

SPRING Enhanced Rural Social Prescribing Project

Evaluation Report

November 2021 - March 2023

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1. Introduction

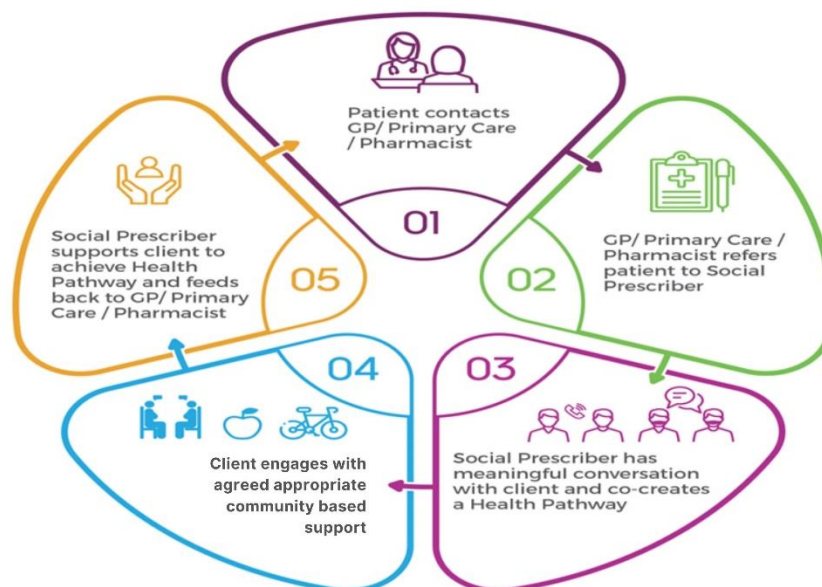
Background to Project

- 1.1.** SPRING Enhanced Rural Social Prescribing Project ('the project' or 'SPRING DAERA') helps people 18+ from rural communities to access support for their social, emotional, and practical needs by connecting them to sources of support within their local communities.
- 1.2.** The project has been funded by the Department of Agriculture, Environment and Rural Affairs (DAERA) under the Tackling Rural Poverty and Social Isolation (TRPSI) Framework since January 2019 and is delivered under the auspices of the NI Healthy Living Centre Alliance. The lead organisation is Derg Valley Healthy Living Centre ("DVC") based in Castlederg, County Tyrone, Northern Ireland.
- 1.3.** Initially, SPRING DAERA emerged as an extension of the SPRING Social Prescribing Project which serves communities in socially deprived areas throughout Scotland and N. Ireland and is a partnership between the Scottish Communities for Health and Wellbeing (SCHW) and the Healthy Living Centre (HLC) Alliance in Northern Ireland. SPRING is funded by the National Lottery Community Fund.

Project overview

- 1.4.** SPRING DAERA aims to take a holistic approach to addressing the needs of people presenting to Primary Care in rural areas, creating a link between the health service and rural communities. The project works with individuals to ask the question 'what matters to you?', rather than 'what is the matter with you?'. This enables a GP or Primary Health Care professional to refer people who are experiencing; social isolation, low mood, mild depression, chronic pain, other long-term conditions, or physical inactivity to appropriate community-based support programmes and activities.
- 1.5.** A social prescriber spends time engaging with each person referred to the project, listening to their needs and exploring services and activities that can help them improve their health and well-being. Using a co-production approach, the client chooses which supports to avail of, and a health pathway is developed. Elemental Software (Elemental) is the digital platform used by each delivery partner to record social prescriptions. The impact on health and wellbeing is measured using the Short Warwick Edinburgh Mental Wellbeing Scale and the Outcome Star.

The diagram below summarises the SPRING DAERA delivery model:



- 1.6.** Under the project, Social Prescribers are employed on a part-time basis by 10 rural community based Healthy Living Centres, known as delivery partners or hubs. These delivery partners are set out in the table below.

Delivery Partner
County Down Rural Community Network (CDRCN), Newtownards
Derg Valley Centre Healthy Living Centre (DVC), Castlederg
Fermanagh Rural Community Network (Fermanagh RCN), Enniskillen
Kilkeel Development Association (Kilkeel), Kilkeel
Learmount and Lettershandoney, Park (L&L)
Oak Healthy Living Centre (Oak), Lisnaskee
Peninsula Healthy Living (Peninsula), Kircubbin
Rural Health Partnership (RHP), based in the WALD Centre, Cullyhanna
South Lough Neagh Regeneration Association (SLNRA), Maghery
TIDAL, Toomebridge (TIDAL)

- 1.7.** This evaluation report covers the period November 2021 – March 2023. The lead partner submits detailed monitoring reports to DAERA and this evaluation report draws on information from the relevant reports for the review period. Over the review period, there has been 6 monitoring reports produced by the lead partner (quarterly).

Objectives

1.8. For the period covered by this evaluation, DAERA, HLC Alliance and the lead partner agreed a series of objectives for the project. These are summarised below.

- Extend referral agents by 50% (45 referral agents).
- Increase number of delivery partners from 6 to 10.
- Each partner to process 72 referrals a year.
- Assessment outcome – Outcome Star 85% improvement.
- Assessment outcome – SWEMWBS 75% improvement.
- Increase the number of clients engaged “in meaningful activity” post project attendance (48% engaged in meaningful activity).

1.9. This evaluation will consider the extent to which these objectives have been met.

Evaluation Approach and Report Layout

1.10. An outcomes-based accountability approach has been adopted for this evaluation and three questions are considered:

- How much did SPRING DAERA do? (Quantitative information) – Section 2
- How well did SPRING DAERA do it? (Qualitative Information) – Section 3 and,
- What difference has SPRING DAERA made? (Impact) – Section 4.

