRD identified a range of monitoring and evaluation methods employed by Social Prescribing providers across the West Midlands, highlighting issues in consistency and frequency of data collection - particularly relating to outcomes and pathways - and the wider sharing of relevant information both locally and regionally. Monitoring and evaluation systems and mechanisms are determined by both the sector in which the service was based, and on the needs of service users – and often assessment includes both qualitative and quantitative methods of data collection.

The review of websites and relevant reports highlighted that there was often limited information publicly available of organisation's evaluation methods on their websites – which often appeared in the form of case studies highlighting individuals who have benefited from the services, or statistics indicating impact. In many instances there was no mention of evaluation, outcomes and/or measures. Sixty-six organisations/ activities were reviewed with only seven meeting our inclusion criteria for further review. It is possible that evaluations have been conducted but are not publicly available/easy to access; the sharing of such data is an important issue that should be addressed when evaluations do take place.

After examining the seven reports and reviewing the data, we found that the majority of providers and commissioners focus predominantly on measuring and evaluating the mental health and wellbeing of their service users, as well as the cost effectiveness of the services. However, there is also limited evaluation and measurement surrounding employability, which is addressed below.

Existing evaluation for social prescribing

The evaluation and monitoring methods used within the reports reviewed are presented against three core outcomes: economic and employment (as the focus of this research investigation), health and wellbeing, and other related topics. These tables present the key indicator areas and measures used to evaluate these outcomes. We have also undertaken a **review of the reliability and validity of the health and wellbeing measures** described below (see Appendix i) to aid organisations in considering if the measures they currently use are appropriate or to aid selection of alternative measurements of health and wellbeing outcomes. Below, three figures outline the indicators and measures utilised by a sample of social prescribing schemes to monitor and evaluate impacts of relevance to this investigation (see appendix ii):

- Figure 3 illustrates how economic and employability impacts are measured, highlighting the limited availability of employability evaluation measures.
- Figure 4 illustrates the monitoring and evaluation of health and wellbeing impacts.
- Figure 5 illustrates the monitoring and evaluation of the service.

Outcome	Economic and Employability																				
Indicators	Cost Effectiveness						Health Service Use**						Personal Finance				Employment				
Measures (see Appendix j) / Project Report	Return on Investment (ROI)	Social Return on Investment (SROI)	Social Value	Cost Avoidance	Cost savings	Cost Benefit Analysis	A&E Data	Inpatient Admissions	GP appointments	Nurse appointments	Secondary Care Appointments	Ambulance Service Callouts	Personal Health Budgets	Cost Avoidance Case Studies	Housing Outcome Star (Rent)	Finance Outcomes Star	Numbers Volunteering	Numbers into Employment	Numbers on Courses	Learning Outcomes Star	Qualitative Case Notes
Birmingham City Council						✓												✓			
Dudley CVS (Integrated Plus)				✓	✓		✓	✓							✓	✓				✓	✓
Dudley CVS (High Intensity User)				✓	✓		✓					✓	✓	✓						✓	✓
HACT and WHG			✓														✓	✓	✓		
Making Connections		✓																			
UoW WVCA Evaluation	✓						✓	✓	✓	✓	✓										✓
UoW Black Country Comparison*			✓			✓															

Figure 3 - Economic and Employability Indicators and Measures

* Information gathered from interviews discussing what evaluation measures are used, not taken directly from evaluation reports
** Health Service Use Data was used to estimate cost effectiveness and collected from GP data or Data Service for Regional Commissioners Offices (DSRCO) data

Figure 4 - Health and Wellbeing Indicators and Measures

| Outcome | Health and Wellbeing | | | | | | | | | | | | | | | | | |
| Indicators | Mental Health and Wellbeing | | | | | | | | | | | | | | Other | | | |
Project Report / Measures (see Appendix i)	ONS4	WEMWBS	Five ways to wellbeing	WHO-5	PHQ-2	De Jong Gierveld	Outcomes Star (BCF-8)	Quality of Life	Wellbeing (Scale 1-5)	Case Notes	Patient Activation Measure (PAM)	Health and Wellbeing Prism	Outcome Rating Scales	Mental Health Outcomes Star	Physical Health Outcomes Star	Social Contact Outcomes Star	Safety Outcomes Star	Housing Outcomes Star
Birmingham City Council		X																
Dudley CVS (Integrated Plus)								X	X					X	X	X	X	X
Dudley CVS (High Intensity User)								X	X					X	X	X	X	X
HACT and WHG		X				X												
Making Connections			X	X	X													
UoW WVCA Evaluation	X					X												
UoW Black Country Comparison*											X	X	X	X			X	

