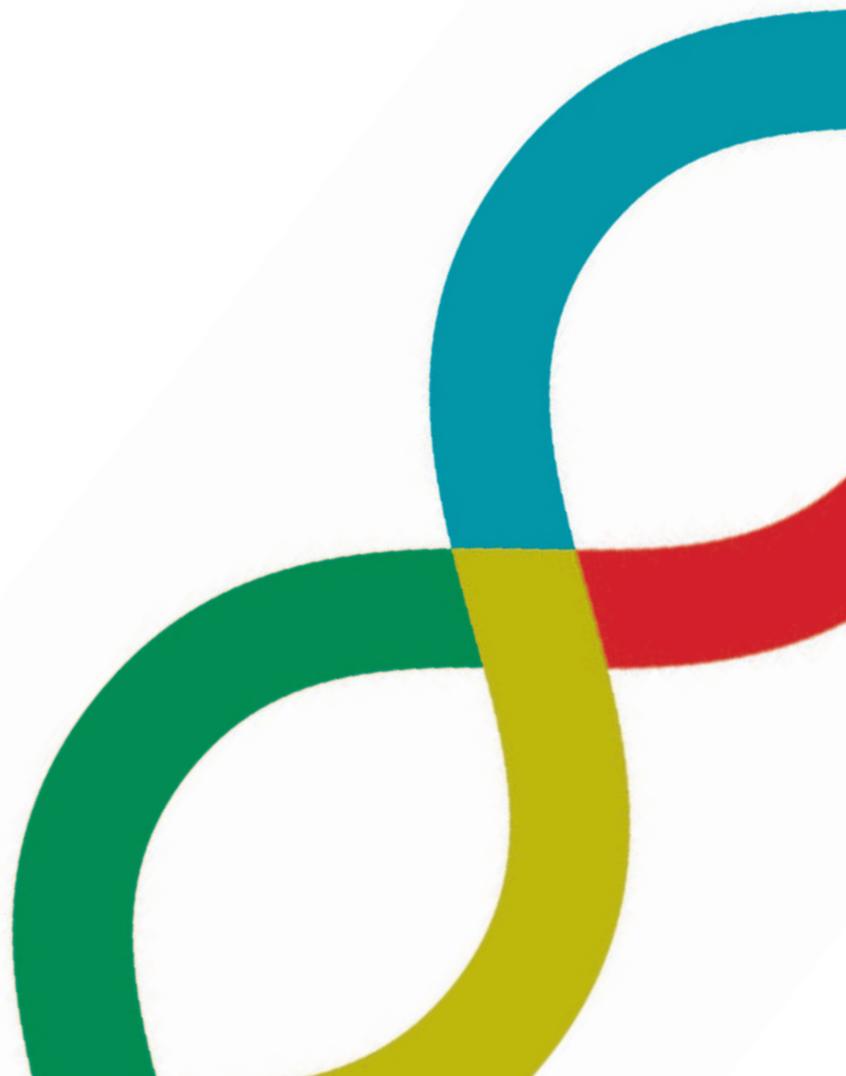




# 2021 - 2022 Annual report



# Contents

Foreword	3
Aims	4
Who's Who?	5
Steering group	6
International advisory board	7
Organisational structure	8
Students and their projects	9
Summary of Year	10
Core Metrics	11
Key achievements	12
Themes	18
Public Involvement	21
Conclusion	22
Social Prescribing Model in Wales	24
Our partners	25

**WSSPR is an all-Wales Centre, co-lead by the University of South Wales and Wales Council for Voluntary Action. WSSPR sits within PRIME Centre Wales under the theme 'Seamless Care Closer to Home', within the work package 'Care Closer to Communities'.**

# Foreword

**Welcome to the Wales School for Social Prescribing Research (WSSPR) Annual Report 2021-2022. WSSPR, which sits within PRIME Centre Wales, was launched in April 2020 and is funded by Welsh Government through Health and Care Research Wales.**

Our year two report in this funding period (2020-2023) provides an insight into our understanding of how social prescribing should be evaluated, our research capacity building and how we've been developing our local, national and international partnerships to build the evidence base for social prescribing.

The school and its partners have continued to work on the four themes: Evaluation, Social Value, Workforce and Education, Wellbeing. These reflect the research priorities we first identified in 2018. We will report on an emerging fifth theme, Green and Blue Spaces and the Arts (GABS+), in our third year.

Our Accord study progressed by publishing a literature review and through consultation with academics, practitioners and members of the public, we identified what they considered important in good evaluation practice. This is now being developed into an evaluation framework and reporting standards, ready for testing.

The new South Wales Social Wellbeing Scale (SWSWBS) entered a new phase of development with testing on University of South Wales students and staff. It is now ready for use in practice, and Swansea Bay University Health Board are the first to use it in their Evaluation of Arts on Prescription Programme.

The work of WSSPR and our partners has helped to support the important work by the Ministerial Task and Finish Group in developing the national framework for Social Prescribing. In September 2021 we led on the study 'Understanding social prescribing in Wales: A mixed methods study' with Public Health Wales and Data Cymru. This provided the first baseline information about social prescribing in Wales. We found that there is great variation in the provision of social prescribing, it is growing and there are high expectations which mean that technology is key and sustainable resources are fundamental to its success.