1.11. Finally, Section 5 sets out the conclusions from the evaluation based the objectives outlined above. In addition, Section 5 also summarises some of the learnings and observations from the project which may help inform the development of future social prescribing services and models

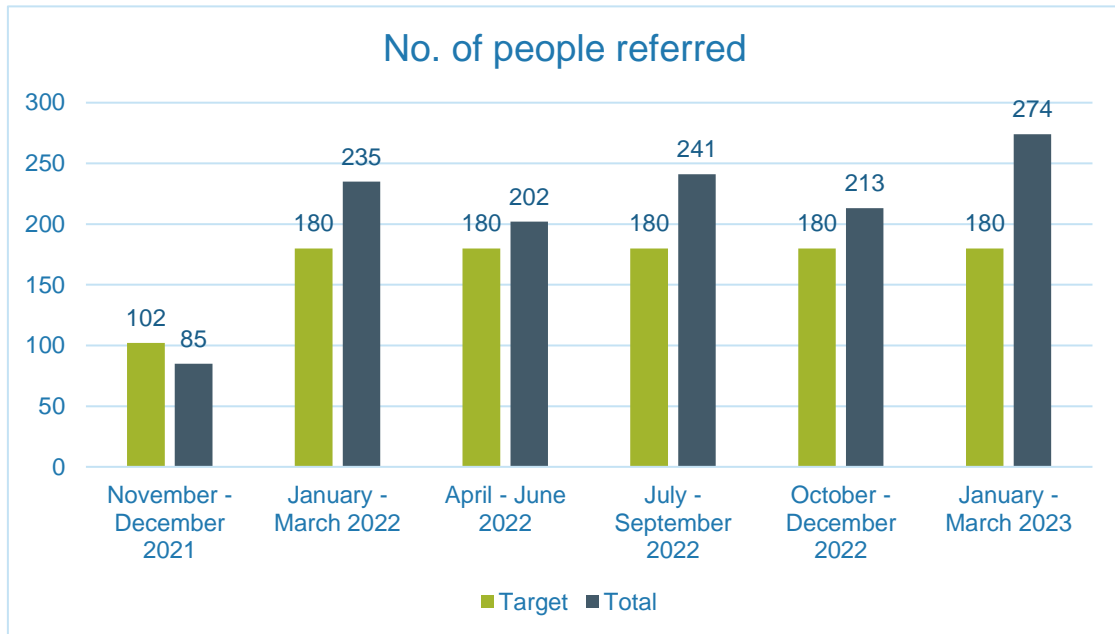
Caveat

1.12. The information used for this evaluation has been extracted from monitoring reports and supporting documentation provided by the lead partner. We have not sought to verify the accuracy or completeness of this information.

2. How much did SPRING DAERA do?

2.1. This section looks at the overall level of activity for the project during the period covered by this evaluation (November 2021 – March 2023).

Number of referrals

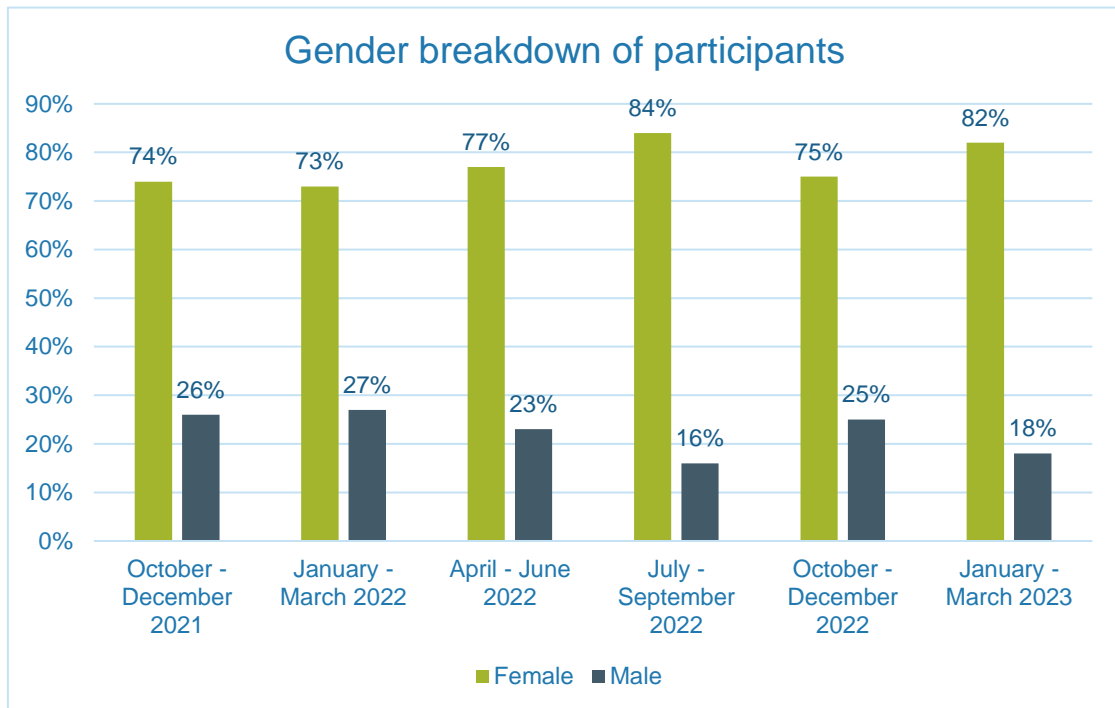


2.2. As noted previously, an objective was set for each delivery partner to process 72 referrals per annum. Based on 10 delivery partners (hubs), this amounts to 720 referrals per annum or 180 per quarter. The chart above shows that this objective was exceeded by the project for each quarter from January 2022.

2.3. It should be noted that for the period November to December 2021 the target was 102 referrals as there were 8 active delivery partners and newer partners had just come on board. The actual number of referrals in this period was 85. This is lower than the objective, as the newer delivery partners required time to become established through marketing their services and establishing relationships.