Figure 5 - Service Monitoring and Evaluation

| Output | Service Delivery | | | | | | | Experience and Impact | | | | | | |
| Indicators | Monitoring Data | | | | | | | Qualitative Feedback | | | | | | |
Project Report / Measures (see Appendix i)	Demographics	Referral Numbers	Reason for Referral	Who made Referral	Onward Referral	Service Delivery	Desktop Review of Service	Stakeholder Interviews	Multidisciplinary Team Survey	Service User Interviews	Client Satisfaction Data	Family Member Interviews	Case Studies	Observation
Birmingham City Council		X		X	X					X				X
Dudley CVS (Integrated Plus)		X	X		X			X		X			X	
Dudley CVS (High Intensity User)		X	X					X		X				
HACT and WHG	X	X				X	X	X		X				
Making Connections	X	X	X	X	X			X			X		X	
UoW WVCA Evaluation	X	X	X	X	X			X		X				
UoW Black Country Comparison*	X	X	X		X			X					X	

Note: Routine monitoring data was typically collected by the social prescribing provider and anonymous data shared with evaluation teams. Qualitative feedback was collected both independently by evaluation teams using interviews and/or focus groups, as well as the provider collecting their own feedback about the service and impact.

Information gathered from interviews discussing what evaluation measures are used, not taken directly from evaluation reports

Outcome measures

It is apparent from the mapping above that there is limited consistency between the reports in the measures used to evaluate the social prescribing services and activities. All of the reports attempted to estimate cost-effectiveness, however they all used different methods. Employment was measured (where appropriate) by the number of service users entering employment/volunteering/training. It would be beneficial to be able to complete more detailed analysis of employment for example by type of contract (permanent, temporary, part-time, full-time, zero hours contracts), in addition to a qualitative assessment of confidence to apply and attend interviews.

It is positive that all projects gathered data on mental health and wellbeing, but again there was limited consistency between the measures used. The most often used measures of mental health and wellbeing were the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), the De Jong Gierveld Scale 6, and the Office for National Statistics: four measures of wellbeing (ONS4). All of the reports referred to qualitative data collection from service users and/or referrers to collect information about the delivery and impact of the service (typically in the form of interviews or case studies), in addition to collecting monitoring data about service delivery.

After completing the mapping presented above, we reviewed the health and wellbeing measures in terms of their overall validity, reliability, and robustness (see appendix i). We found that the majority of these health and wellbeing measures are suitable for monitoring health and wellbeing, in particular WEMWBS and the short version: SWEMWBS, the Patient Health Questionnaire-2 (PHQ-2), the World Health Organisation Five Wellbeing Index (WHO-5), the De Jong Gierveld Scale 6, the Patient Activation Measure, and Outcome Rating Scales. However, social prescribing providers should take caution when utilising methods such as ONS4, Five Ways to Wellbeing Changes, and the Health and Wellbeing Prism as they have limited literature regarding their levels of validity and reliability. In the case of the Outcome Star Systems, it is argued that there is a potential bias when using this measure as some health care professionals may consciously or unconsciously over-report progress made, by encouraging a service user to score themselves more positively than they might feel[23].

Considerations for Social Prescribing Evaluation

Our research to date 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)[24]. However, it is crucial that social prescribing schemes 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.

Listed below are some points that commissioners and providers should consider when implementing evaluation to maximise completion of measures and thus ability to demonstrate the impact and value of social prescribing.

Consideration should be given to the issues and barriers specific to young people. It may be helpful for **young people to be given a voice in the designing, running and evaluation of such services**, and where necessary to work with their parents and guardians. It is also relevant to note referrals may be impacted if GPs and other referrers are not fully aware of the extent of the need for, and availability of, social prescribing for young people. 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.