In 2021 we saw some changes to the team at WSSPR. Dr Megan Elliott, our Senior Research Assistant, moved onto a more senior role in Public Health Wales in October. Thank you Megan for all your hard work in helping to set up WSSPR. Dr Simon Newstead stepped up to this role in January 2022. We also saw Dr Mary Lynch move from Bangor University to a chair in the University of the West of Scotland. Mary continues to work with us at WSSPR while also building a similar research organisation in Scotland. Thank you to Prof. David Pontin who retired. Finally, Thanks to Dr Sally Rees for co-chairing WSSPR until January 2022. Sally has now moved to Welsh Government where she has a role as Head of Evaluation and New Models of Care for the new Regional Integration Fund.

# Aims

## WSSPR aims to deliver outputs on four established objectives.

In addition to outcomes and impact in academia, employing the translational research model enables WSSPR to have impact in policy, practice, health and well-being.

1

Cultivate a high-quality multi-phase programme of research to develop an evaluation methodology for social prescribing.

2

Translate research findings into practice, policy and education.

3

Increase research awareness and capacity for social prescribing across sectors.

4

Build research capacity within the Wales School for Social Prescribing Research.

# Who's Who

## Who's Who in the group, governance structure and key partnerships included in the award.

WSSPR is nested within PRIME Centre Wales, under Theme 2: 'Seamless Care Closer to Home' and within Work Package 4 'Care Closer to Communities'. Work conducted by WSSPR will feed into PRIME Centre Wales through regular operational group meetings.

Within WSSPR is WSPRN, the Wales Social Prescribing Research Network. This is a network of researchers and practitioners in Wales who are interested in social prescribing research. The network currently has over 350 members.

Through the network, WSPRN, three Communities of Practice operate in North Wales, South East Wales and CONNECT Wales. These feed out to members of the public and the social prescribing community across Wales.

The WSSPR Steering group meets on a bi-monthly basis. Members include representatives from academia, third sector, public health, NHS, social care and two lay members. The steering group provides strategic guidance to WSSPR on how to maximise research impact nationally and internationally. It acts as a critical friend and supports research activities to achieve the aim and objectives of the school.

On alternate months, the WSSPR Operational group meets, it is comprised of the WSSPR director, third sector lead, social value lead, core-funded research staff and two lay members. The purpose of the operational group is to monitor activities and progress against grant objectives and to co-ordinate, review, feedback and contribute to the development and delivery of the grant activities and associated functions.

The WSSPR International Advisory Board meets annually. It provides independent advice, critical comment, and international perspectives on WSSPR research. It involves experts in social prescribing, primary care, community health and social care from England, Scotland, Northern Ireland, Republic of Ireland, Spain, Sweden, Poland, France, Netherlands, Australia, New Zealand and Canada. The Board met in November 2021.

WSSPR has 10 research students based in University of South Wales and Bangor University studying projects related to social prescribing. In addition, 2 students have successfully completed their studies this year.

WSSPR also leads the Regional Centre of Expertise Wales (RCE Cymru) social prescribing circle of interest. RCE Cymru is a member of the 150 global network of RCEs formed by the United Nations University Institute for the Advanced Study of Sustainability in response to the UN resolution Decade of Education for Sustainable Development (2005-2014).

# Steering group



**Professor Carolyn Wallace\***

Director of WSSPR  
University of South Wales  
and PRIME Centre Wales



**Dr Sally Rees\***

Wales Council for  
Voluntary Action



**Sara Thomas**

Cwm Taf Morgannwg  
University Health Board



**Jan Batty**

Hywel Dda Public Health  
Team, Public Health Wales



**Sondra Butterworth\***

Patient and Public  
Representative



**Rashmi Kumar**

Patient and Public  
Representative



**Professor Diane Crone**

Cardiff Metropolitan University



**Dr Freya Davies**

Cardiff University and  
PRIME Centre Wales



**Emma Davies-McIntosh**

Aneurin Bevan  
University Health Board



**Megan Elliott\***

University of South Wales  
and PRIME Centre Wales



**John Gallanders\***

Patient and Public  
Representative



**Emeritus Professor Joyce Kenkre**

University of South Wales  
and PRIME Centre Wales



**Professor Mark Llewellyn**

Welsh Institute for Health and  
Social Care, University of South  
Wales and PRIME Centre Wales



**Professor Mary Lynch\***

University of the West of  
Scotland, previously  
Bangor University



**Dr Simon Newstead\***

University of South Wales  
and PRIME Centre Wales



**Professor Ruth Northway**

University of South Wales  
and PRIME Centre Wales



**Professor David Pontin**

University of South Wales  
and PRIME Centre Wales



**Dr Glynne Roberts**

Betsi Cadwaladr  
University Health Board



**Nina Ruddle**

Wrexham Glyndŵr University



**Professor Steve Smith**

University of South Wales  
and PRIME Centre Wales



**Dr Llinos Spencer**

Bangor University



**Claire Swales**

PAVO & CONNECT Wales



**Soo Vinnicombe**

Bangor University



**Dr Andy Williams**

University of Wales,  
Trinity Saint David

# International advisory board



**Professor Julie Barnett**

University of Bath, England



**Professor Diana Coholic**

Laurentian University, Canada



**Dr Katelyn Costello**

General Practitioner,  
New Zealand



**Dr Miriam Dolan**

Maple Healthcare,  
Northern Ireland



**Dr Daisy Fancourt**

University College London,  
England



**Miriam Heijnders**

Independent Researcher,  
Netherlands



**Helen Howson**

Bevan Commission, Wales



**Professor Jean-Pierre Jacquet**

College National des  
Généralistes Enseignants,  
France



**Professor Donata Kurpas**

Wroclaw Medical University,  
Poland



**Professor Sinead McGilloy**

Maynooth University,  
Republic of Ireland



**Dr Ferdinando Petrazzuoli**

Lund University, Sweden



**Professor Christopher Poules**

University of New South  
Wales, Australia



**Professor Emmanuelle Tulle**

Glasgow Caledonian University,  
Scotland



**Dr Josep Vidal-Alaball**

Institute Catala de la Salut,  
Spain



**Dr Nathan Wilson**

Western Sydney University,  
Australia

# Organisational structure



# Students and their projects



**Susan Beese | PhD**

Realist evaluation of staying well in your community: Identifying social prescribing intervention profiles for type and impact.



