Workshop 1

Understanding the impact of social prescribing findings from Walsall.

Adam Knight-Markiegi - Research Director, Mel Research

Understanding the impact of social prescribing: findings from Walsall

Adam Knight-Markiegi
M·E·L Research

I'm Adam Dight Marksiegi

- Making Connections Walsall
- SROI evaluation
- Key findings
- More social good

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Loneliness + social isolation

- When have you or someone you know felt lonely or isolated in life?
- More widely, what are the causes of loneliness and social isolation?

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National loneliness strategy

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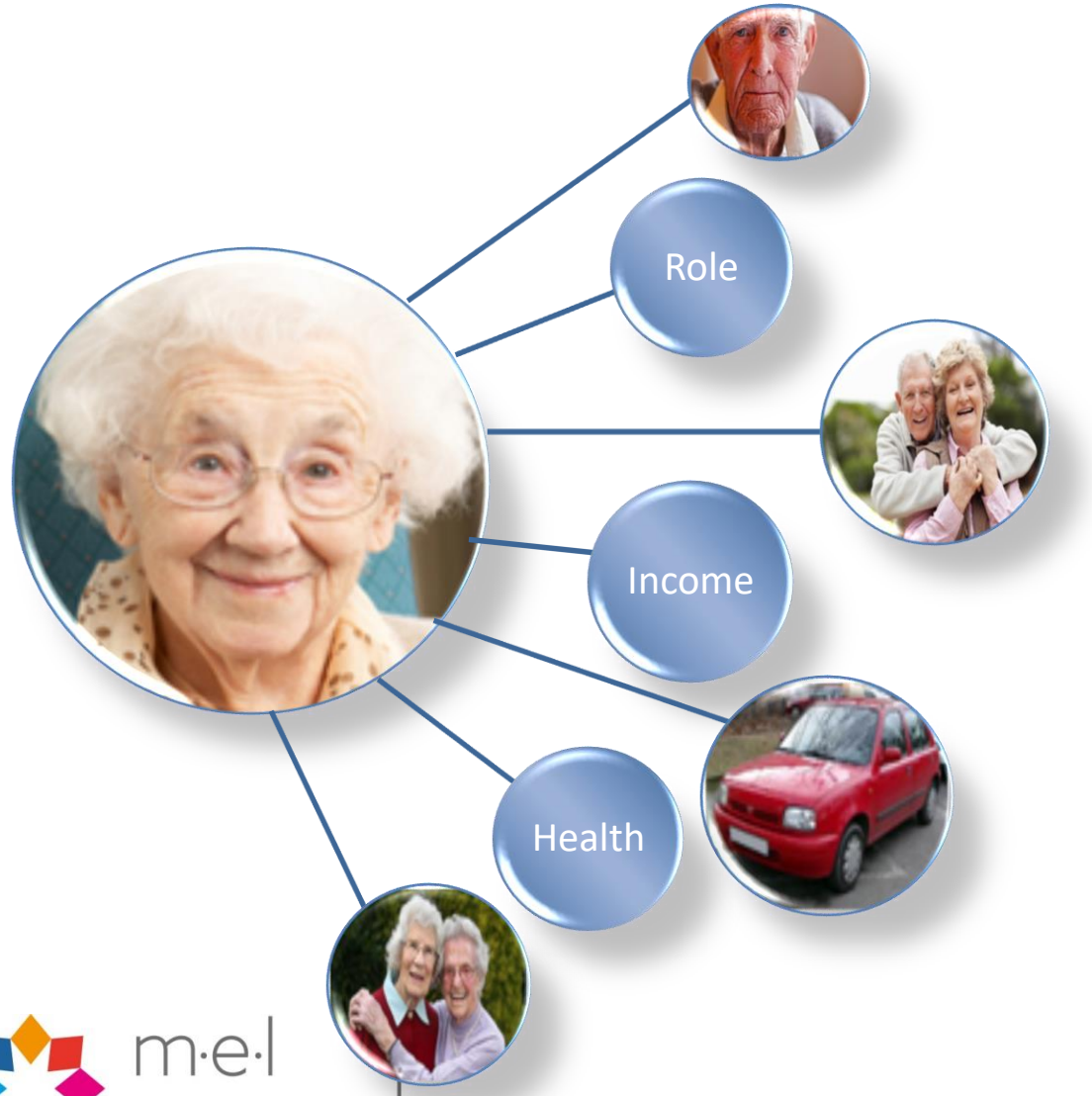
Loneliness and social isolation



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Social prescribing in Walsall

- Aims
  - Tackle loneliness and social isolation
  - Improve wellbeing
  - Reduce preventable health and social care use
- Eligibility
  - 50+ years lonely / socially isolated
  - Those presenting at GP MDTs
  - Self family, carer and professional referral accepted
- Free service

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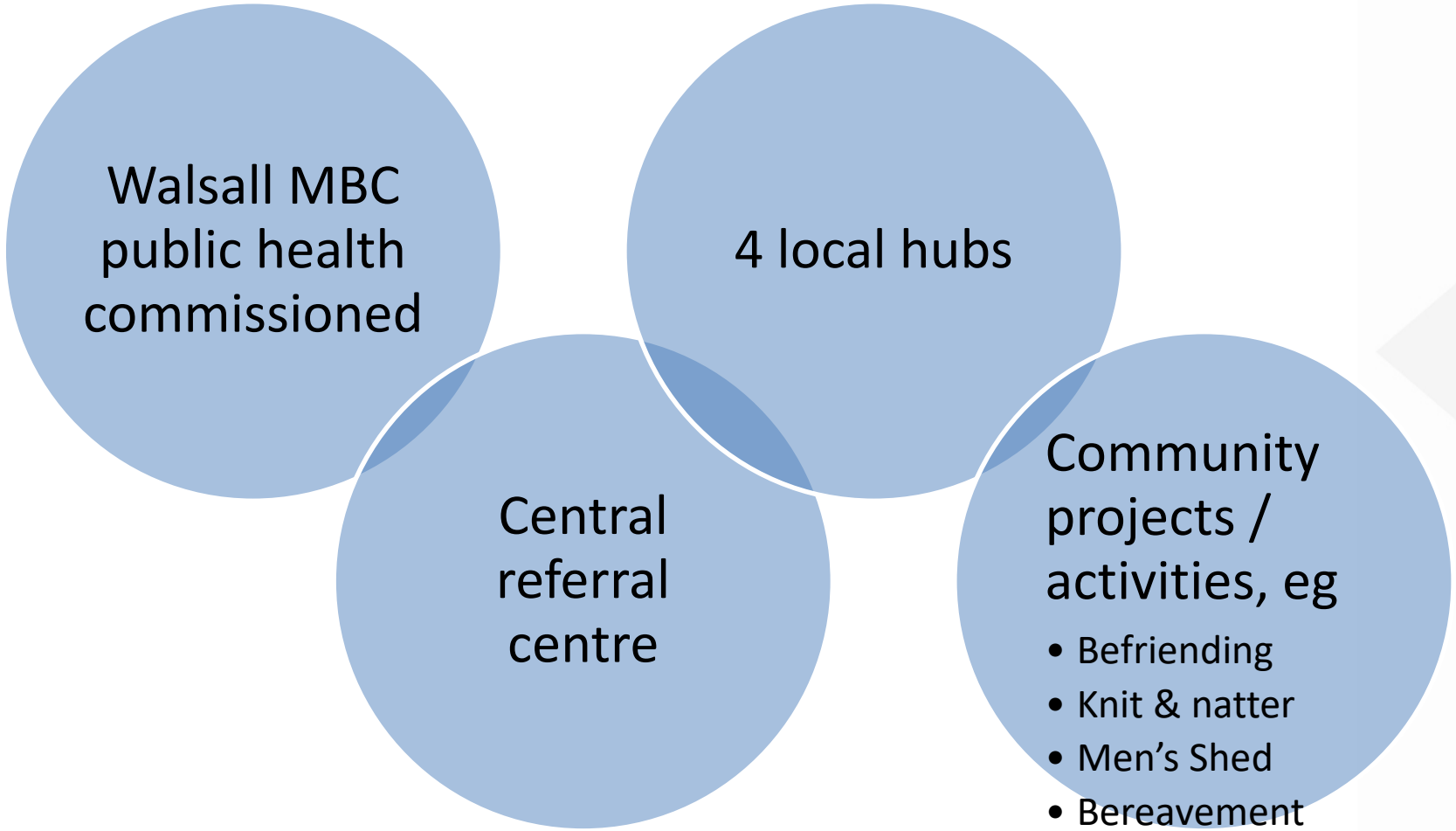
Connected community approach



