

## Evidence briefing

# Measuring outcomes for social prescribing

The National Academy for Social Prescribing (NASP) commissioned its Academic Partners to review and summarise the evidence on:

- [Measuring outcomes for individuals receiving support through social prescribing](#)
- [Whether any medium- to long-term outcomes are reported for social prescribing and, if so, what they are](#)

This NASP briefing captures the headline findings from the Academic Partners' review of the academic literature, and other reports and evaluations.

It summarises what the current evidence tells us about:

- reporting medium to long-term outcomes for social prescribing
- the outcomes reported for individuals receiving support through social prescribing
- the challenges associated with collecting outcomes for participants in social prescribing
- what outcomes are collected from beneficiaries of social prescribing and how they are collected.

All the findings and examples referred to in this briefing were drawn from individual high-quality studies that met the criteria for inclusion in the evidence summary. In total the evidence summary drew on 34 studies, reports or evaluations. See summaries for full list of references.

As there is no consensus about what constitutes medium- to long-term in relation to measuring outcomes for social prescribing, the Academic Partners adopted the following definition for their summary:

- Short-term - up to 12 months
- Medium-term - 13-35 months
- Long-term - 36 months or more

There is a considerable evidence base in this area. However, due to the variability between studies, it is not clear how generalisable the findings are to contexts beyond those of each individual study. This is due to the many confounding factors including: participant factors such as drop-out, and outcome measures selected (such as use of inappropriate or unvalidated measures, issues relating to the score change that constitutes a minimum important difference, and choice of measure being led by referral criteria which may bias findings).

There is very little evidence published on the medium- to long-term outcomes of social prescribing programmes. This may reflect the fact that many social prescribing programmes are relatively new, with many of the larger and longer-term research projects only having been commissioned over the last 12-24 months. As this timeframe coincides with the Covid-19 pandemic, many follow-up surveys were either impossible or would have been non-representative of 'true' social prescribing but of crisis management and the 'check and support' roles that many social prescribing link workers undertook during the pandemic.

### What we know about the outcomes reported for individuals receiving support through social prescribing

- The main message from the expert team of authors was that **social prescribing can have an impact on a very wide range of outcomes, including decreases in loneliness, and improvements in mental health and wellbeing, in social connections and in overall wellbeing.**
- The vast majority of studies reported positive rather than negative impact. Some of these outcomes were statistically significant or clinically meaningful, but none of these were in controlled studies.
- The outcomes reported in the evidence on social prescribing can be set out in groups of outcomes as below:
  - Increases in self-esteem and confidence, sense of control and empowerment
  - Improvements in psychological or mental wellbeing, and positive mood
  - Reduction in symptoms of anxiety and/or depression, and negative mood
  - Improvements in physical health and a healthier lifestyle
  - Increases in sociability, communication skills and making social connections
  - Reduction in social isolation and loneliness, support for hard-to-reach people
  - Improvements in motivation and meaning in life, providing hope and optimism about the future
  - Acquisition of learning, new interests and skills including artistic skill
- Outcomes are reported both qualitatively and quantitatively. However, there was little consistency across the different programmes.

## **What we know about the challenges associated with collecting outcomes for beneficiaries of social prescribing**

Outcomes, and outputs, can be hard to collect for social prescribing because of the time, expertise and resources required to do this effectively, and because of confusion between outcomes and outputs. There are also challenges in defining individual outcomes and separating similar ones such as mood, anxiety and behavioural health.

## **What we know about which outcomes are collected from beneficiaries of social prescribing and how they are collected**

There is no standardised approach to measuring outcomes, and data collection differs depending on whether these are collected as part of routine monitoring, evaluation work, or more formal research.

There was more emphasis in the evidence on collecting psychosocial outcomes that focus on wellbeing rather than health outcomes.

We have a good picture of the current range of outcome measures that are used in social prescribing studies

The summaries presented a range of measures from across studies and mapped them against different types of determinant of health (including work and volunteering, social, education and skills, and housing) and different outcome types (including general health and wellbeing, physiological, psychological, and empowerment).

There are gaps in reporting of outcome measures in some domains e.g. very few studies have looked at education and skills.

There are no studies reporting outcomes for wider determinants of health such as crime, legal, or welfare issues; and no studies on outcomes related to health such as modifiable risks or spiritual wellbeing.

## **What we know about medium to long-term outcomes reported for social prescribing**

With one exception, neither service evaluations nor published research into social prescribing have measured and reported outcomes beyond 12 months. The exception is one study which measured secondary care referrals up to 18 months, which reported statistically significant drops in secondary care referrals at 12 months and 18 months.

Social prescribing research funding has increased since 2019, often for studies with a 12-24 months duration. However, studies over this period were all impacted by the pandemic.

Medium to longer term evidence on outcomes of social prescribing is urgently required.

### **The gaps: what we still need to understand**

Very few studies included anything but short-term follow up, and so there is a need for longer term, controlled studies if we are to understand the impact of social prescribing more fully.

Data collection is often skewed towards health outcomes, rather than those that reflect the wider determinants of health, including social outcomes. There is also a lack of visibility of reporting of outcomes that relate to these wider determinants of health, and therefore a potential mismatch between what Link Workers are supporting people with and how any impact is documented. The summaries included no studies that reported on outcomes relating to crime, legal, or welfare issues.

Very few studies capture the scale of unmet need for social prescribing. Greater insight into population health, and the outcomes that would deliver the greatest impact, could inform targeting of interventions and choice of outcome measure. It is important to note that there is no standardised approach to collecting data and reporting outcomes yet. However, work in this area is being progressed by NHS England, including introduction of an Information Standard including a National Minimum Dataset and Common Outcomes Framework. These will be important in helping create consistency across different studies.

We are committed to working with partners to continue to identify and address priority evidence needs.