**Tom Roberts | PhD**

Social Prescribing in Practice: A Realist Enquiry of Third-Sector and Non-NHS services.



**Leanne Hadley | PhD**

What matters to me when I am paying for care? The Madeline Project.



**Megan Elliott | PhD (submitted)**

A realist exploration of social prescribing evaluation.



**Genevieve Hopkins PhD**

Exploring the development of a new Community Care Hub and implementation of this social model into primary care delivery in Wales.



**Fern Jones | PhD**

Evaluating Training for Link Workers in Wales using a Realist Approach.



**Abraham Mekanjuola MRes (completed)**

An evaluation study to investigate recruitment into social prescribing interventions and explore skills sets of link workers in dealing with complex case referrals (completed).



**Gwenlli Thomas MRes (completed)**

Developing a conversation about identifying community needs to embrace well-being through social prescribing interventions.



**Cher Leweny | PhD**

Developing a theory of change for a complex programme; a systematic framework for ensuring delivery of outcomes in a new Wellbeing Hub for the Nantlle Valley.



**Dr Suzy Rogers | MPhil**

Investigating Art-On-Prescription in Wales: How to Achieve Critical Success Factors for Sustainability.



**Sarah Way | MRes**

A Realist Review and Evaluation of SPARK: an Arts in Health Intervention for Older People in Wales.



**Adam Skinner | MRes**

My Life project- a social prescribing intervention for pre-diabetic patients.

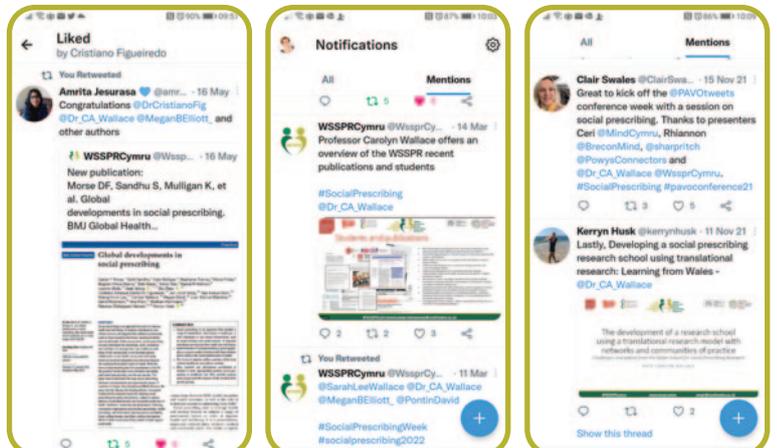
# Summary of the year



Artwork created by Marina McDonald, Research and Support Officer, WIHSC, University of South Wales



International Advisory Board meeting of the Wales School for Social Prescribing Research (November 2021)



Keeping connected through social media

# Core Metrics

Reporting period: 2021/2022

**Health and Care  
Research Wales  
infrastructure award  
to the group**



Direct  
funding  
awarded  
**£82,378**

Jobs created  
through direct  
funding



## Grants won during reporting period

Grants won	Led by group	Group collaborating
Number	<b>10</b>	<b>1</b>
Value	<b>£302,774</b>	<b>£0</b>
Funding to Wales	<b>£302,774</b>	<b>£0</b>
Funding to group	<b>£234,979</b>	<b>£0</b>
Additional jobs created for Wales	<b>5</b>	<b>0</b>
Additional jobs created for group	<b>5</b>	<b>0</b>



Number of publications



Number of public  
engagement events



Number of public  
involvement opportunities

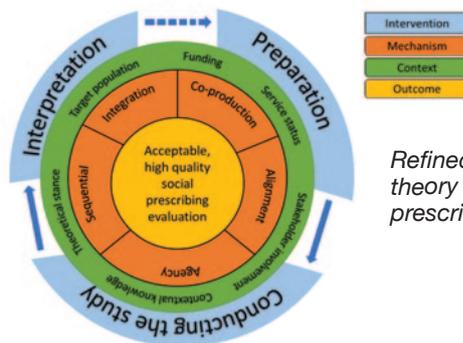
# Key achievements

## Brief summary of key achievements from performance review report

### The ACCORD study

In 2020 the ACCORD study was launched. ACCORD is a multi-phase programme of research which will run to 2023. Despite growing popularity of social prescribing in the United Kingdom, systematic reviews have highlighted a lack of rigour, a high risk of bias and inconclusive findings in social prescribing evaluation to date. The aim of the ACCORD study is to develop an evaluation methodology framework, reporting standards and training materials for social prescribing evaluation to be used by researchers, service delivery and commissioners. In 2021-2022 the study moved forward by publishing a literature review identifying (in theory) how acceptable high quality social prescribing evaluation should work. The report [What works when evaluating social prescribing A realist review report 23092021.pdf \(wsspr.wales\)](#) was also published as an article [Exploring how and why social prescribing evaluations work: a realist review | BMJ Open](#). We then asked academics, practitioners and

members of the public via an online study what should be included in good evaluation practice. We were able to identify what they considered important and helpful to the evaluation role. [ACCORD GCM report v2.pdf \(wsspr.wales\)](#). We presented and discussed our findings with the Wales Social Prescribing Research Network (WSPRN) in our July 2021 Forum meeting. This is now being developed into an evaluation framework and reporting standards ready for testing.