Discussions with service providers has identified that while many referrals are related to mental health needs, often accompanying issues around debt, housing, and other financial issues were raised and onwards referrals were made to other agencies (such as Citizen's Advice or Connexions) as necessary. This highlights the need for link workers, referring agencies, and individuals, to understand the link between mental health needs and other more social or economic issues. This is an important consideration for the evaluation framework to ensure that when mental health is the primary reason for referral, data is still captured on **secondary outcomes** such as financial issues, thus enabling evaluation of the wider impact of social prescribing.

Approaches to financial and related advice differ across the West Midlands but are seen to be offered as part of a bespoke package where required, for example supporting users to access housing, foodbanks, and to apply for benefits. In terms of economic and employment impacts, the positive changes for service users due to accessing social prescribing services included individual progression into employment, training and/or volunteering, further suggesting a significant return in social value for the wider health economy[25]. It is important for monitoring data **to capture these progressions at an individual level** to help determine a more accurate assessment of the impact and value of social prescribing. Barriers to accessing social prescribing services include the visibility, accessibility, and capacity of provision. Additionally, delays and complex methods of accessing and engaging with support services (e.g., registering, booking, attending) may have a negative impact – with no guarantee that onward referral will be taken up. As such, **evaluation approaches need to be proportionate** and fit in with the providers records and not add a large burden to both providers and service users.

This research highlights how social prescribing for young people can be very complex in terms of monitoring and evaluation; and suggests that when looking at employability and economic impacts there should be perhaps more of a focus on the older age ranges (13+). These challenges and opportunities should be considered in the development of future provision.

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 level[26][27]. A summary of the framework and suggested frequency of information to be collected is outlined below:

- Demographics – individual data to be collected 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 – 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: • job applications made • interviews attended • engagement with education/training • volunteering • job offers/acceptance • employment engagement • improvement in personal finances Secondary: • 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: • 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: • 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

Figure 6 - Suggested Framework for Evaluation of Economic and Employability Impacts

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 (for all clients) 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:
- Employment
- Economic
- 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 here 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 about how to collect more complete data on employment outputs. We suggest providers and commissioners consider the details in Appendix i when selecting appropriate measures of health and wellbeing that are validated and best fit the intended purpose of the service. 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:
- Number of people referred/accessing service
- Referral routes in and out – this can help demonstrate the partnerships in place, and 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
- 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 of organisations, including those with an employment/economic focus) – this could be taken from service reach data.
- Staff investment in relevant training and communication with other social prescribing providers – particularly related to providing economic and employment support to service users.

Conclusions

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 project involved three key stages:

A. A scoping review and production of a **Research Digest** to establish the basis for the project
B. A **survey** of groups involved with social prescribing for young people across the West Midlands
C. Development of an **Evaluation Framework** for Social Prescribing for young people, with a particular focus on potential economic and employment value

Working with existing partners in the West Midlands, the current project commenced with a review of existing evidence. The initial stages of the project identified a growth in practice but limited evidence of impact of social prescribing programmes for young people. The project identified a need for a consistent approach to measuring impact. The project therefore culminated in the **production of an evaluation framework** for commissioners and providers to measure the impact of social prescribing for young people.

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.

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.

Acknowledgements

Appendix i- Wellbeing Measures

WEMWBS

The Warwick Edinburgh Mental Well-being Scale (WEMWBS) is designed to monitor well-being in the general population and measures elements of positive affect, satisfying interpersonal relationships and positive functioning. The 14 items relate to functioning than to feeling, such as the measurement of elements of positive affect, satisfying interpersonal relationships and positive functioning. WEMWBS has been used extensively, demonstrating good psychometric properties of validity and reliability across a variety of settings[28] [29] [30]. Scores range from 14 to 70 with higher scores indicating greater positive mental well-being.

SWEMWBS (Short Version)

The Short Warwick Edinburgh Mental Well-being Scale (SWEMWBS[31]) is designed to monitor well-being of the general population. The seven items relate to functioning than to feeling, such as the measurement of elements of positive affect, satisfying interpersonal relationships and positive functioning. When comparing the short scale (SWEMWBS) to the original (WEMWBS), validity and reliability are found to be consistent in both and some practitioners may favour SWEMWBS for its greater practicality compared to the longer original scale[32].