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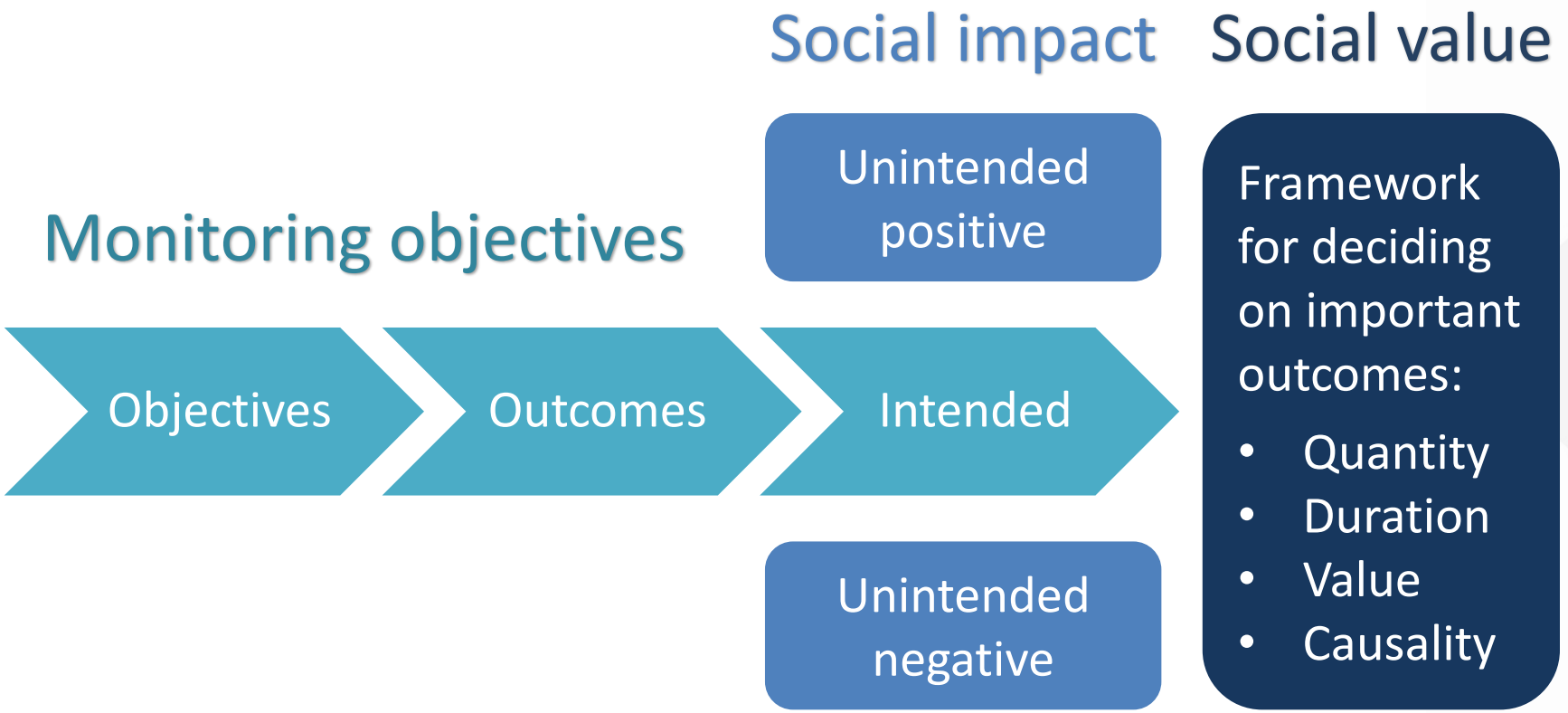
From objectives to social value



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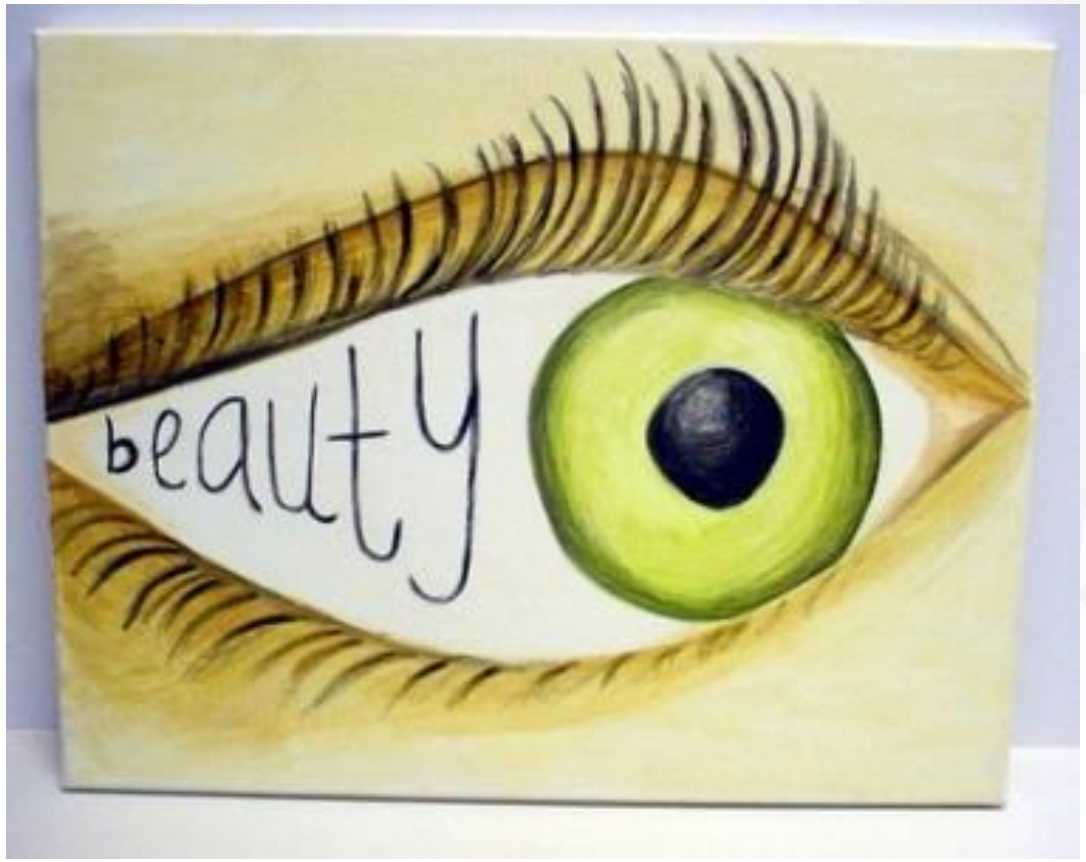
Social Return on Investment