*Refined programme theory for social prescribing evaluation.*

### Involvement in Ministerial Social Prescribing Task and Finish group

A Welsh Government social prescribing task and finish group for the Minister of Mental Health, Wellbeing and Welsh Language was convened in March 2021. Five members of WSSPR steering group have attended (Professor Carolyn Wallace, Dr Sally Rees, Dr Glynne Roberts, Claire Swales, Sara Thomas). We have been supporting the T&F group four deliverables and helping to write the draft consultation document for the National Framework for Social Prescribing in Wales.

As part of the T&F group we delivered the study 'Understanding social prescribing in Wales: A mixed methods study' [PHW\\_SP\\_Report\\_FINAL.pdf \(wsspr.wales\)](#) with Public Health Wales and Data Cymru. We had 89 organisations respond to our survey, followed by 63 people who attended either our focus groups or our workshop. This study gave

us the first baseline information about social prescribing in Wales. We now know that social prescribing is predominantly delivered by the third sector and local authorities in Wales, we have over 500 social prescribers who either socially prescribe as a part or whole of their role. The challenges include short term contracts, variation in salary, data collection, sustaining community assets or activities. There is great variation in the provision of social prescribing, it is growing and there are high expectations which mean that technology is key and sustainable resources are fundamental to its success. We presented our findings to academics, practitioners and commissioners with colleagues from Welsh Government, Public Health Wales and the WCVA in online events for primary care, the third sector and social prescribing in Wales. In addition we shared the report in our annual event in November 2021 during social prescribing week.

## Developing the Concept of Social Well-being and the South Wales Social Well-being Scale

A gap in the tools available for evaluation and monitoring of social prescribing was identified by the Wales Social Prescribing Research Network (WSPRN) members. It was acknowledged that current assessment was only capturing one aspect of well-being, mental well-being, and missing social well-being. In response, in 2020 WSSPR undertook a study to develop the concept of social well-being.

[SWB GCM report final v2.pdf \(wsspr.wales\)](#) The findings were used to develop the new South Wales Social Well-being Scale (SWSWBS). Dr Juping Ju and Dr Siva Ganesh joined the team to test the SWSWBS in the University of South Wales with students and staff. As it is now ready for use in practice, Swansea Bay University Health Board are the first to use it in their Evaluation of Arts on Prescription Programme. Please contact us if you would like to use it.

No	Item
1	I've been living in a safe and healthy home environment
2	I've been able to enjoy a safe and healthy environment outside my home
3	I've been financially secure and so have had enough income to meet my needs
4	I've been doing worthwhile activities (paid/unpaid) when I've wanted
5	I've been able to carry out what I've set out to do when I've wanted
6	I've met up with family and friends and we have done things together when I've wanted
7	I've been free from harassment and discrimination
8	I've been able to use local services and facilities when I've needed
9	I've felt useful when I help and support other people
10	I've had my opinions taken seriously
11	I've interacted with others in person when I've wanted
12	I've interacted with others digitally, online and/or using a phone when I've wanted
13	I've been involved with community groups and/or activities when I've wanted
14	I've learnt about the world

Table 1: Fourteen item SWSWBS scale.

## Social Prescribing Evaluation Forums

Building on the success of the three social prescribing evaluation forums of 2020-2021, WSSPR held another three social prescribing evaluation forums during 2021-2022. The aim of the forums is to provide a place where those with an interest in social prescribing are able to meet to share, learn and discuss. Through these activities we hope that the forums can help provide insight and support, with regards to evaluation and monitoring related topics, to social prescribing professionals and community groups.

Forum four was hosted in June 2021 by Professor Carolyn Wallace and Dr Megan Elliot who presented on The ACCORD study- Developing a social

prescribing evaluation framework and reporting standards. The fifth forum was held in November 2021 with the theme of Using Social Value and Social Return on Investment to Evaluate Social Prescribing: A case study from the Emotion Mind Dynamic Programme. Presentations were made by Dr Mary Lynch, Hayley Wheeler and Abraham Mankanjola. The theme for the final forum was Enhancing Student Well-Being by Working Together Across Communities, and was held in March 2022 with presentations from Dr Mark Davies, Dr Sarah Wallace, Angela Howard and Natasha Whitelaw. In total, 53 individuals attended the forums, providing some engaged and fruitful discussions relating to monitoring and evaluation of social prescribing.