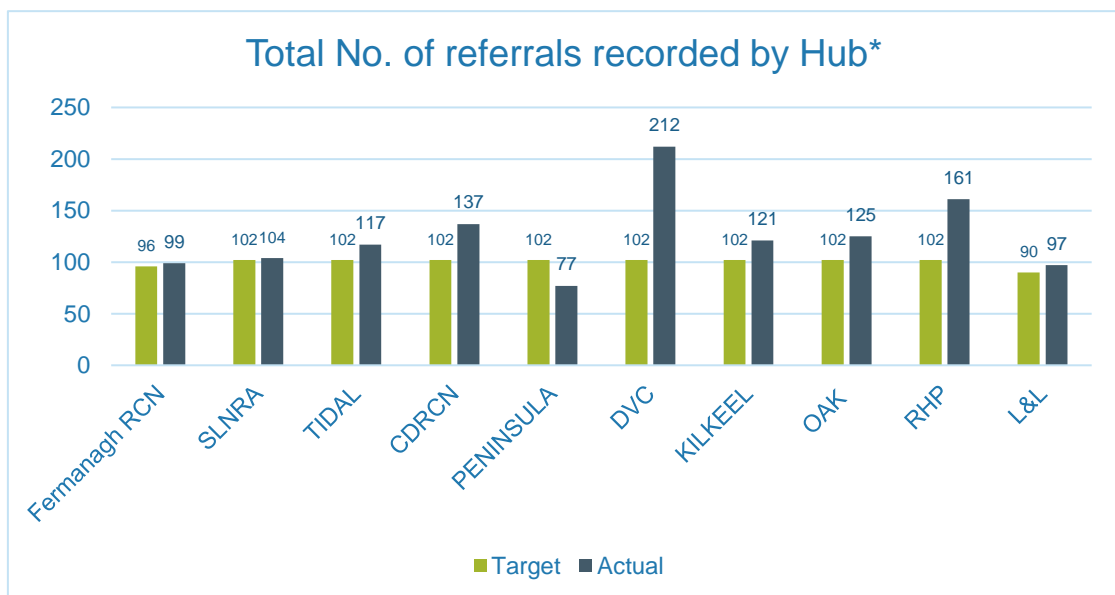
2.4. For the 17 months covered by this evaluation, the total number of referrals based on the monitoring reports was 1250, 248 referrals greater than the objective (1002). In consideration of the above information, it should be noted that the lead partner has advised that the monitoring reports are adjusted to reflect referrals that remain to be recorded on Elemental software at the end of each monitoring period.

Demographics of participants



2.5. The chart above is based on the monitoring reports produced by the lead partner and shows that on average 77.5% of participants in the project are female. As noted previously, the project is open to all ages between 18 – 85+, information from the monitoring reports shows that most participants are aged 45 years or over.

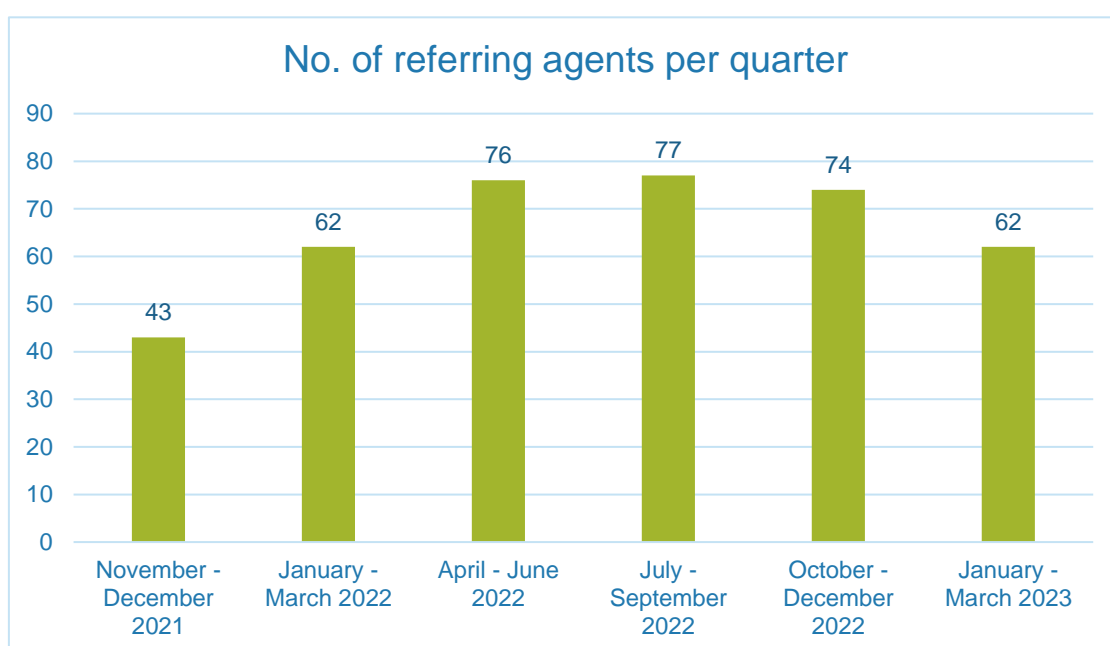
Referrals by Hub



*As noted previously the overall target for the period to December 2021 was 85 and for subsequent quarters, this was 180. This equates to approx. 18 referrals per hub in subsequent quarters giving an overall target of around 1002 referrals. Learmount and Lettershandoney joined the project in January 2022.

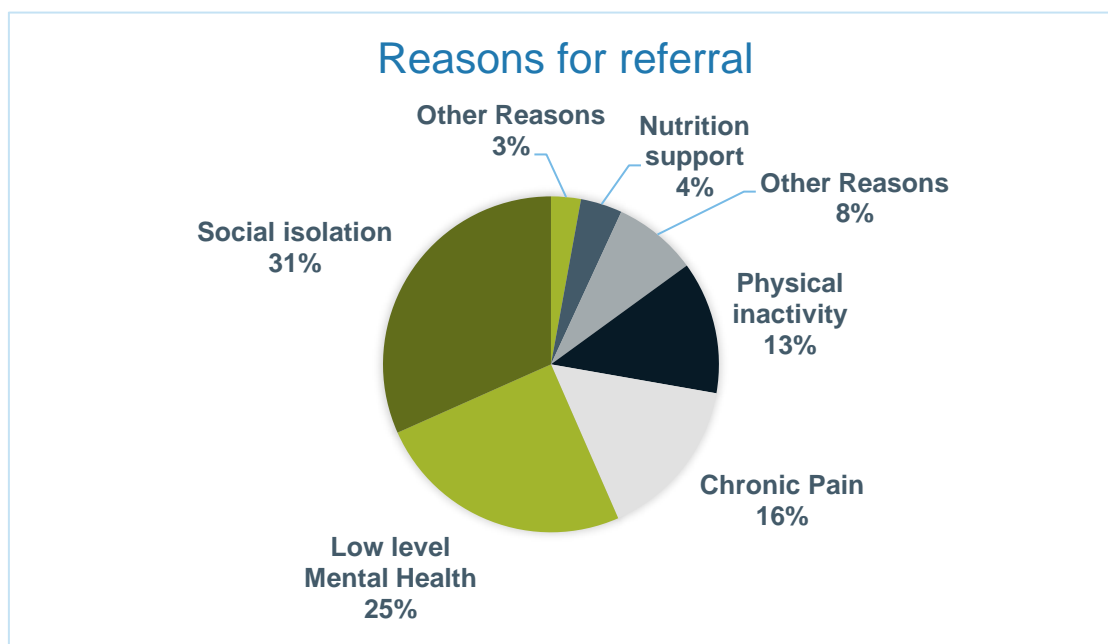
As noted above, one of the objectives for the project was to extend the number of delivery partners from 6 to 10. The chart above shows that this was successfully achieved. The chart also shows that nine of the ten delivery partners exceeded the referral targets for the evaluation period. One delivery partner was 25% (25 referrals) below the target.