Health and Wellbeing Prism

The Health and Wellbeing Prism, created by DNA Insight, is designed to help healthcare professionals understand the issues their service users are experiencing in a holistic, multidimensional way similar to how a glass Prism is used to view the different wavelengths of light. It combines two evaluation tools in a single measure. The first being the Prism which consists of 8 sides, each one representing selected Social Determinants of Health, which can include income, education, job insecurity and housing[33]. The service user then self-determines themselves against each of the 8 facets for the health care professional to evaluate and quantify to establish interventions for the wellbeing of the service user. The second tool is the Patient Activation Assessment (PAA), which can either be used in combination with the Prism as an evaluation tool, or as a standalone tool to facilitate Risk Stratification and Population Health Management[34]. The PAA is a single multiple-choice question assessing the service user's knowledge, skills, and confidence to manage their own health and wellbeing. The Health and Wellbeing Prism is argued to be an ideal method for Social Prescribers and various health care professionals[35], yet there is limited literature focusing on the validity and reliability of this method.

PHQ-2- The Patient Health Questionnaire-2

The PHQ-2 is the short version of PHQ-9, and it includes the first 2 items of the PHQ-9. The stem question is "Over the last 2 weeks, how often have you been bothered by any of the following problems?" and the 2 items are "little interest or pleasure in doing things" and "feeling down, depressed, or hopeless". For both items, the response options are "not at all", "several days", "more than half the days", and "nearly every day", scored as 0, 1, 2, and 3 making the PHQ-2 score range from 0 to 6[36]. Research has shown that the PHQ-2 is a practical tool in assessing depression, and it is well-established in achieving reliability as well as construct and criterion validity[37].

Five Ways to Wellbeing Changes

The Five Ways to Wellbeing are a set of evidence-based public mental health messages, developed by the New Economics Foundation gathered from evidence in the UK government's Foresight Project on Mental Capital and Wellbeing, which aims to improve the wellbeing of the whole population[38]. The 'Five Ways' consist of: 'Connect'- enriching relationships with family members, friends, neighbours, and colleagues; 'Be Active'- engaging in exercise; 'Take Notice'- having greater awareness of one's emotions and surroundings;

'Keep Learning'- learning new things to development oneself and feel in control; and 'Give'- being kind to others[39]. These activities are essentially simple things individuals can do in their everyday lives to take action to improve their overall wellbeing[40]. Research by Ng et al. has shown The Five Ways of Wellbeing Program is statistically effective in the promotion of Mental Wellbeing state and personal Hope among clients with severe mental illness during their acute admission phase when measured using SWEMWBS[41]. However, the Five Ways to Wellbeing messages alone appear to have limited information regarding their level of validity and reliability.

WHO-5 (The World Health Organisation- Five Well-Being Index)
The 5-item World Health Organization Well-Being Index (WHO-5) is a short and generic global rating scale, and it is one of the most widely used questionnaires assessing subjective psychological well-being[42]. The WHO-5 items are: (1) 'I have felt cheerful and in good spirits', (2) 'I have felt calm and relaxed', (3) 'I have felt active and vigorous', (4) 'I woke up feeling fresh and rested' and (5) 'My daily life has been filled with things that interest me'. The service user then rates how well each of the 5 statements applies to them over the previous 14-day period. Each of the 5 items is scored from 5 (all of the time) to 0 (none of the time). The final score therefore ranges from 0 (absence of well-being) to 25 (maximal well-being)[43]. Topp et al. argue that the WHO-5 has high clinimetric validity and it is a highly useful tool that can be applied in both clinical practice as well as in research studies to assess well-being over time or to compare well-being between groups[44]. It is additionally found to indicate good reliability according to research by Dadfar et al.[45].

De Jong 6- a measure of emotional and social loneliness
The 6-item De Jong Gierveld Loneliness Scale is a shortened version of the original 11-item scale which is argued to be a valid and reliable measurement instrument for overall, emotional, and social loneliness[46]. The 6 items consist of:

1. "I experience a general sense of emptiness".
2. "There are plenty of people I can rely on when I have problems".
3. "There are many people I can trust completely".
4. "I miss having people around".
5. "There are enough people I feel close to".
6. "I often feel rejected".

