Measuring and Communicating Results with Impact

Chaired by Ingrid Abreu Scherer
Head of the Accelerating Innovation Programme
National Academy for Social Prescribing

Tuesday 24 May 2022

@NASPTweets

Housekeeping

- Please note we are **recording** this webinar
- There will be a **Q&A session** at the end
- Please submit questions via the chat
- Please use the chat for introducing yourself and networking
- Please stay on mute and camera off



Accessibility

- Closed Captions are available turn these on at the bottom of your screen
- BSL interpretation is available the interpreters will be spotlit



Today we will be hearing from

Ingrid Abreu Scherer

Head of the Accelerating Innovation Programme National Academy for Social Prescribing

Dr Marie Polley

Co-Chair Social Prescribing Network

Joe Lyons

Chief Executive
West Ham United Foundation



Coming Up Next:



We want to hear from you:

- 1. What support are you looking for to evaluate social prescribing?
- 2. Where else do you go to find resources and support?

Tell us in the chat!







What do we mean by evaluation?

a way to gather and interpret information as objectively as possible to find out how, and how well, a project worked





Other terms...

- Input: the resources or contributions needed to make a project happen
- Output: measurable, tangible activities and deliverables (number of workshops, number of people attending)
- Outcome: the expected change in feelings, knowledge, attitudes, behaviour, etc. because of the outputs
- Impact: the long-term, meaningful change created by a project
- Indicator: the measure that tells you if something is happening
- Evidence: any of several different types of data that give information about something (stories, head counts, survey responses)



Some common evaluation questions

- Did the project take place as planned? (process monitoring)
- Did our activities make a difference? (effectiveness outcome/impact measurement)
- Was it a good use of money? (economic, SROI, costeffectiveness calculations)



So what?

- what did we achieve?
- what changed because of us?
- who benefitted? who didn't?
- what worked? what didn't?
- what do we need to do differently?
- what should we keep doing?
- how do we tell people about it?



You may be...

- Busy delivering activities and running your organisation
- Unsure about what's needed to carry out evaluations
- Tugged between competing demands
- Constantly evolving and responding
- Trying to keep afloat!





What are we evaluating in social prescribing?

wellbeing, confidence, health self-management, friendships and networks, belonging, empowerment

person

system

reduced GP visits, preventable conditions, better recovery, reduced medication, reduced crime, improved education outcomes, local priorities

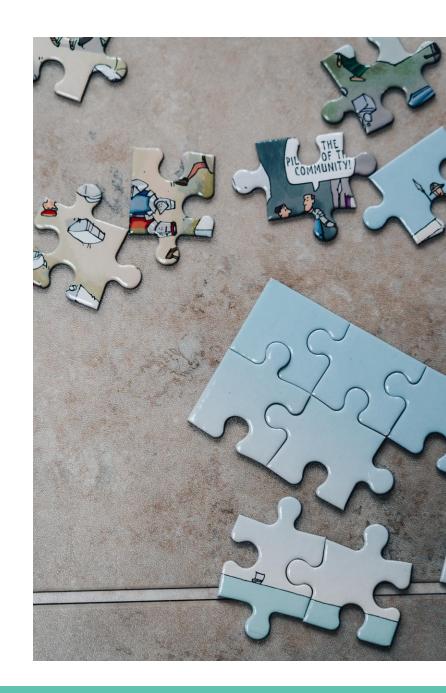
community

population health, social determinants, connected & resilient communities (incl voluntary sector)



Who needs to evaluate what?

- NHS (and local health systems)
- Local authorities
- Funders & comissioners
- National Government
- VCSE organisations





Where to start

- What's the difference you want to see?
- What's your role in making that difference?
- What needs to happen for that change to take place?
- How could you know you've been successful?





Useful resources

- NCVO <u>Measuring Up!</u>
- What Works Wellbeing, Measuring your Wellbeing Impact Guide
- National Trust <u>Friendly Evaluation Toolkit</u> (working with schools)
- NPC <u>Good Impact Practice</u> (used to be Inspiring Impact)
- Better Evaluation

We want to hear from you:

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Tell us in the chat!



Dr Marie Polley
Director and Co-Chair
Social Prescribing Network

Why can measuring SP feel like herding cats?

- Broad range of outcomes
- Schemes have different criteria for including clients
 - And then you get all the 'other' referrals as well
 - Evaluation is an areas of expert knowledge
 - Expectations can be unrealistic.