Referring agents



2.6. The chart above shows the number of referring agents per quarter over the evaluation period. Referring agents are those primary care professionals who refer people to the project. One of the objectives for the project was to increase the number of referring agents by 50% (45 referring agents). The chart shows that apart from the first period – November to December 2021 (which had 43) – there were 45 referring agents reported by delivery partners for the remaining quarters of the review period, meaning this objective was met throughout the review period.

Reasons for referral



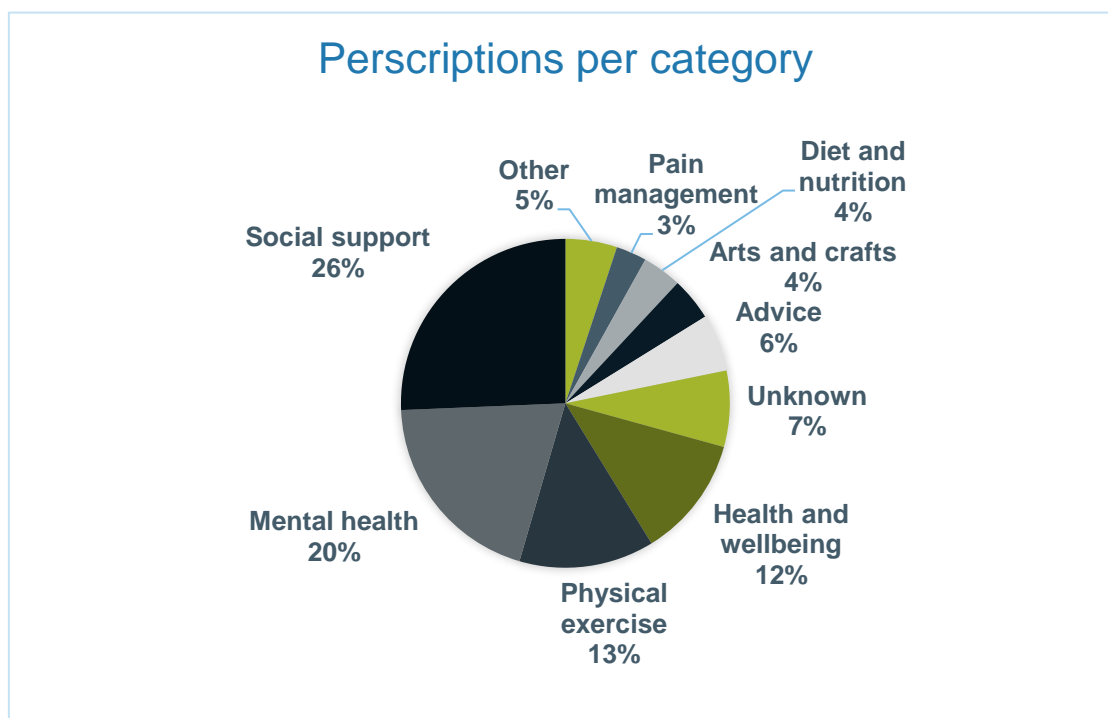
2.7. The chart above shows that majority of people referred to the project in the review period were experiencing social isolation and low-level mental health issues, with these categories accounting for 56% of the total recorded reasons for referral in the period. It should be noted that people are often referred to SPRING DAERA for more than one reason.

2.8. Low level mental health referrals include participants experiencing mild anxiety, mild depression, low self-esteem and confidence, stress and personal development issues. Most referrals in this category experiencing mild depression and anxiety. Social isolation includes those engaging in new activities and/or are interested in befriending.

2.9. The next most popular reasons for referral are Chronic Pain and Physical inactivity. Chronic pain represented 16% of the total recorded reasons for referral and this includes individuals who experience fibromyalgia, chronic back pain, arthritis and other chronic pain. Physical inactivity represented 13% of total reasons for referral and includes people who are physically inactive, experience poor mobility and can benefit from falls prevention and weight reduction support.

Other reasons include a wide variety of matters such as; domestic circumstance, diabetes and Covid-19 support including people impacted by low self-esteem and confidence who have been feeling isolated or have been impacted by bereavement due to the pandemic, the need for debt advice, menopause, and nutrition support.

Prescriptions per category



2.10. The activities engaged in by people on the project are recorded as “prescriptions”. Prescriptions can include a variety of activities and the chart above shows that most prescriptions included mental health, social support and physical exercise (59% of total prescriptions).

2.11. Mental health activities recorded include counselling, meditation, confidence and assertiveness, swimming, Chi Me, group support, and stress management.

2.12. Social support activities include referrals to; support services that offer emotional support, peer support groups, personal development, housing support, social cafés, visits to national trust facilities, the Men’s shed and befriending services.

2.13. Physical exercise includes activities such as going to the gym, swimming, walking, yoga and Pilates.

2.14. As before, there are a wide range of activities in the “other” category including practical support, substance misuse, IT Training, signposting, volunteering, clinical support and gentle exercise, social events, educational support, financial support and personal development.

Section 2 Summary

- The quarterly referrals objective (180) was exceeded by the project for each quarter from January 2022.
- Based on the monitoring reports, for the 17 months covered by this evaluation, the total number of referrals was 1250, 248 referrals greater than the objective (1002).
- On average 77.5% of participants in the project are female and that most participants are aged 45 years or over.
- The project has successfully increased the number of delivery partners (hubs) from 6 to 10.
- Nine of the ten delivery partners exceeded the individual partner referral objective (102) for the evaluation period. The remaining delivery partner was very close to meeting the objective (within 25 referrals).
- The number of referring agents increased by the more than the 50% objective throughout the review period.
- The main reasons for referral to the project were for people experiencing social isolation and low-level mental health issues (56%)
- The primary activities undertaken by participants included counselling, meditation, Chi Me and peer support groups.