## HEFCW Funded Evaluation of Enhancing Student Well-being in Higher Education

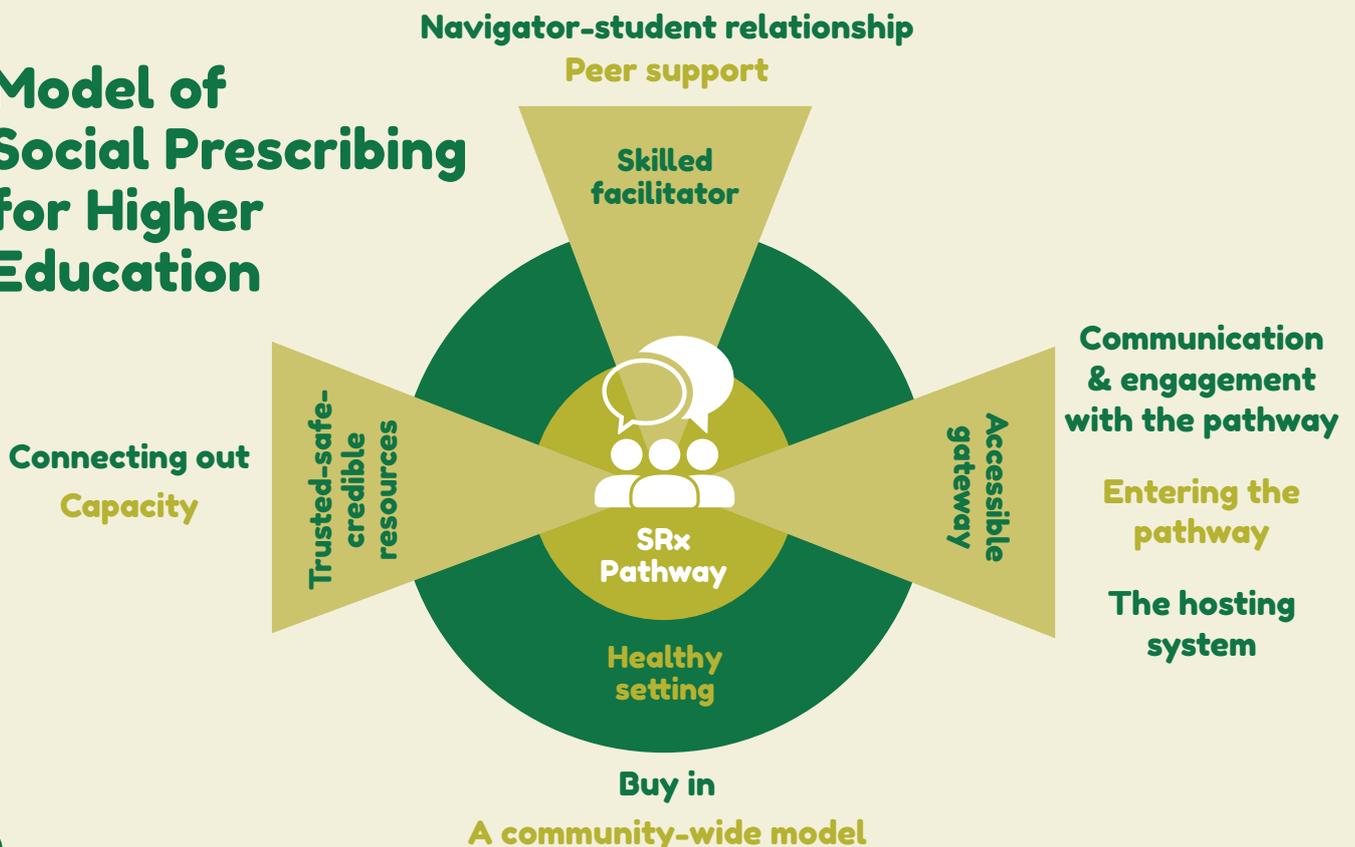
Student mental health has significantly worsened in recent years, particularly with the impact of the COVID-19 pandemic. This project aimed to enhance student well-being, build resilience and promote new ways of working using a replicable model of social prescribing. The study protocol can be found here [Enhancing higher education student well-being through social prescribing: a realist evaluation protocol | BMJ Open](#).

Researchers at University of South Wales and the Wales School for Social Prescribing Research worked with colleagues in Wrexham Glyndwr University and University of South Wales, funded by HEFCW, on this project. [Enhancing Student Wellbeing through Social Prescribing | University of South Wales](#). This study (despite suffering from COVID-19 effect) comprised of a realist review of fifty-nine papers, two group concept mapping online integrated methods (ninety-six participants), interviews & focus groups (forty three participants), deliberative workshop (fifty nine participants), workshop observations (three) and individual student outcomes (thirty-two participants). We identified five key parts (including twenty four transferrable principles) in our model of social

prescribing for higher education. The key parts include a student-centred pathway, an accessible gateway, a skilled facilitator, trusted safe credible resources and a healthy setting.

Findings are now being implemented in Wrexham Glyndwr University and the principles transferred to the University of South Wales. We recommended that student and staff engagement is needed to further develop this relationship centred approach to enhancing student wellbeing. It must become an evolving model with health and well-being embedded in all aspects of university life. Technology is needed to ensure that there is intelligent data with feedback loops to ensure the service remains student centred and adapts accordingly. A co-productive approach is required to develop an outward reaching relationship with the NHS, community assets and the voluntary sector. Interim findings were shared at the Association of University Administrators 2021 Conference and remarked upon by the AUA Chair [Revisiting our hot topics part one | AUA](#). The study's final report was shared and discussed with WSPRN members in our 6th online Forum in March 2022.

### Model of Social Prescribing for Higher Education





## Capacity Building within WSSPR

WSSPR operates in an inclusive way, offering opportunities for development and capacity building for researchers at all stages of their career. We've had a successful year with Dr Mary Lynch gaining a chair at the University of the West of Scotland. She is now a UK Faculty of Public Health Practitioner, chairing the FPH Health Economics Special Interest Group. Megan Elliott our Senior Research Assistant moved onto a more senior role in Public Health Wales. Dr Sally Rees moved to Welsh Government as Head of Evaluation and new Models of Care for the new Regional Integration Fund.

Dr Simon Newstead joined us in January and then gained his first post doc funding (Public Health Wales) to develop the glossary of terms for social prescribing. Dr Mark Davies successfully gained his first HCRW PhD funding for 'Evaluating Training for Link Workers in Wales using a Realist Approach' and KESS funding for an MRes 'A Realist Review and Evaluation of SPARK: an Arts in Health Intervention for Older People in Wales'.