- Principle-based
- Focus on outcomes
- Value for stakeholders

- More social good

£1 → £X



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Our evaluation approach

- Involving stakeholders
  - Stakeholder workshop
  - Client interviews
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  - Quarterly hub surveys
- Qual + quant
  - Client + outcome data
  - Asking clients about changes
  - Quantifying the difference of those changes
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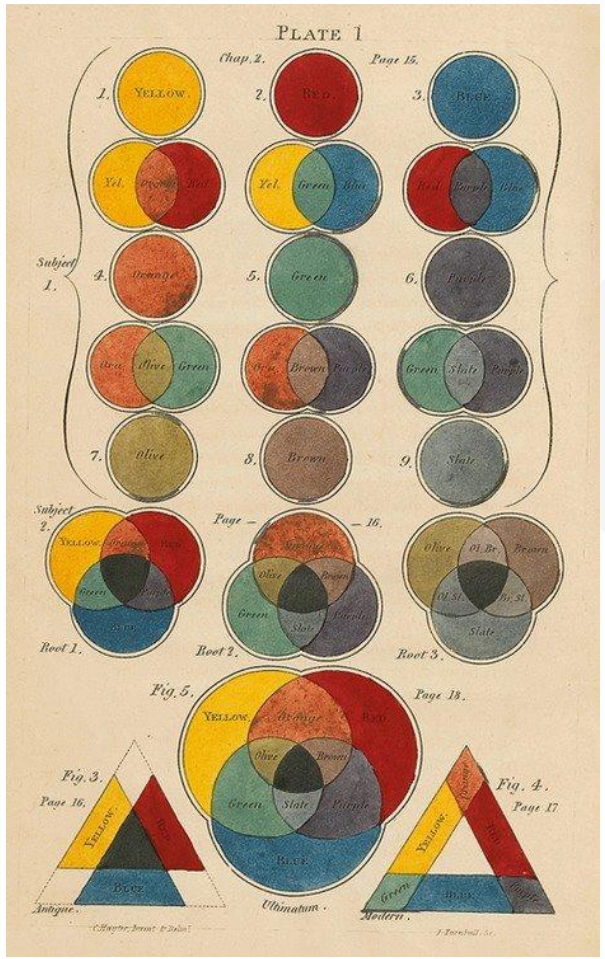

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Key findings

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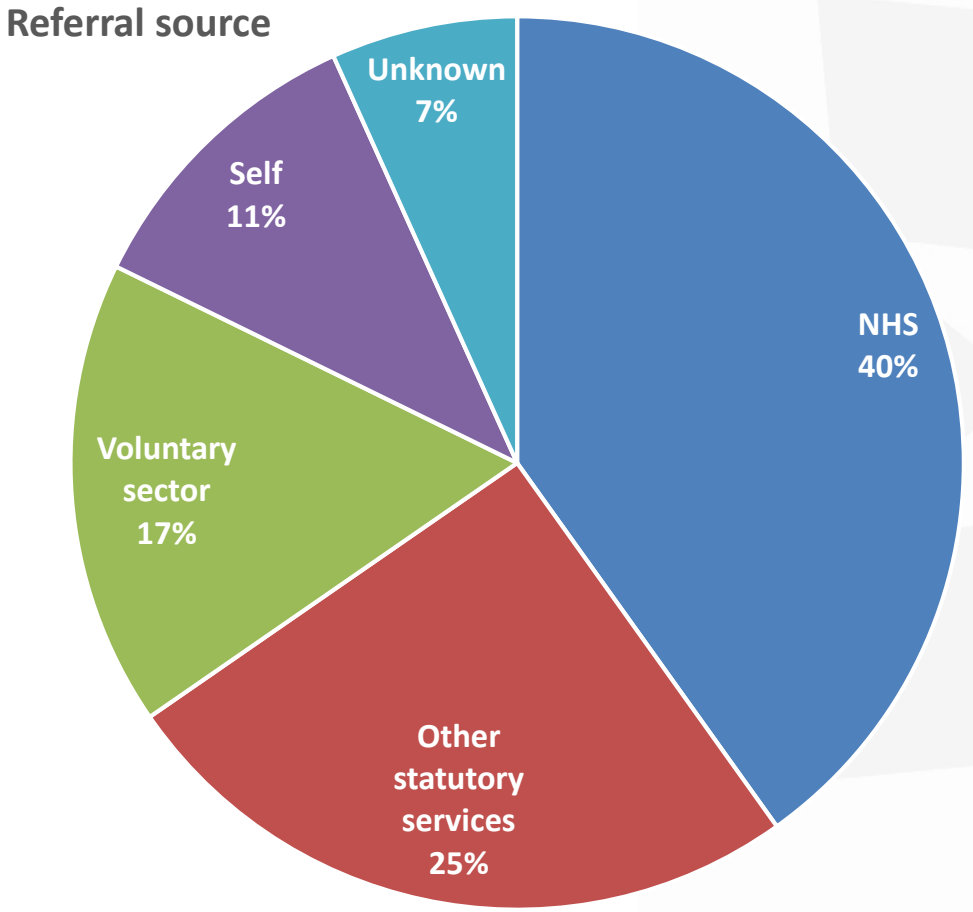
MCW in numbers

- 800 referrals
  - Mostly women, commonly in 80s
  - 40% from NHS, 17% from voluntary sector
  - Bereavement, physical and mental health
- Almost 6,000 contacts made by hubs
- Some 2,900 sessions by funded orgs
- 24 referred to volunteering



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Four types of client

Lifeline

- Physical health and disability
- Often mental health problems
- “It’s not nice being stuck in bed” (man in his 80s)
- Transport issues limit wider engagement
- Befriending important
- Goals around building confidence and independence

Catalyst

- Bereavement common
- Previous sociability, eg through work
- Generally positive mindset
- Very likely to achieve goals
- Several gone on to become befrienders

Social add on

- Bereavement common
- Able to travel independently, often in own car
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Entrenched lonely

- Lots of attempted contacts but limited engagement
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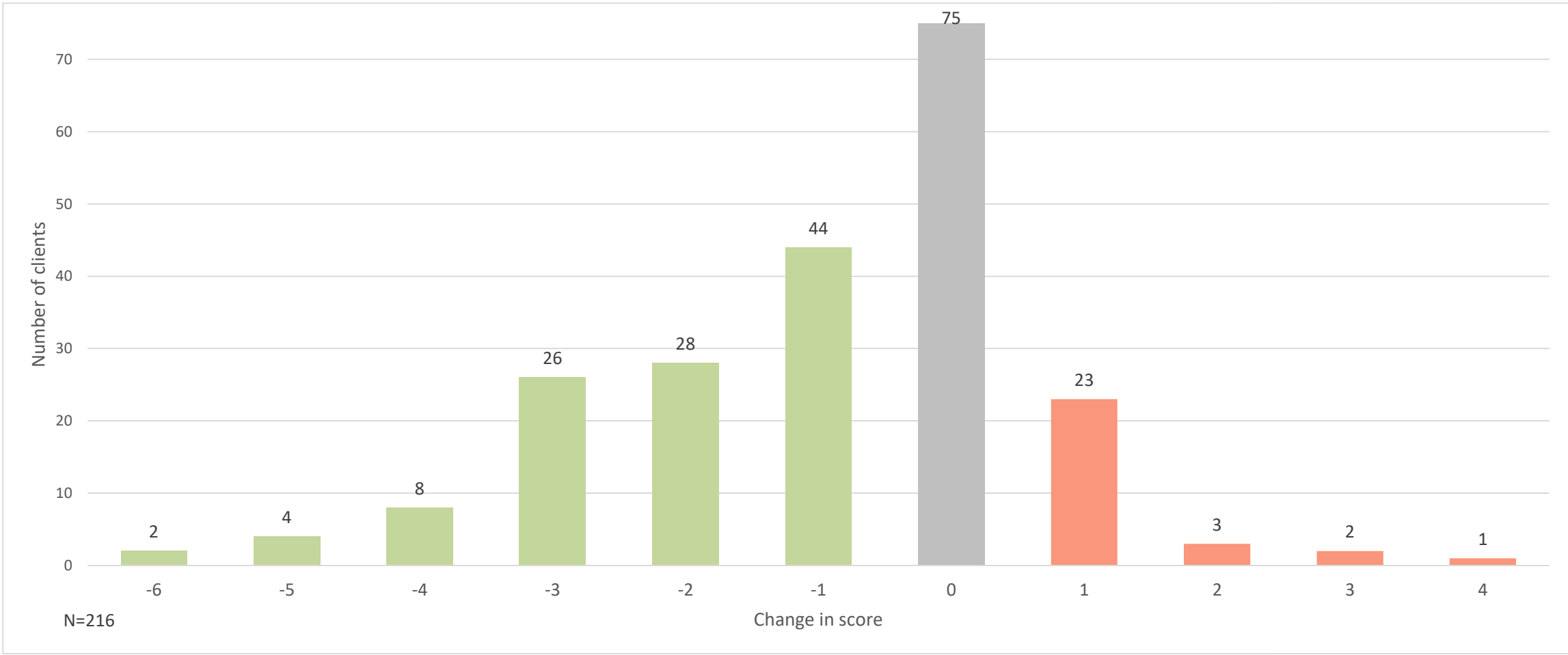
Key outcomes: loneliness