Directly health related

General health or wellbeing	physiological outcomes	Outcomes relating to modifiable risk factors	Psychological Outcomes	Outcomes relating to Empowerment	Outcomes relating to Spiritual Wellbeing
General Wellbeing	Blood glucose levels	Smoking cessation	Anxiety	Confidence	Норе
Quality of Life	Blood pressure levels	Alcohol intake	Depression Positive decision making Ser		Sense of purpose
General Health	Cholesterol levels	Substance abuse	Self-esteem	Problem solving	Personal fulfilment
	Body Mass Index	Cardiovascular disease risk	Suicide ideation	Feeling well informed	Enlightenment
	Waist circumference	Physical activity	Anger	Ability to carry out everyday activities	Trust
	Fatigue	Healthier diet	Encouraged	Motivation	Inspired
	Energy levels	Sight checks	Cheerfulness	Sense of control	Engagement with religion
	Aches and pains	Hearing checks	Relaxation	Personal resilience	Forgiveness
	Stamina	Quality of sleep	Absorbed	Pride in appearance	
	Weight e.g. obesity or malnutrition	Sexual health	Supported /listened to	Increased self-awareness	
	Lung function	Frailty	Enjoyment	Activation levels	
	Tooth decay	Memory loss	Concentration		
		Mobility	Body image		
			Sexuality		
			Guilt		

Determinants of health related

Work and volunteering	Social	Education and skills	Crime	Housing	Legal	Income	Welfare
Volunteering	Loneliness	Qualifications	Fear of crime	Housing conditions	Accessing legal advice	Reviewing and accessing benefits	Access to welfare advice
Employment / unemployment	Social isolation/ connectedness	Skills acquirement	Effect of criminal behaviour	Home safety	Wills	Debt	Access to welfare services
Self-employment	Independence	Parenting skills	Anti-social behaviour	Home adaptations	Probate	Loan sharks	
	Social adjustment & functioning		Disclosure of domestic abuse	Nuisance neighbours		Increasing income	
	Social identity		Gangs	Ability to pay rent / mortgage		Fraud avoidance	
	Carer and family support			Fuel poverty		Adversity and hardship	
	Friendships & relationships			Relocation			
	Intergeneration engagement						

Health System level

- number of visits to GP practices
- number of GP home visits
- admissions to A&E
- referrals to secondary care
- inpatient admissions
- unplanned hospital admissions
- length of secondary care stay
- ambulance conveyancing
- number of prescriptions issued

Additional system-level outcomes identified included:

- GP waiting times
- level of hospital conditioning
- number of referrals to social care
- screening programme uptake
- medication reviews

What does successful social prescribing look like?

Mapping meaningful outcomes

Dr Marie Polley Dr Jayne Whiteside Sonya Elnaschie Dr Allson Fixsen February 2020



Polley et al 2020 Full report here Where to start...



1.Theory of change

A simple way of organising what goes into the scheme and what happens as a result

INPUTS	OUTPUTS	OUTCOMES	IMPACTS
Funding for 3 years	385 people enrolled for project	On average improvement in wellbeing of clients pre-post activity sessions	48 people starting volunteering in their community
2 Link workers/staff	298 completed all sessions		12 people back to work
Location or resources for project			129 took up a new activity in their community

The theory of change of develop as your gain more insight into the project



2. What is the evaluation question

- In one sentence what do you want to find out about the social prescribing scheme
 - Get different stakeholders involved
 - Start this discussion when funding is awarded, not 3 yrs into the scheme.

E.g. is there an improvement in wellbeing for clients who complete their social prescribing activity sessions?

E.g. what is the impact of the social prescribing scheme on a client wellbeing?

3. Choosing an outcome measure

What outcomes do you already know about?

Who will collect the outcomes data?

When will it be collected?

Use a validated measure – it is measuring what you think it is.

What languages do you need it in?

How much time do you want to spend gathering data?

Test and time your outcome measures?

Think about reading age, appropriateness of terminology?

Is there a cost involved for a license?

Does it/they work for your scheme.



4. Are you acting ethically?

- GDPR requires you to only collect data that you need and that you are going to do something with.
 - <u>Information Commissioner's Office</u> has more details.
- It is unethical to collect data and then not analyse it
- It is unethical to force people to provide evaluation data
 - No strings attached
 - Able to say no thank you



5. Keep it simple and do it well

The best evaluations

- Have clear questions as aims
- Don't try to do more than is practical
- Have the right expertise in the steering group
- Plan the evaluation when planning the service/activity
- Know how they will analyse and use the data before starting to collect it.
- Are open to adapting as they go.



Joe Lyons
Chief Executive
West Ham United Foundation



Thank you

Our next webinar will be **Volunteering for Wellbeing Through Social Prescribing** Tuesday 7 June 9.30-10.30am

More details and to catch up with previous sessions see our website: socialprescribingacademy.org.uk/thriving-communities-webinars





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