We now have 10 research students with Abraham Mekanjuoa and Gwenlli Thomas successfully gaining their MRes awards and Cher Leweny moving from MRes to PhD studies. Abraham is now working as a research officer in Bangor University, whilst Gwenlli has published her findings in both the International Journal Environ Res Public Health and The Lancet, Meeting Abstracts. This year Megan Elliott submitted her thesis (you'll have to wait until next year to hear about her success) and we welcomed Fern Jones (HCRW funded PhD), Sarah Way and Adam Skinner (both KESS funded MRes). We continue to invest in methods training for example Dr Mark Davies (Clinical Research Fellow/ Senior Lecturer) at PRIME Centre Wales/USW leads on the Realist Review and Evaluation group and Prof. Carolyn Wallace leads on the Group Concept Mapping. Both groups include members of staff and students from USW and other universities in Wales and Ireland. During 2021-2022 Professor Carolyn Wallace also examined social prescribing MRes, MPhil, PhD students at Bangor, Cardiff, Swansea and Leicester Universities.

## Developing a Glossary of Terms for Social Prescribing

At the time of inception of the Wales School for Social Prescribing Research, there was no standardised definition of social prescribing. While Wales now has a definition for social prescribing, the language associated with social prescribing differs between primary care and community services, regions, and even community service within the same region. This inevitably leads to confusion between government, social prescribing researchers, commissioners, practitioners, those involved in the various community-based assets that support the service user, and the public.

### Sondra, Steering Group Patient and Public

**Representative:** *“The use of language and understanding of terms can be specific to certain groups and teams.”*

We set out to address this issue by developing a standardised glossary of terms for social prescribing for use by government and all services for training, job descriptions, research, and public information, breaking down barriers in effective communication between professionals and with the public.

### John, Steering Group Patient and Public

**Representative:** *“[this research] is certainly needed as every meeting that is held to discuss social prescribing seems to throw up language and understanding – sometimes constrained within professional boundaries and sometime just through ignorance. The more that can be done to bring multi agencies together the better all round for the outcomes of individuals. It will also help to develop a holistic picture of interventions for a patient rather than segmenting across different employment categories for social prescribing.”*

To do this, we completed a scoping review of peer reviewed and grey literature to identify the relevant terminology, before embarking on the second phase which utilises Group Consensus Methods (GCM) as means of providing additional terminology data capture, as well as providing a rationale for the framework of the glossary of terms. Statistical analysis of GCM will enable us to produce cluster maps with labels of related terminology and pattern matching reports identifying differences in interpretation and use of terminology between demographic groups (e.g., practitioners, service users, community asset employees).

Participants are being recruited from social prescribing communities of practise, Connect Wales and research networks associated with WSSPR. The participant sample includes individuals who are involved with social prescribing in a professional capacity: Commissioners, general practitioners, social prescribing professionals, health and social care professionals, community voluntary services employees, social prescribing associated researchers and academics. To facilitate the timely completion of the draft glossary, we secured a grant from Public Health Wales in February 2022. The draft glossary, which has been referred to in the Welsh Governments National Framework for Social Prescribing should be completed by October 2022.

“  
**The more that can be done to bring multi agencies together the better all round for the outcomes of individuals.**”



# Themes

## Our themes have evolved through using our translational model of research.

Through this model, issues and questions are identified by practice or public members of the Wales Social Prescribing Research Network and fed up to the research team. These inform our thinking and how we design and develop our research ideas. We then use our network to share our findings, get feedback on our research and implement changes based on our research into practice. Increasing interest in our model led to a meeting with colleagues from Lisbon University earlier in 2021 and later an invitation to present at the European Public Health

Conference in October 2021 with colleagues from England, Portugal and Germany. Next year we will report on our international work with Ireland, the European Union and our authorship in a global publication.

*C Wallace, M Elliott, Developing a social prescribing research school using translational research: Learning from Wales, European Journal of Public Health, Volume 31, Issue Supplement 3, October 2021, ckab164.439, <https://doi.org/10.1093/eurpub/ckab164.439>*

## Theme 1: Evaluation

This Evaluation theme aims to contribute to the development of robust social prescribing evaluation. It explores evaluation with different population groups, contexts and social prescribing models whilst using methods such as realist review, realist evaluation, group concept mapping and consensus methods.

In the past year, our Evaluation theme has continued to develop two strands. Firstly the ACCORD study, which is a multi-phase programme of research which seeks to develop an evaluation framework, reporting standards and training materials for social prescribing evaluation. This is reported earlier as one of our achievements. Secondly, WSSPR has conducted evaluations to test our emerging findings from the ACCORD study such as Grow Well (a community garden), community arts programmes, The Body Hotel, developing and testing evaluation frameworks for regional partnership boards in Cardiff & Vale UHB and Cwm Taf Morgannwg UHB.

In the next years, the evaluation theme will focus on developing these two strands further, producing world class research which informs social prescribing evaluation in Wales, the United Kingdom and internationally. Publishing articles on how good evaluation should be conducted, editing a book with international colleagues and building learning materials to disseminate this work further.