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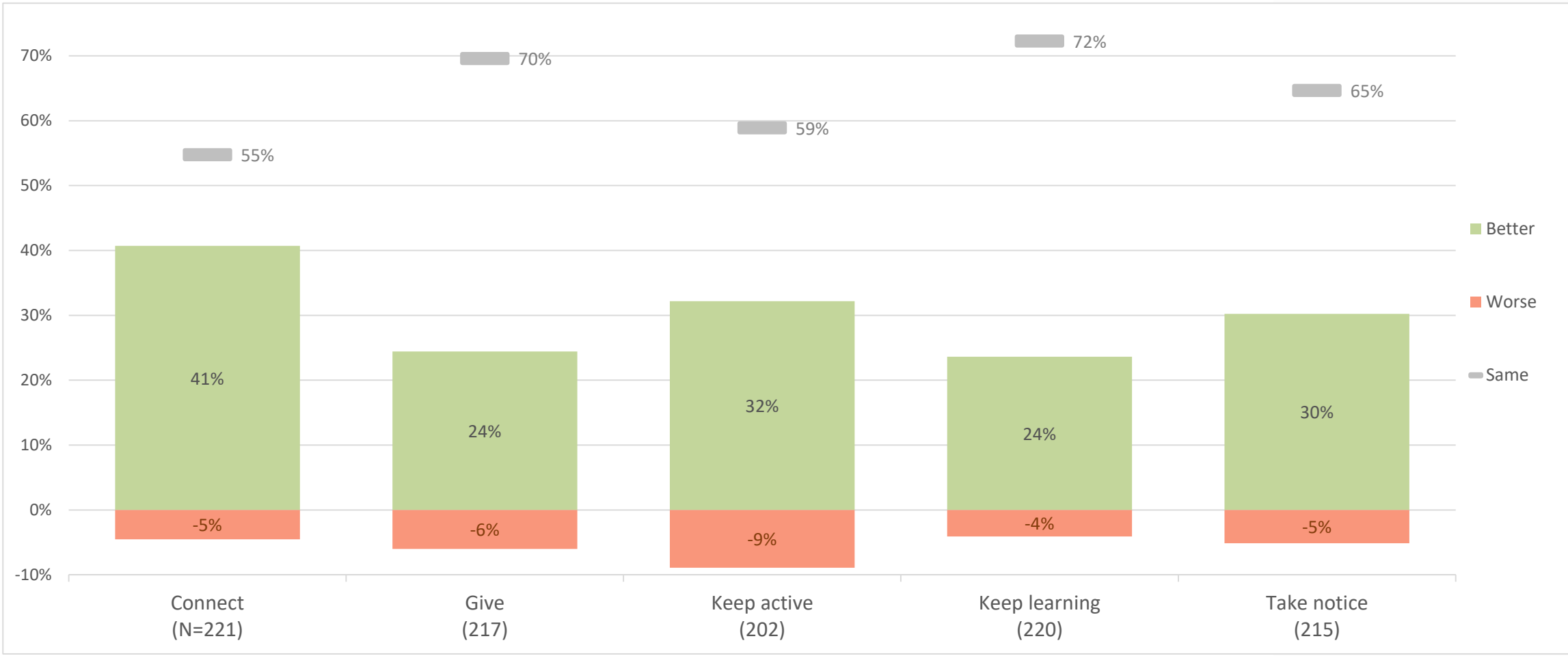
Key outcomes: wellbeing



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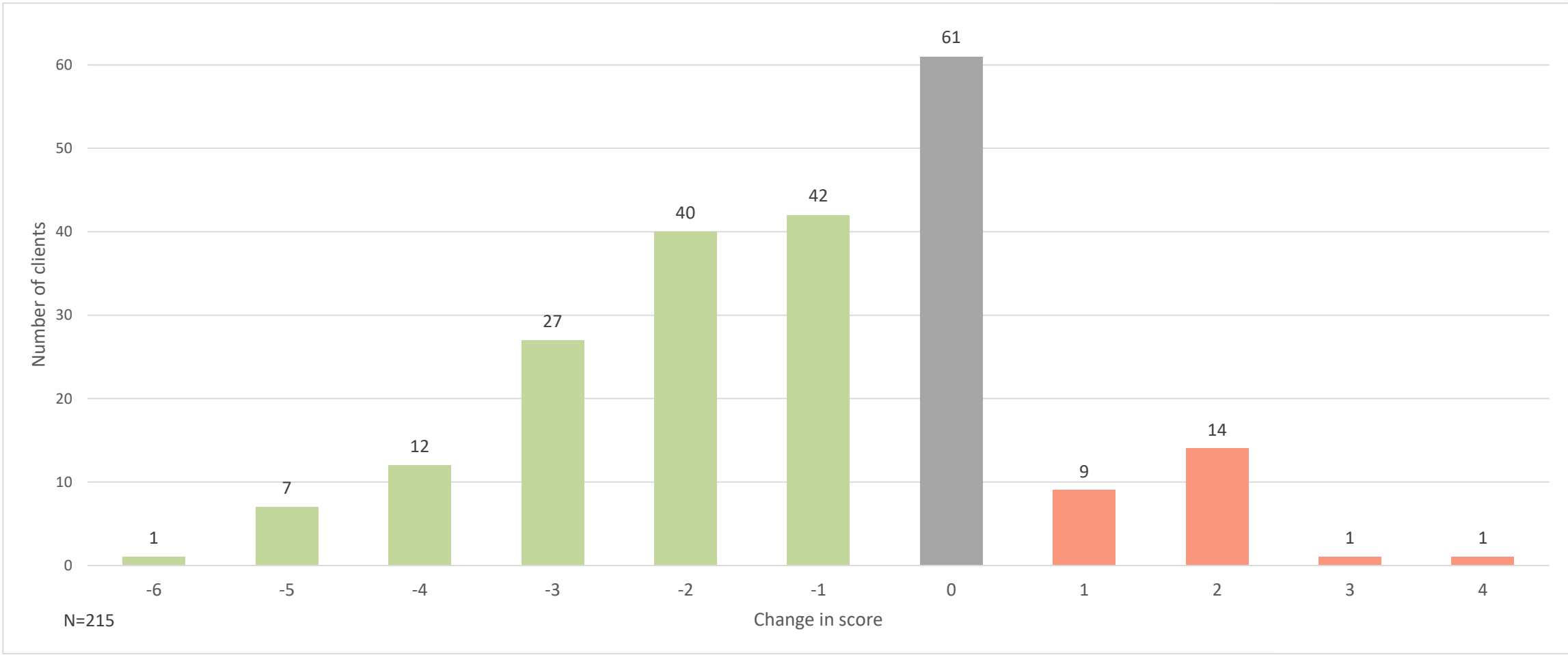
Key outcomes: depression