The shortened 6-item scale is argued to parallel the validity and reliability of the 11-item scale whilst also having greater cost-effectiveness and being better suited for large-scale surveys[47].

ONS4 (Office for National Statistics Wellbeing Measure)
ONS4 measures personal wellbeing using four measures: life satisfaction, worthwhile, happiness, and anxiety. The wellbeing questions ask:

1. "Overall, how satisfied are you with your life nowadays?"
2. "Overall, to what extent do you feel that the things you do in your life are worthwhile?"
3. "Overall, how happy did you feel yesterday?"
4. "On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?"

Benson et al. developed a short generic measure of subjective wellbeing based on the ONS4 questions and after analysing anonymous social prescribing data sets, they found it to have good internal reliability and construct validity. However, research focusing solely on ONS4 appears to be limited[48]. Use of the ONS4 for social prescribing has been recommended for use by Primary Care Networks by NHS England in the Common Outcomes Framework, as it is free to use, widely available and UK population-wide estimates are available for comparison with the general population[49].

Outcome Star System

The Outcomes Star is a family of tools which are designed to both support and measure change and it consists of several scales arranged in the shape of a Star[50]. Service users and health care professionals discuss all the areas of the service user's life which are represented on the Star and agree where they are on each scale ranging from 1 to 10. These readings are then plotted on the Star to give an overview of their current situation to then be repeated later to examine any change[51]. The approach underpinning the Outcomes Star draws on the core principles of Action Research and Participatory Action Research (PAR)[52]. The Outcomes Stars themselves are copyright-protected to preserve the integrity of the tools and support sector-wide measurement and data sharing[53].

However, whilst there is evidence that Outcomes Stars are a useful tool for goal planning and establishing shared understandings between professionals and clients, from the perspective of reliability and validity, this toll is also potentially open to bias[54]. Sweet et al. argue that when a practitioner is using this tool knowing that it is an assessment of the quality of their work, there is a potential to consciously or unconsciously over-report progress and change made, by encouraging a service user to score themselves more positively than they might feel[55]. Sweet et al. also found that there was some inconsistency in scoring procedures which were sometimes altered by professionals[56].

The Patient Activation Measure

The Patient Activation Measure (PAM) is a tool comprising of 13 questions used to measure individual's knowledge, skills, and confidence in managing their own wellbeing[57]. The PAM produces a score ranging from 0 to 100 that corresponds to one of four levels of patient activation: 1- 'Disengaged and Overwhelmed'; 2- 'Becoming aware but still struggling'; 3- 'Taking Action and Gaining Control'; 4- 'Maintaining Behaviour and Pushing Further'[58]. Prey et al. found that the PAM is a reliable and valid measure that promotes tailored care strategies for the needs of service users[59].

Outcome Rating Scales

The Outcome Rating Scale (ORS) was developed by Miller et al. (2003) as a more feasible and shortened alternative to the Outcome Questionnaire 45.2 (OQ-45), a 45-item self-report scale designed to assess three domains of psychological disturbance, interpersonal problems, and social role functioning[60][61]. As the ORS was developed as a brief alternative to the OQ-45 it assesses the same three domains through a visual analogue format with a set of four questions that take approximately 1 minute to complete[62]. It is argued that ORS provide rapid, valid, and reliable information on service users' wellbeing[63]. Although this measure appears to be slightly less valid and reliable compared to the gold standard of the OQ-45.2, ORS are much more practical with easier completion rates which can be argued to offset the slight decrease in validity and reliability[64].

Case Studies

Case studies are a qualitative method which explore in depth an event, activity, or one or more individuals over a sustained period of time[65]. Case studies, and qualitative data more broadly, have been traditionally viewed as lacking rigour and objectivity compared to quantitative measures[66]. As opposed to examining qualitative data on its level of validity and reliability, it is instead evaluated for its 'quality' through Lincoln and Guba's criterion of trustworthiness through credibility, transferability, dependability, and confirmability making it difficult to compare to the other wellbeing measures[67].