*Exploring how and why social prescribing evaluations work: a realist review | BMJ Open*

*Way, S., Davies, M., Wallace, C., Acaron, T., Diamond, K., (2022). How do community-based arts in health interventions involving reminiscence, life story work, autobiographical sharing or life review activities, work for older people experiencing social isolation and loneliness? A rapid realist review. PROSPERO: [https://www.crd.york.ac.uk/prospéro/display\\_record.php?ID=CRD42022298911](https://www.crd.york.ac.uk/prospéro/display_record.php?ID=CRD42022298911)*

*Wallace, C., Nicholls, N., Griffiths, L., Elliott, M., (Nov, 2021) Evaluation of the Grow Well Project. Wales School for Social Prescribing Research (WSSPR), Welsh Institute for Health and Social Care, University of South Wales, PRIME Centre Wales. P54*

### Further information:

<http://www.wsspr.wales/evaluation.php>

## Theme 2: Social value

The aim of this theme is to undertake social value research for social prescribing programmes to provide evidence for impact of interventions, resource allocation and value for money services.

In November 2021, the WSSPR Forum theme was 'Measuring social value and Social Return on Investment (SROI). Led by Professor Mary Lynch, Abraham Makanjuola presented a case study on 'The SROI of EMD to date: key steps and future developments.' This is the first study to estimate the SROI for clients who participated in a lifestyle coaching programme. Hayley Wheeler the founder of EMD (Emotion Mind Dynamic) described it as an 'intervention for improving mental wellbeing combining coaching, mentoring, teaching, counselling, mindfulness and lived experience'.

The team worked together on this Accelerate funded study between May 2021 and March 2022. The purpose was to estimate the SROI of EMD lifestyle coaching, both face to face and online formats, by comparing the costs of running the programme with the social value generated from clients as measured improvement in mental wellbeing and self-confidence. The results showed that for every £1 invested in the face-to-face EMD programme, £4.12 to £7.08 of social value was generated for clients. For every £1 invested in the online EMD programme, £2.37 to £3.35 of social value was generated for clients. They concluded that with long waiting lists for people with mental health challenges lifestyle coaching may become essential to meet the growing demand for mental health support.

Makanjuola, A, Hartfiel, N, Cuthbert, A, Lynch, M & Edwards, RT 2022, *Social Return On Investment of Emotional Mind Dynamic (EMD)*. Bangor University, Bangor.

Makanjuola, A., Lynch, M., Hartfiel, N., Cuthbert, A. and Edwards, R. T. (2022) *A Social Return on Investment evaluation of the Emotion-Mind Dynamic (EMD) two phase social prescribing life coaching intervention to support mental health and wellbeing*. | *International Journal of Population Data Science (ijpds.org)*

### Further information:

<http://www.wsspr.wales/social-value.php>

## Theme 3: Workforce and education

The Workforce and Education theme within WSSPR is developing a programme of research to explore the social prescribing role. This is contributing directly to the development of the social prescribing workforce in Wales and work undertaken by Health Education and Innovation Wales (HEIW). PhD students Fern Jones and Thomas Roberts have contributed to the new All-Wales Social Prescriber National Skills and Competency Framework, which is part of the Ministerial Task and Finish Group. Thomas Roberts' study 'Social Prescribing in Practice: A Realist Enquiry of Third-Sector and Non-NHS services' has also compared the workforce outside of Wales, exploring similarities and differences between the role of social prescribers in different contexts. He will be submitting his thesis in the summer of 2022. His findings in addition to the 'Understanding social prescribing in Wales' report.

[PHW\\_SP\\_Report\\_FINAL.pdf](#) (wsspr.wales) contributed to the evidence submitted by WSSPR to the Senedd Health and Social Care Committee on the role of social prescribing and mental health inequalities in 2022. [Agenda for Health and Social Care Committee on Thursday, 19 May 2022, 09.00](#) (senedd.wales)

Jones, F., Davies, M., Wallace, C. (2021). *Developing a social prescribing training package for link workers in Wales: a rapid realist review*. PROSPERO  
[www.crd.york.ac.uk/prospéro/display\\_record.php?ID=CRD42021298317](http://www.crd.york.ac.uk/prospéro/display_record.php?ID=CRD42021298317)

Roberts T, Lloydwin C, Pontin D, Williams M, Wallace C, 2021. *The role of social prescribers in Wales: A consensus methods study*. *Perspectives in Public Health*.  
[doi.org/10.1177/1757913921990072](https://doi.org/10.1177/1757913921990072)

Makanjuola, A., (2021) *An evaluation study to investigate recruitment into social prescribing interventions and explore the skills sets of link workers in dealing with complex case referrals*. MSc Res Thesis. KESS. Bangor University. Conwy County Borough Council.

### Further information:

<http://www.wsspr.wales/workforce-education.php>

## Theme 4: Well-being

Well-being is a common outcome that affects everyone, regardless of condition. This theme aims to explore how different models of well-being interrelate, and are reflected and applied in social prescribing theory and practice.

We reported earlier about the work we've completed on enhancing student wellbeing and developing and testing the South Wales Social Well-being Scale (SWSWBS). It is now being used in practice and will be published on our website.

Gwenlli Thomas, another of our students conducted a systematic review to examine the evidence in developing social prescribing interventions that apply a co-productive, co-designed approach. They found evidence to suggest that this approach can lead to positive well-being outcomes among communities especially if stakeholder knowledge is used to design services from the outset.

Going forward, we will continue to develop this theme in response to need identified by social prescribing practitioners and health and social care professionals. We will work to further validate and test the SWSWBS and provide training and guidance for how this can be used in social prescribing practice. We have also started to have discussions with University of Lancaster exploring how this scale may also be used with adolescents and young people.