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SROI outcomes for clients

Improved sociability
40%

“I’m alone but not lonely”
Social add-on client

MCW has given a “second lease” of life
Catalyst client

Keeping occupied 28%

“The less you do, the less you can do”
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Going out makes you put your “best foot forward”, put your “war paint on”
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Better sleep
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Barriers

- Client engagement
- Geography + transport
- Physical + mental health
  - Not a “quick fix”
- Home
  - Mobility
  - “Institutionalised”
- Other issues

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More social good

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Unexpected changes

+ + + + + Positive + + + + +

- \+ Clients volunteering
- \+ Extra local activities
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- \+ Older people-friendly services
- \+ Unfunded resources

– – – – Negative – – – –

- – Hard to engage some people
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Conclusions

- Supported almost 800 people
- A valued service
- Is addressing loneliness and social isolation
- Lasting partnerships
- Best value for lifeline + catalyst clients
- Barriers: transport + existing conditions

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Contact us

Adam Knight-Markiegi

Research Director

M·E·L Research

adam.knight-markiegi@melresearch.co.uk

0121 604 4664

Workshop 2

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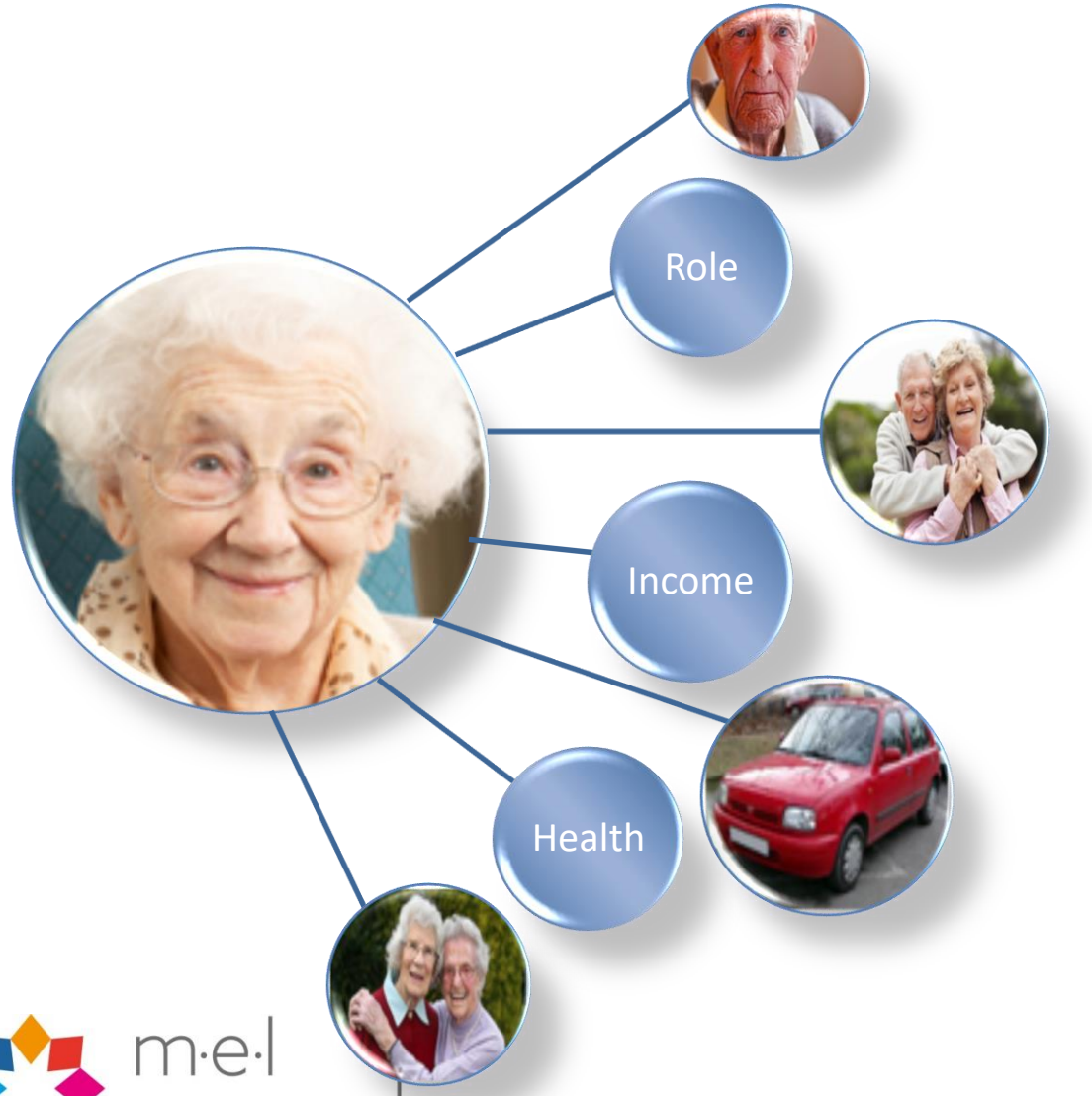

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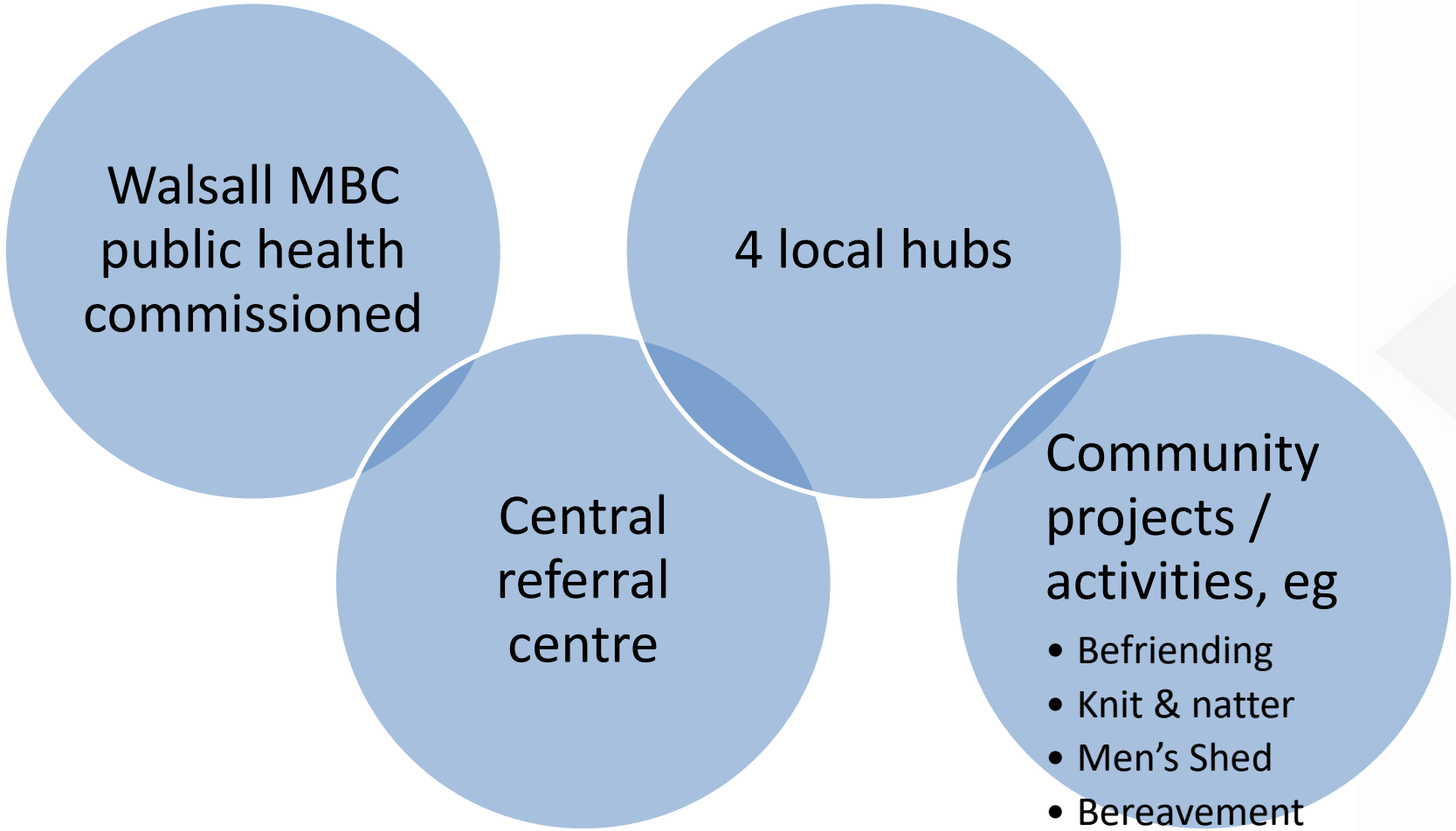