Appendix ii- Social Prescribing Evaluation Comparison Table

	Social Prescribing Provider Report Title	Summary of Report	Measures
1	**Birmingham Childrens Partnership Social Prescription Project: Arts on Prescription Pilot Phase January-April 2014 Report** Birmingham City Council	This report provides research evidence from a pilot programme that explored the benefits of using arts activities as a non-clinical approach to help people with poor health and wellbeing. Impact: The intention of the intervention was to develop an alternative approach to help address the high levels of long-term sick and wellbeing conditions amongst residents in Castle Vale and reduce the pressure on GP surgeries.	**WEMWBS** (Warwick-Edinburgh Mental Wellbeing Scale) measure was used to assess the wellbeing levels of participants at the start and end of the project. The health development officers from Castle Vale Community Regeneration Service also observed and recorded the impacts of the project on individuals. **Cost benefit analysis**: potential cost saving to GPs over a three-year period based on reduced GP presentation and prescribing cost, estimated that the direct financial return to GPs is on a fiscal ratio of 1.87: 1 over this period. **Employment:** one participant returned to work after their involvement in the project.
2	Dudley High intensity User Social Prescribing Service **Dudley High Intensity User Social Prescribing Project- 2 Year Evaluation April 2019 to March 2020** (June 2020)	This report presents the impact of the social prescribing project on service users in terms of cost effectiveness, patient admissions, and the impact on their physical and mental health. Supporting the needs of the most vulnerable socio-economic groups in Dudley (poverty, mental health issues, physical disabilities, risky behaviour) who are registered with a Dudley GP, aged 18 and over and have unscheduled care activity more than 12 times in any 12-month period amongst commission services such as: Creative Health	**Case studies** of individual service users and the **cost avoidance** of these services: - Reducing multiple A&E attendances with a cost avoidance of £12,662 for one service user - Reducing isolation and suicidal thoughts with a cost avoidance of £10,890 for a service user - Improving ability to cope with a cost avoidance of £805 for one service user. **Personal Health budgets:** Eligible to HIC clients up to the value of £100, an estimate of £70,000 saved amongst 9 clients receiving PHB as a result in reduced A&E use and impatient admissions. **Cost saving statistics**:

		CIC, Arts of Change, Lighthouse Counselling, Challenged Academy CIC, Dudley Citizens Advice Service, who all received funding from the Voluntary and Community Sector Fluid Floating fund, a grant of £150,000 for 3 years.	- A&E attendances= a 64% reduction after 6 months, a 75% reduction after 12 months - Patient Admissions= a 65% reduction after 6 months, 78% reduction after 12 months - WMAS call outs= a 57% reduction after 6 months, a 66% reduction after 12 months **Performance outcomes:** Client data regarding 7 areas- finance, physical health, mental health, social contract, housing, safety, and learning. **Qualitative data** in terms of quotes and case studies from service users and quotes from various workers in the organisations.
3	Dudley CVS **Integrated Plus Impact Evaluation Final Report 26th March 2019**	Summary: Dudley CVS is an independent umbrella organisation which supports voluntary and community organisations in Dudley. The Integrated Plus service offers one-to-one social prescribing support to patients aged 16 and over who are: at high risk of hospital admission/readmission; frequently visit their GP; and are vulnerable and in need of non-clinical social support.	**MDT (multidisciplinary team) surveying**: A survey of 279 GPs and other clinicians who attend the MDTs and provided feedback regarding the services. **Client Surveying**: client is surveyed when first engaging with the organisation and again at the end of the client's experience with the service. **DSCRO**: data analysis of Data Services for Commissioners Regional Office Data showing reductions for A&E and impatient admissions with a potential saving of £810,000. **Referral Data** **Case Studies of individual clients.** **Data on performance outcomes:** finance, physical health, mental health, social contract, housing, safety, and learning. **GP surgery data:** the impact of GP telephone consultations, GP home visits and GP consultations.

| 4 | HACT and WHG: **The 'H' Factor Hope, Health, and Happiness: An Evaluation of the Social Prescribing Service at WHG** May 2023 | "Being uniquely placed to collaborate with WHG to evaluate the social prescribing service, HACT (Housing Associations' Charitable Trust) has worked collaboratively with WHG to achieve three key aims:

1. Independently evaluate and empirically quantify the impact achieved by WHG'S Social Prescribing service for service users and the organisation.
2. Collate learning that can be used to shape service design, help embed a durable culture of continuous improvement going forward and make a case to local health partners for collaborative investment and partnership working.
3. Capture lessons from data collection, service design and delivery to inform recommendations for future service design, monitoring, and evaluation processes.