*A Systematic Review to Examine the Evidence in Developing Social Prescribing Interventions That Apply a Co-Productive, Co-Designed Approach to Improve Well-Being Outcomes in a Community Setting - PMC (nih.gov)*

*Developing a conversation about identifying community needs to embrace wellbeing through social prescribing interventions: a qualitative study (thelancet.com)*

### Further information:

<http://www.wsspr.wales/wellbeing.php>

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MEETING ABSTRACTS | VOLUME 398, SPECIAL ISSUE, S82, NOVEMBER 01, 2021

Developing a conversation about identifying community needs to embrace wellbeing through social prescribing interventions: a qualitative study

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Abstract

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Background

Previous evidence suggests that co-production and co-design are effective approaches to engage stakeholders in the development and implementation of social prescribing (SP) interventions within community settings. SP initiatives can be enhanced from the outset, by drawing on stakeholder knowledge to design services that improve health and wellbeing outcomes for community members. The aim of this qualitative study was to engage with the residents of the Nantlle Valley, a rural community in North West Wales, UK, to gather perceptions regarding the need for co-design, co-produced SP interventions to meet the wellbeing needs and requirements of the community. In line with the Well-being of Future Generations Act (Wales) 2015, the current study also aimed to gather knowledge that would shape the sustainable development of SP interventions creating positive wellbeing outcomes for the future.

# Public involvement

**Public representatives have been, and continue to be, actively involved in the development and activities within WSSPR.**

## Our public involvement representatives

Our public involvement representatives inform the planning, design, implementation and dissemination of our research at WSSPR. We use the UK standards for public involvement to guide the development and implementation of our public involvement plans and activities:

In January 2021, John Gallanders and Sondra Butterworth joined the WSSPR steering and operational groups as PPI representatives. Unfortunately due to work pressures Sondra was unable to continue working with us in 2022 and so Rashmi Kumar joined us. Thank you all for giving your valuable time and support by acting as a critical friend to develop funding applications, suggesting ideas for research and highlighting challenges and solutions.

**Sondra, Steering Group Patient and Public Representative:** *"I believe that there must be public involvement at all stages of the study, not just passive consultation...public have the opportunity to be actively involved in the research design and delivery. The dissemination of the research findings is multifunctional as it can raise awareness and knowledge but also provide evidence for future funding applications. Consequently, the dissemination of findings will have to be targeted for different audiences and different media platforms".*

*"Publishing results in academic papers will give validity to the findings in academic and health / medical circles. However, the impact will be limited in the communities that models of social prescribing are designed to serve. So, disseminating the research finding in a more creative way will be necessary e.g. research blogs, social media platforms, campaigns, facilitated workshops etc".*

**John, Steering Group Patient and Public Representative:** *"[it is] crucial to have a public perspective in helping to design questions and style of research to ensure it is understood and clarity of the message about what is to be achieved- for many there will be a need to highlight what social prescribing is and what the overall aim will be in helping individuals".*

Aside from our steering group, we have also worked with members of the public on the development of funding applications, getting feedback on ongoing research and disseminating our outputs beyond the research community. For example, our lay members (adults aged up to 91 years old) in the SWSWBS study helped us to ensure that the language we used was accessible to members of the public. We always invite our PPI representatives to take part as co-applicants if they should wish to when we apply for grant funding, but it's not expected that they would do so.

Moving into our third year we would like to improve our public involvement and co-design and develop strategies to maximise public involvement in social prescribing research going forward. As we increase our face-to-face activities over the coming year, we anticipate that the opportunities to engage will enable us to achieve our aim.

**I believe that there must be public involvement at all stages of the study, not just passive consultation...**

# Conclusion and Looking Forward

**The Wales School for Social Prescribing Research has completed its 2nd year working with colleagues across health and social care organisations within four themes; evaluation, social value, workforce and education, and well-being.**

Reflecting on this 2nd year we have weathered some changes in staff within the school and in our steering group, but also made considerable strides in research capacity building. Our research is starting to have real world impact, and we have disseminated our findings to regional, national and international audiences in various ways.

Going forward we will continue to develop our global network, but also ensure that our research delivers in response to Welsh Government policy and its National Framework for Social Prescribing. The workforce, evaluation, social value and wellbeing continue to be our research priority themes. Using our translational model of research we continue to demonstrate that our research has impact on practice and on people.

In the coming years, we will continue building the evidence base for social prescribing and delivering high impact research, through:

- Extensive collaborative working with leading academics and our stakeholders.
- Employing the translational research model which guarantees pathways to impact and research which meets real world need. This includes disseminating work and learning from practitioners through social prescribing evaluation forums, webinars and our networks.
- Research capacity building activities for social prescribing research. This includes professional development of WSSPR researchers, e.g., post-doctoral researchers.
- Delivery of the evaluation framework, SWSWBS, reporting standards and a glossary of terms for social prescribing.
- Sharing learning and good practice of social prescribing research through our networks, forums, annual event and international connections.
- Developing our emerging fifth theme: Green and Blue Spaces and the Arts (GABS+).



**WSSPR will continue to benefit the people of Wales by developing strong evidence to support social prescribing practice, which aims to promote health, well-being and prevention of illness.**

# Social Prescribing Model in Wales

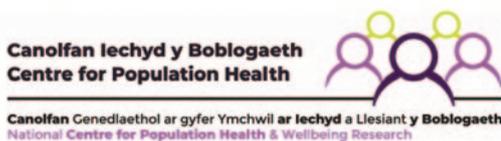
Rees, S., Thomas, S., Elliott, M., Wallace, C. (2019). *Creating community assets/social capital within the context of social prescribing*. Findings from the workshop held 17/7/2019. WCVA, Cwm Taf Morgannwg University Health Board, University of South Wales.

<http://www.wsspr.wales/resources/Rees%20et%20al%202019.pdf>



**Figure 1**  
**Social Prescribing in Wales**  
 (Rees et al 2019)

# Our partners





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