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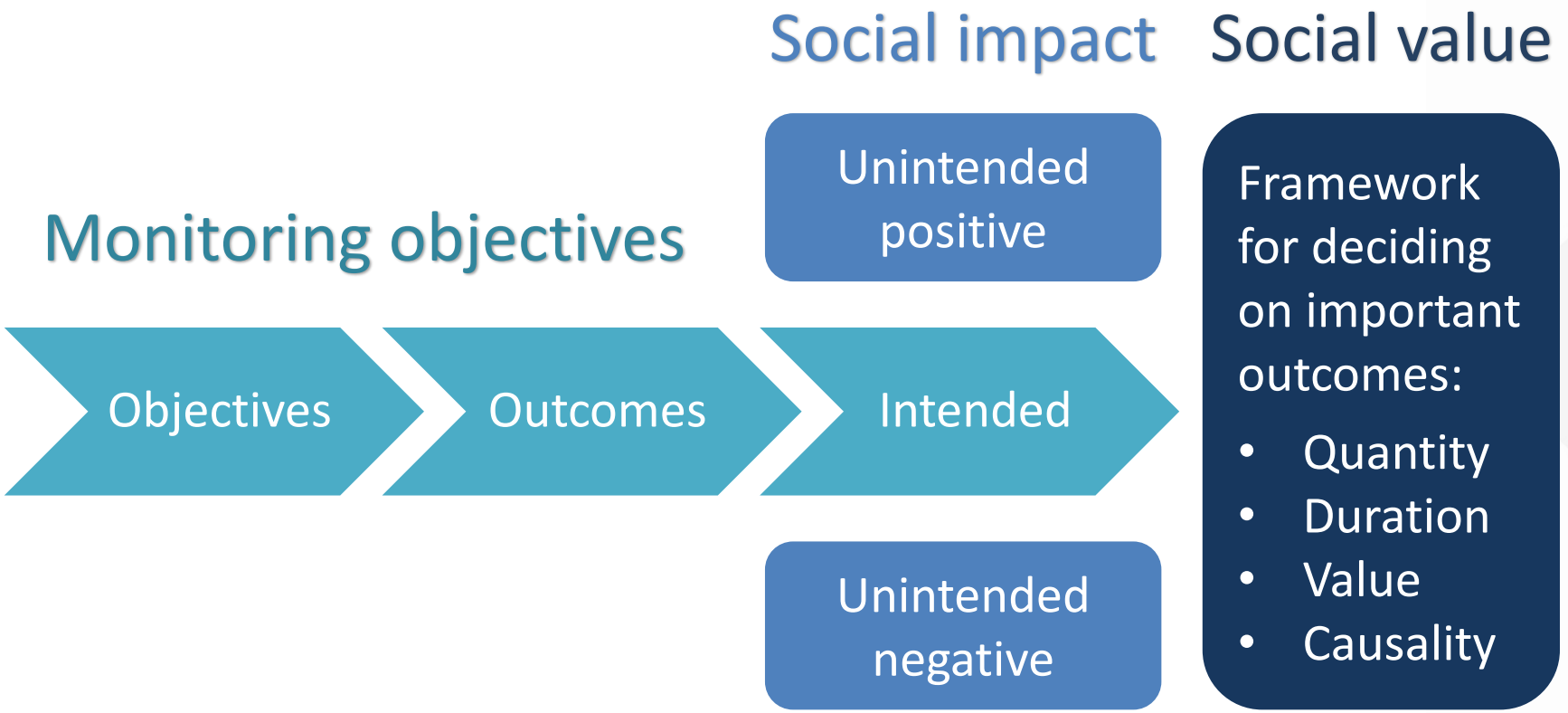

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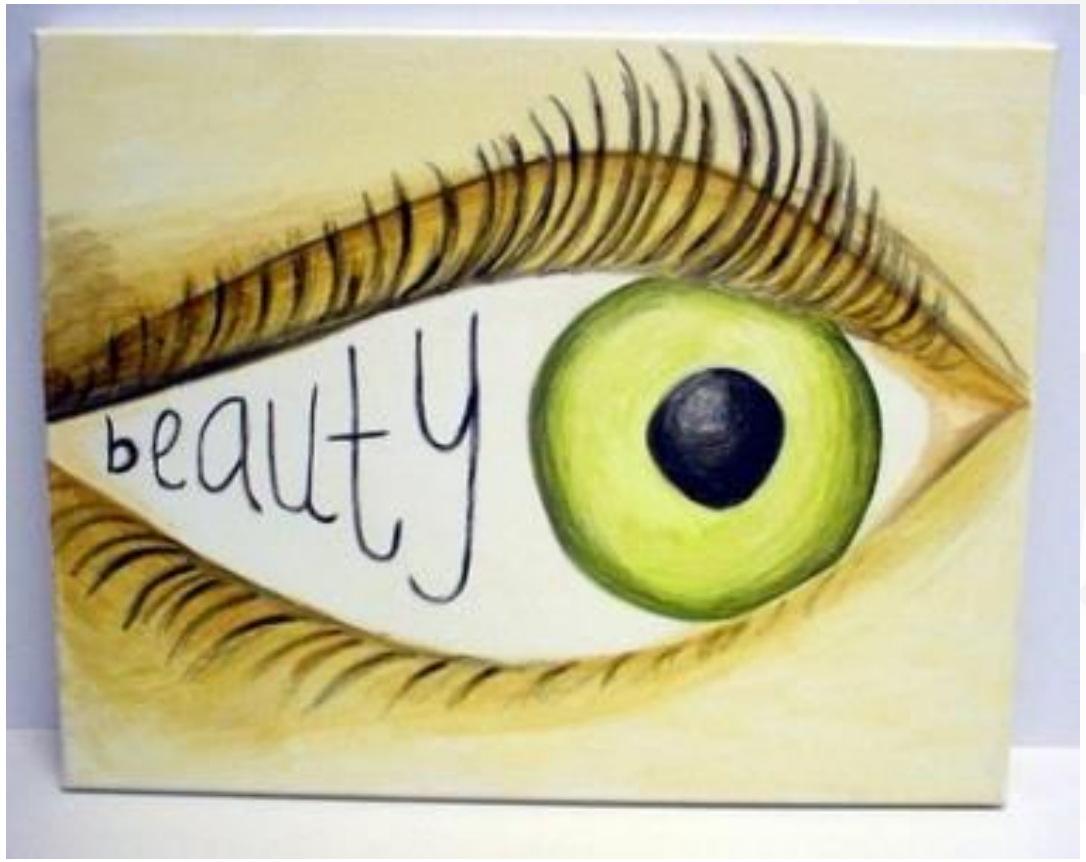