The primary driver for this evaluation is to create robust empirical evidence to quantify the impact created by the Social Prescribing." | A research model using **a mix of qualitative and quantitative methods** to provide a comprehensive picture of the impact and value of the service and identifying opportunities to enhance service design and delivery.

Desktop review: "HACT carried out a review of key operational and strategic literature provided by WHG to gain a broad understanding of WHG, its customers and the service. Additional literature sourced by HACT was also reviewed to deepen understanding of the wider environment and support any observations or recommendations."

Quantitative outcome analysis: "Through quantitative analysis of available reporting data, HACT has:
• Profiled service users to understand who received support
• Assessed service outputs and performance against intended outcomes and investigated the impact of additional service outcomes.
• Reviewed agreed outcome metrics and identified improvements to shape future monitoring and reporting processes.
• Assessed the social impact created by the service."

WEMWBS - Warwick and Edinburgh Mental Wellbeing Scale (and the short form **SWEMWBS**)

Social value: the measurement of the positive changes people experience that benefit the community in economic terms.

Stakeholder interviews: semi-structured interviews with internal and external stakeholders.

Employment: out of a total of 277 service users; 22 progressed into employment; 36 went onto employment training; 28 attended training courses and 16 became regular volunteers. |
| 5 | **Making Connections Walsall Social Prescribing Service Summary** | MCW programme started in October 2017 to tackle loneliness and social isolation, improve health and wellbeing, and reduce | **Case studies** of clients who have benefitted from the services.

Fives ways to wellbeing changes |

	Evaluation Report-January 2020 Making Connections	preventable health service use among people aged 50+. MEL (monitoring, evaluation, and learning) research carried out evaluation of the process and outcomes of MCW using a **Social Return on Investment (SROI) approach**, quantifying the social value created through MCW.	**WHO-5** changes. **PHQ-2-** The Patient Health Questionnaire-2. **De Jong 6-** measure of emotional and social loneliness. **Social Return on Investment-** Estimates that for every £1 invested (and assigned) in MCW, it has created £3.35 social return. **Qualitative data-** embedded throughout the report with quotes from clients who have benefitted from the services.
6	University of Wolverhampton Institute for Community Research and Development **An evaluation of Wolverhampton's Social Prescribing Service: A New Route to Wellbeing** February 2019	This evaluation report reviewed the "social prescribing service model and delivery provision, identify strengths, evidence impact to date, identify gaps and provide evidence for future service development opportunities".	**Anonymous Service Monitoring data** (received from Wolverhampton Voluntary Sector Council) **ONS wellbeing scale** (received from Wolverhampton Voluntary Sector Council) **De Jong Gierveld Scale for measuring loneliness and social isolation** (received from Wolverhampton Voluntary Sector Council) **Return on Investment** **Anonymous Health service use data from GP practices**, providing the number of primary and secondary care admissions for 6 months pre and post social prescribing referral. Tested by a Wilcoxon Signed Ranks test. **Qualitative data** through **focus groups** with service users and providers and **telephone interviews** with referrers, which was analysed thematically.
7	**Comparative Analysis of Social Prescribing across The Black Country:** University of Wolverhampton January 2023	"This study aimed to map approaches to social prescribing across the four areas of the Black Country, namely: Dudley, Sandwell, Walsall, and Wolverhampton. By comparing and contrasting ways in which social prescribing is developed, delivered, and	**WEMWBS** **ONS4** **Discussions with Service User**

		accessed in each of these four areas, this study seeks to draw out the potential impact of social prescribing across the region, as well as identifying possible areas for development and improvement. The purpose of the study was to better understand social prescribing models across the Black Country in order to inform a future evaluation framework."	**Outcome Rating Scale** **Social Value Measure** ONS wellbeing measures are used with **the Outcome Star System** **Quantitative data** on the physical health needs of clients. **Health and Wellbeing Prism measures**.

Figure 7 - Social Prescribing Evaluation Comparison Table

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