3. How well did SPRING DAERA do it?

- 3.1.** This section considers qualitative information about the project. A sample of case studies and quotations taken from the quarterly monitoring reports are included below to illustrate the views of participants and social prescribers.

Sample of case studies

Case Study 1 – Fermanagh Rural Community Network (FRCN) – March 2023

- 3.2.** This participant was a male in his early seventies who lived on his own in a small rural settlement which has very limited services and activities. The client had worked for most of his life in a business within a neighbouring town and had enjoyed meeting customers on a daily basis. He retired a few years ago. As his family does not live locally, he was feeling particularly isolated and missed having conversations and interactions with other people. He was referred to SPRING DAERA by his local pharmacist who noticed that he was talking about being lonely and missing having chats with people. The man met with the social prescriber and had a conversation about his life and his interests. He agreed to consider attending a Men's Shed located in a neighbouring village as although this was a twenty-mile round trip it sounded the most interesting activity available to him. The client was supported on his initial visit to the Men's Shed and has now become a regular attendee at their weekly activities including woodworking and gardening. He has commented that while he may not be an expert at woodwork or gardening, he does enjoy having conversations and fun with the other attendees.

Case Study 2 – Southern Lough Neagh Regeneration Association – March 2023

- 3.3.** This client was signed up by her pharmacist. She is a young lady who has been unable to work for the past number of years after falling very ill. She has since been diagnosed with a rare condition which tends to flare up thus affecting her physical health. She acknowledged that at times this has also affected her mental health. She finds all this quite difficult as in her previous job she herself supported young people with mental and physical health difficulties. Having moved back to her birthplace, she now resides in a very rural small community that has very few resources and admitted to being very isolated. She met a social prescriber for a couple of walks where they explored her interests and what would make her feel supported. Decreasing the isolation was a big factor and something that did not require a huge commitment. Through SPRING DAERA, she was linked into a local project that she could participate in whenever she wanted. This involved building old curragh boats and regularly taking them out on the lough. She is now helping the organisers negotiate a new project with the National Trust. She was linked in with the Clanrye Group in Portadown and participates in Arts and Crafts sessions.

She hopes that at some stage in the future she might do some volunteering with Clanrye. She noted that having something to do has given her purpose again in her life and a reason to get up and out of the house in the morning. Both resources allow her to go at her own pace but provide the much-needed social interaction which she was craving. She is enjoying learning new skills and becoming much more involved in her local community and heritage. She is feeling more optimistic about the future and reports an increase in her overall well-being.



Case Study 3 – County Down Rural Community Network – December 2022

- 3.4.** An 85-year-old lady was visited in her home by a SPRING DAERA social prescriber. She reported that she did not leave the house and with poor health she did not feel like going out. The Social Prescriber arranged for her to be registered with the local transport scheme. The lady attended an event (Christmas film and lunch). Whilst she had been reluctant to come, the Social Prescriber met her off the bus and walked her into the venue. In there, she met a lady she used to work with, and they ended up chatting for a long time and catching up. Now she is going to book the rural transport bus to take her to Newcastle once a week to meet up with her friend – she was so excited and so grateful that she had been supported to get out to an event and now is looking forward to attending other events.

Case Study 4 – Rural Health Partnership – December 2022

- 3.5.** A 48-year-old single male was referred to SPRING DAERA while recovering from long covid. He was keen to build social links and recover lost fitness and well-being. He had to change his job in recent years as he found his role was too stressful and caused him a lot of anxiety. After getting covid he was suffering severe fatigue and low mood and had no energy to do anything. He was spending a lot of his day in bed. After the initial meeting with the social prescriber, he was encouraged to join an online programme as he was not keen to leave the house. He joined the Mindful Mondays Programme, and he really enjoyed this as he could learn practices to help with his anxiety. He attended this every week and is still attending it. At the start he would not turn on his camera but slowly he got more confident and now chats with others in the group and has his camera on. This a major shift for him. He also received counselling which he felt really benefited him. He was able to manage his anxiety better having talked through his issues with the counsellor. He learned practical tips and tools which he uses in his everyday life.
- 3.6.** He more recently joined a paint programme – face to face programme and this was a huge step for him as he made enquiries about the course himself and then made the decision to join this programme. He is now chatting, laughing and fully engaged with this programme. The social prescriber states that *"He's a totally different person than the first time we met. I spoke with the tutor, and she said he is absolutely loving the programme"*.
- 3.7.** Together with counselling and support throughout the last few months he is in a much better, happier place now. Life has changed for him as he has new interests, has made new friends and his mood has lifted and he feels happier. (Below is a sample of his work from the art class, autograph obscured to protect anonymity).



Additional Feedback

- 3.8. The paragraphs below show a sample of feedback on the project taken from the quarterly reports to show the views on the project of participants and social prescribers.

"I have found the social prescribing service has impacted my life for the positive. They have found activities which allow me to exercise and have social contact without exasperating my condition. The zoom mindfulness class is great. The chi me/tie chi is good exercise allowing me to see real people without exhausting myself traveling... The art course has given me something to do that does not exhaust me out now that I can't do the things I used too to... The fact its local means I am not using up all energy just to get to it. The counselling is helping me cope with my new situation and limited abilities. I don't know where I would be without it".