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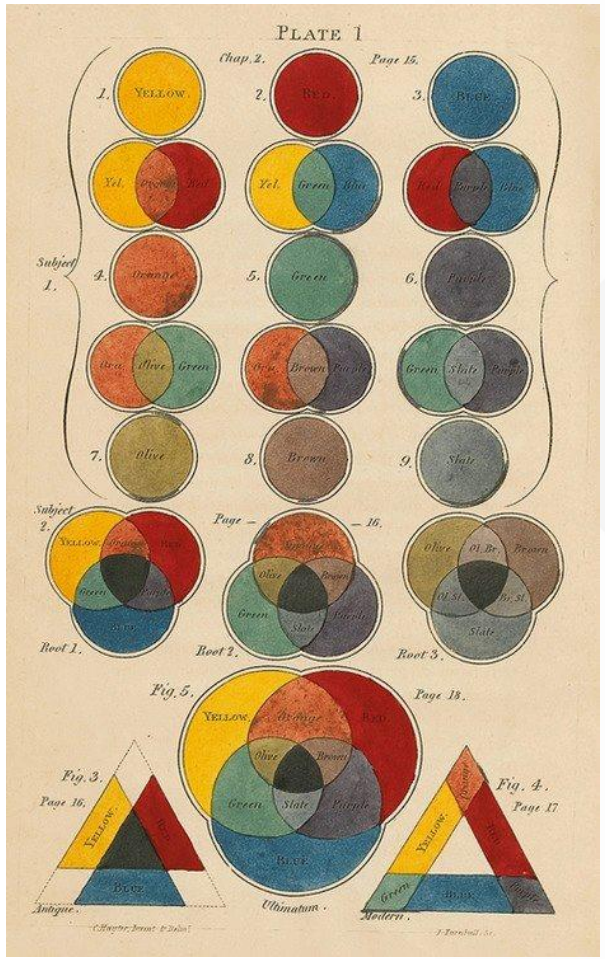

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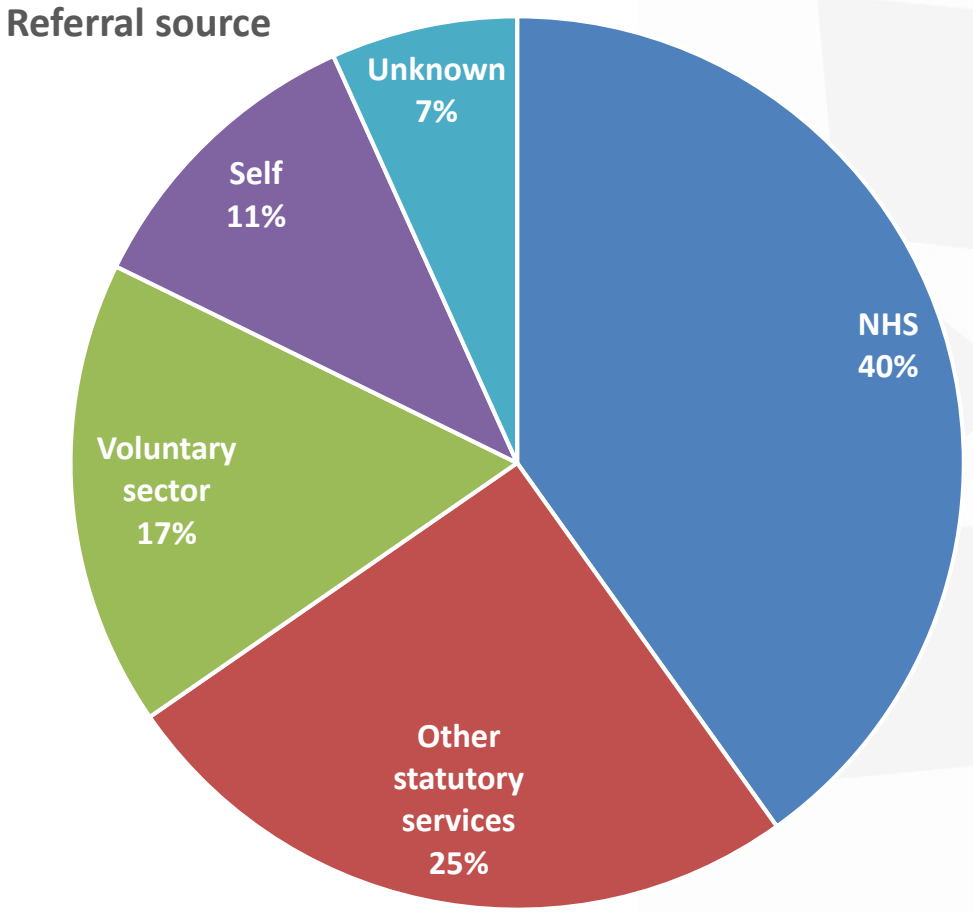

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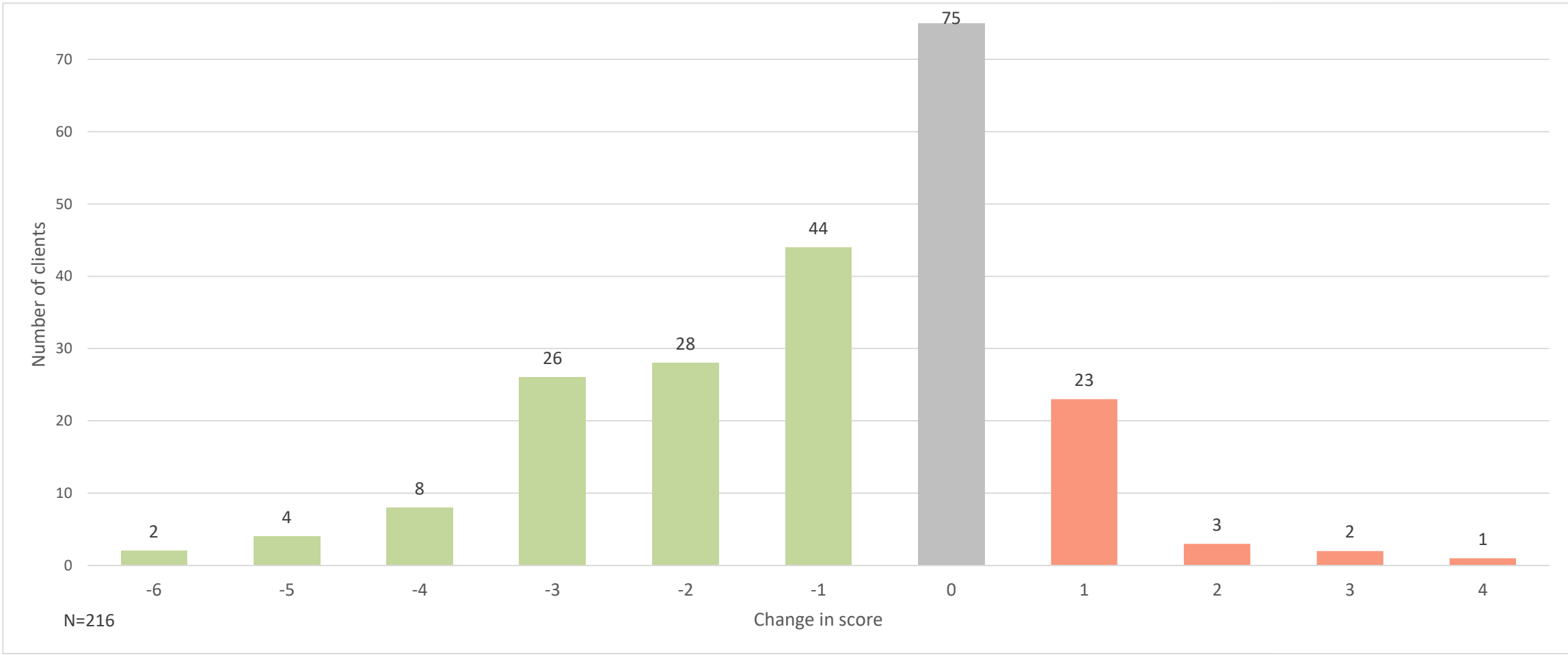

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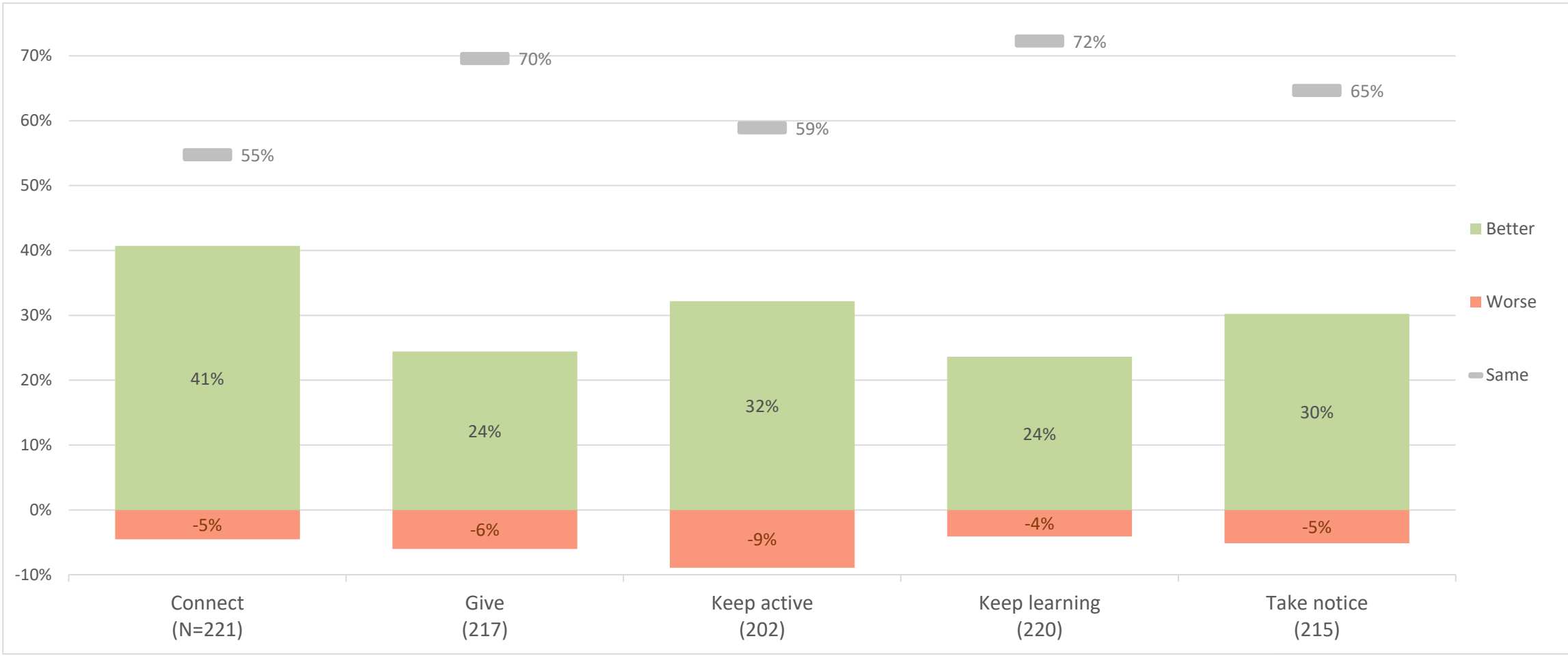

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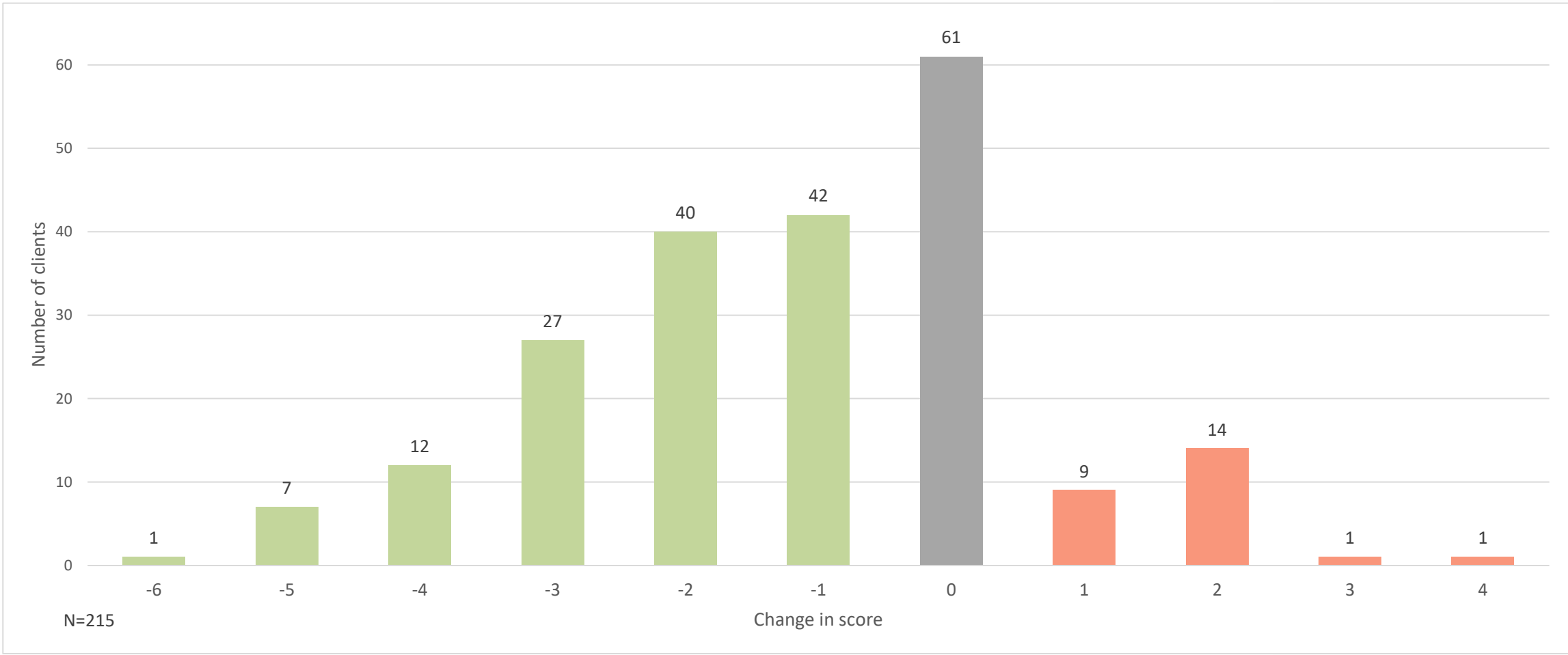

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Closing remarks

Andrew Van Doorn, Chief Executive, HACT