Participant A, RHP, March 2023

"I was going through an extremely difficult time in my personal life. I eventually rang my GP in despair explaining I just couldn't do the journey I was on, on my own any longer. The GP said she would refer me for help. I was so exhausted and lonely. My phone then rang a while later and at the other end a gentle and calm voice. I was told their role was a Social Prescriber (I had never heard of this term before) The Social Prescriber came to my home and made me feel totally at ease. She instantly felt like a friend, and I had never needed this more! My life started to change for the better with the love and support of this hub. It is the most amazing place with the most incredible help on hand. They helped me to heal and learn to love myself for who I was. I cannot shout loudly enough about Peninsula Healthy Living, and I thank each and every member of staff for their smiles, patience, support, and help". – Participant B, Peninsula, December 2022

Analysis and summary

- 3.9.** The case studies and additional feedback noted above help to demonstrate how highly the SPRING Enhanced Rural Social Prescribing Project is valued by people who participate in the project and social prescribers who help deliver the project. There are many more similar case studies in the quarterly monitoring reports prepared by the lead partner. Based on this information, there can be little doubt that SPRING DAERA is doing a good job and is seen as a valuable resource in the rural communities it serves where there may be limited resources.
- 3.10.** The case studies also reinforce how the project helps participants who experience a range of physical and mental health issues, primarily including social isolation and low-level mental health matters as highlighted in Section 2.
- 3.11.** Some of the benefits of participating in the project highlighted by these examples include being referred to groups where participants can meet up with peers, share experiences, establish connections and make new friends. There are also opportunities to learn new skills including woodworking, gardening, arts and crafts, mindfulness, and chi me. All of the above are important factors in helping address rural poverty and social isolation.
- 3.12.** The case studies show that as people build their confidence and self-esteem, they are more likely to build networks and stay engaged in activities after the project ends. For many participants, SPRING DAERA is the start of a journey rather than a finite project.

4. What difference has SPRING DAERA made?

4.1. This section considers impact the project has had on people who have taken part. As noted previously two monitoring tools are completed by those who participate on the project the Outcome Star Wellbeing Star and Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS). Each tool is completed before participating on the project and again after completing the social prescription. This section analyses the results of these monitoring tools together with information on 'meaningful activities' undertaken by participants post attendance with the project.

The Outcome Star Wellbeing Star

4.2. The Outcome Star tool encourages people to consider a range of factors impacting on their quality of life. This Outcome Star is a questionnaire, scaling wellbeing from 1-5 based on eight key areas including:

Q1 – Your Lifestyle: sleeping habits, exercise, smoking and diet

Q2 – Looking after yourself: Shopping, going out, cleaning, getting dressed

Q3 – Managing your symptoms: Information, doctors, and medication, resting and energy levels, pain management

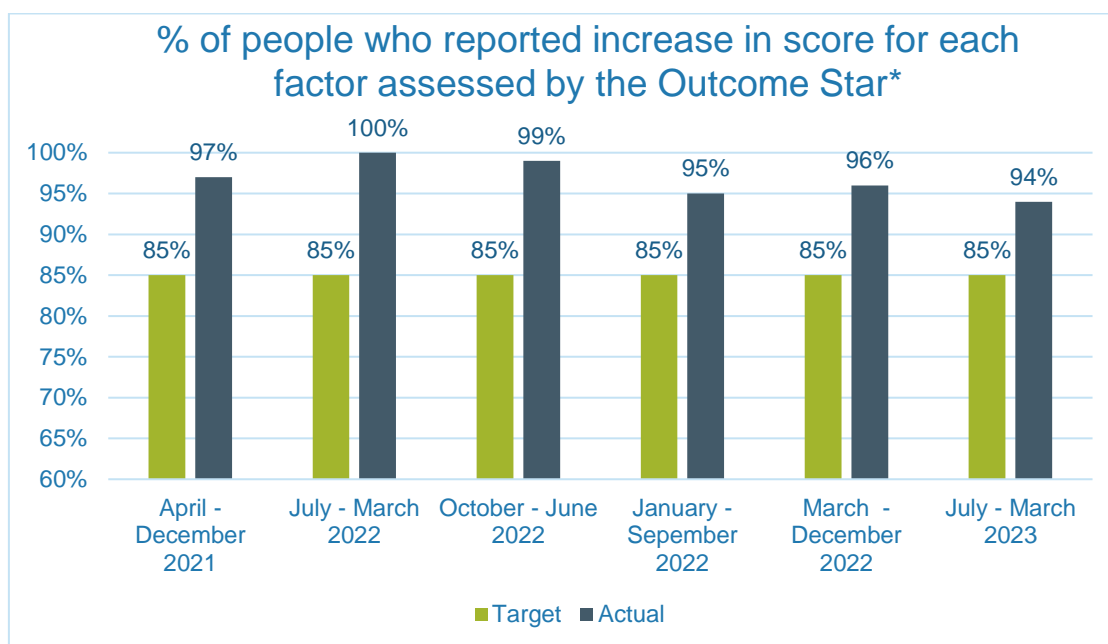
Q4 - Work, volunteering, and other activities: Volunteering, training, work conditions, new role

Q5 – Money: Getting benefits, spending appropriately, managing money

Q6 – Where you live: Local facilities, damp, pollution, stairs

Q7 – Family and Friends: Communication, understanding, adjusting, new roles

Q8 – Feeling positive: Hope, learning to cope, feeling calm

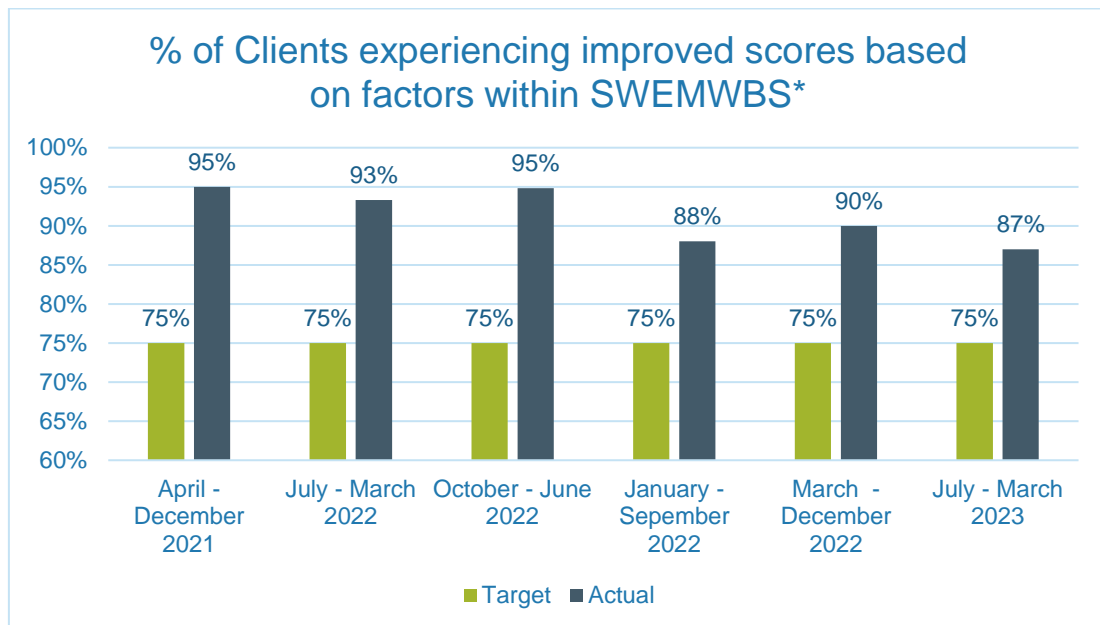


*Rounded to nearest %

- 4.3.** One of the objectives for the project was that 85% of participants reported an improvement in their Outcome Star wellbeing star score before and after participating in SPRING DAERA. It is worth noting that as participants do not generally complete prescriptions within a three-month period, the results noted above are recorded in the quarter that the social prescription ends. It is also worth noting that that monitoring tools are not completed for everyone attending the project. Some individuals referred to the project have traditionally been difficult to engage. In some circumstances, social prescribers feel that based on their experience with the person they are working with, it is inappropriate or difficult to complete either one or both of the assessment tools.
- 4.4.** The chart above shows that over the period covered by the evaluation, the 85% outcome star improvement objective was consistently exceeded. On average, 97% of participants reported an improvement in their Outcome Star score at the end of the project.

SWEMWBS

- 4.5.** The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) scale was developed by academics at Warwick and Edinburgh Universities to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. Originally there were 14 positively worded questions to assess wellbeing, this was then shortened to 7 positively worded questions to form the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) which has been used to measure outcomes in this project.

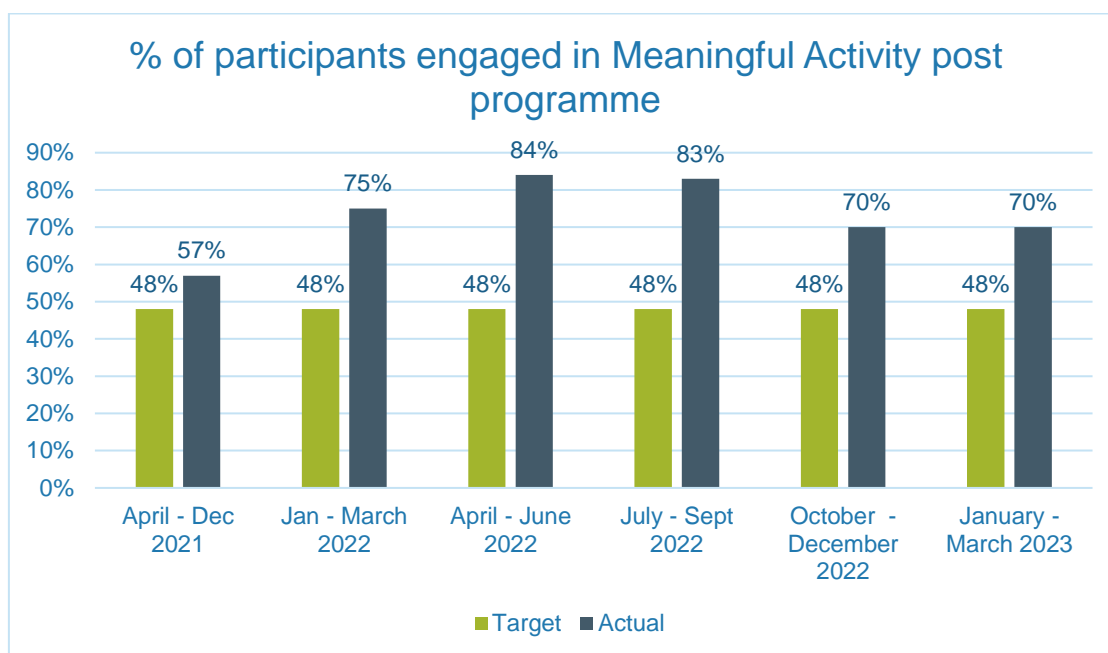


*Rounded to the nearest %

- 4.6. One of the objectives for the project was that 75% of participants reported an improvement in their SWEMWBS score before and after participating in SPRING DAERA.
- 4.7. As for Outcome Star, the chart above shows the quarter in which the social prescription ended and not all participants completed SWEMWBS questionnaires. Nevertheless, the chart above shows that over the period covered by the evaluation, the 75% SWEMWBS objective was consistently exceeded. On average, 92% of participants reported an improvement in their SWEMWBS score at the end of the project.

Meaningful Activity

- 4.8. As noted previously, one of the objectives for the project is increase the number of participants engaged in “meaningful activity” after attending the project. In these circumstances, meaningful activity refers to the number of participants who have adopted healthier lifestyles and incorporated these into their daily routines. This may include regular exercise, meditation etc. The social prescriber records if people have adopted healthy changes to their lifestyle after completing their social prescription with SPRING DAERA. Not all participants adopt this approach and those that do not are recorded as “needs met”. The objective is for at least 48% of participants to be engaged in meaningful activity after the programme.



4.9. The chart above shows that number of people recorded as being engaged in meaningful activity on completion of their social prescription with SPRING DAERA. This shows that the 48% objective was exceeded throughout the evaluation period. On average, 84% of participants recorded that they will be engaging in meaningful activity after the programme. As for Outcome Star and SWEMWBS, the chart above shows the quarter in which the social prescription ended.

Section 4 Summary

Over the period covered by the evaluation:

- The 85% outcome star improvement objective was consistently exceeded. On average, 97% of participants reported an improvement in their Outcome Star score at the end of the project.
- The 75% SWEMWBS objective was consistently exceeded. On average, 92% of participants reported an improvement in their SWEMWBS score at the end of the project.
- The 48% 'meaningful activity' objective was exceeded with most quarters recording that over 70% of participants are engaged in meaningful activity at the end of their time with the project.

5. Conclusion, Learnings and Observations

5.1. This section sets out the overall conclusions from this evaluation and summarises some key learnings and observations in relation to the project.

Conclusion

5.2. This evaluation covers the period November 2021 to March 2023. During this period, 1250 people were referred to SPRING DAERA. Over 70% of the people referred were female and the majority were aged 45 or over.

5.3. The main reasons for referral were for people experiencing low level mental health issues and social isolation and 10 rural community-based delivery partners participated in the project.

5.4. A number of objectives were established for the project and the majority of these have been fully met as shown in the table below.

Objective	Result	Commentary
Extend referral agents by 50% (45 referral agents) (over project duration)	Objective Met	Apart from November – December 2021 (which had 43), for each of the remaining quarters in the review period there were over 45 referring agents. In April – June 2022 there were 76 referring agents.
Increase number of delivery partners from 6 to 10	Objective Met	There have been 10 delivery partners from January 2022.
Each partner to process 72 referrals a year	Objective Partially Met	Overall, this objective requires 1050 referrals in the evaluation period - actual referrals were 1250. At an individual level, 9 of the 10 hubs exceeded the individual referral objective for the period 102. One hub had 25 referrals less than the objective.
Assessment outcome – Outcome Star 85% improvement	Objective Met	On average, 97% of participants recorded an improvement in their score on the Outcome star with each quarter consistently above 85% improvement.
Assessment outcome – SWEMWBS 75% improvement	Objective met	On average, 92% of participants recorded an improvement in their score on the SWEMWBS with each quarter consistently above 75% improvement.
Increase the number of clients “in meaningful activity”. 48% of participants will be engaged post programme completion	Objective Met	On average, 84% of participants recorded that they will be engaging in meaningful activity after the programme, with over 48% of participants in each quarter consistently engaging in meaningful activity after programme completion.

- 5.5. Based on the information contained in this evaluation report and summarised above, in our view there can be little doubt that the SPRING enhanced rural social prescribing project is making a significant difference to the lives of people in rural areas of NI. It is valued by those who have participated on the project and has demonstrated that it is making a positive impact on the health and wellbeing of participants. By doing this it is helping to tackle poverty and social isolation in rural areas.**

Key Learnings and observations

- 5.6.** Some key learnings and observations from the SPRING DAERA project are summarised below. It is anticipated that these may help inform the development of future social prescribing services and models:

Social prescribers

- 5.7.** Evidence from the project shows that to attract and retain quality people into social prescribing roles, the roles themselves have to be adequately remunerated and offer job security, a career pathway, and opportunities for progression. The work of social prescribers is key to the success of any social prescribing service. Many social prescribers find their roles personally rewarding and go above and beyond to help people whilst working on temporary or short-term contracts. As social prescribing continues to evolve, it is important to adequately remunerate social prescribers on a consistent and permanent basis and provide these key workers with a career pathway and opportunities for progression.
- 5.8.** It is also important to provide training and development opportunities for social prescribers and the project undertakes regular reviews of training needs for social prescribers. Training resources on social prescribing are beginning to evolve and evidence shows that networking with peers can provide invaluable learning opportunities. An ethos of continuous development should be prevalent in any social prescribing service and the project has shown the importance of building adequate resources for training and development into the delivery model.
- 5.9.** Experience from the project also demonstrates that social prescribers often find themselves working on their own, addressing difficult, complex, and emotional issues. In these circumstances, it is important to build appropriate support mechanisms for social prescribers into the delivery model to help protect their wellbeing and support their development. Support can come from HLC managers and peer social prescribers. Time and resources to provide this support should be factored into the delivery model for social prescribing services.

Project co-ordination

- 5.10.** The project's lead partner co-ordinates the delivery partners. Experience from the project shows that co-ordinating 10 delivery partners including ensuring data quality and consistency, allocating resources, and managing performance is a significant role that requires dedicated resources. For a project like this, adequate resources for co-ordination are important as the lead partner had to allocate additional time and resources to this role, over and above those available through the project

Delivery partners

- 5.11.** SPRING DAREA has demonstrated the benefits of delivering social prescribing through community-based organisations and in doing this it is important to acknowledge that social prescribing is not a 'one size fits all approach'. The diversity of delivery partners has been key to the success of the project and delivery partners have demonstrated that community-based approaches are flexible and responsive.
- 5.12.** Through DAERA the project has been able to provide resources for programme delivery (active referrals funding). This type of funding is not always a feature of social prescribing services and DAERA is to be commended for taking this initiative. Delivery partners have pointed out that that resources for this area should be a component of social prescribing delivery models. Adopting the principle that 'money should follow the person' provides a level of funding to help delivery partners develop programmes to meet social prescriptions.

Importance of Governance arrangements

- 5.13.** The project has a steering group comprising representatives from DVC, the lead partner, HLC Alliance, and DAERA. This group has worked well and experience from the project demonstrates that it is important to have clear governance arrangements in place to provide oversight of the social prescribing service. It may also be beneficial to have social prescribers represented on the steering group.
- 5.14.** The steering group should meet regularly, and its role should be to provide strategic direction to the social prescribing service, set the learning, development and continuous improvement ethos for the service and monitor the accountability arrangements.

Outcomes and targets

- 5.15.** Measuring the success of social prescribing is important to those who provide the resources to enable the service to be delivered. As noted earlier, the monitoring arrangements used by the project include Warwick-Edinburgh (SWEMWBS) and Outcome Star (Wellbeing Star).

- 5.16.** For future social prescribing services, consideration should be given to the number of monitoring tools in place. Warwick-Edinburgh is used by several social prescribing services and this enables inter-service comparability. There could be debate over whether multiple tools like the Outcome Star and Warwick-Edinburgh tools are needed.
- 5.17.** Learning from this and other social prescribing projects shows that data collection methods and approaches should be person centred and co-produced. Given the holistic nature of social prescribing, when considering data collection, clarity is needed on why, and for what purpose, information is required. This should be discussed and agreed between funders, delivery partners and participants.

Evaluation

- 5.18.** As social prescribing continues to evolve, it is important to have an evidence base to demonstrate its impact to learn what works and also what does not. The project has demonstrated that social prescribing provides a valid, valued alternative to the medical model in rural areas. Based on learning from projects like this, it is important not to try to evaluate social prescribing using a medical model and there is a need for an alternative evaluation model which should be developed with input from all parties and will take time to develop.
- 5.19.** Given the importance of evaluation, adequate ring-fenced finance and time should be provided for this when developing social prescribing services. Consideration could also be given to involving university-based academics in the evaluation process. Evaluation training is required for social prescribers to enable them to contribute to this efficiently and effectively. Furthermore, multiple methods of data collection are needed for evaluation, and these could include interviews, focus groups and narrative case studies.

