Making Connections Walsall Social Prescribing Service

Summary Evaluation Report - January 2020

Walsall Council

MAKING CONNECTIONS WALSALL

Contents

Project details

Title	Evaluation the Making Connections Walsall programme
Client	Walsall MBC
Project number	PR17112
Author	Adam Knight-Markiegi
Research Manager	Jenny Chen

Social value licence

M·E·L Research
Somerset House, 37 Temple Street, Birmingham, B2 5DP
Email: **info@melresearch.co.uk**
Web: **www.melresearch.co.uk**
Tel: 0121 604 4664

MRS Evidence Matters™ Company Partner

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- Dr Uma Viswanathan – Consultant in Public Health
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We would like to acknowledge the multiagency partners involved in the coproduction, development and the delivery of MCW including the MCW clients, family members and the other key stakeholder including our NHS and Adult Social Care colleagues.

Making Connection Walsall **Hubs**

- Age Accord Matters
- Bloxwich Community Partnership
- Manor Farm Community Association
- Old Hall Peoples Partnership

The Making Connection Walsall **Independent Referral Point**

- West Midlands Fire and Rescue Authority

The Making Connection Walsall **funded projects** involved in the early phases of development

- Aaina project
- Aldridge Shed
- Beginners Computer Class for Older People Project
- Brownhills Community Association
- Caldmore Village Festival Ltd
- Collingwood Centre
- Frank F Harrison
- Goscote Greenacres Community Garden
- Health and Wellbeing in Nature Course project
- Lighthouse here2help befriending volunteer project
- Manor Farm loop Project
- Mindful Gifts Reminiscence project
- New Invention Friendship Group
- Omega Befriending Project
- Our Wave Length (OWL) project
- Rushall Centre
- Walsall Black Sisters Collective

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1. Introduction

The Making Connections Walsall (MCW) programme began in October 2017 to tackle loneliness and social isolation, improve health and wellbeing and reduce preventable health service and social care use among people aged 50+ in Walsall. It is adopting a social prescribing approach, with people referred into a central point (run by West Midlands Fire Service), that then links to four area-based hubs, run by: Accord Age Matters, Bloxwich Community Partnership, Manor Farm Community Association and Old Hall Peoples Partnership. Their social connectors (link workers) work with clients and connect them with other local groups and activities, as well as befriending services in people's own homes. These connectors also monitor clients' progress. It is a free service, fully funded by Walsall Metropolitan Borough Council.

M·E·L Research has carried out an evaluation of the process and outcomes of MCW, using a Social Return on Investment (SROI) approach. This aims to quantify the social value created through MCW, helping the Council and others to maximise the social value MCW and similar programmes can create. The findings in this report come from a range of evidence: analysis of client data, interviews with clients, family members, hubs and wider stakeholders, evidence provided through online surveys with hubs and grass-roots organisations, case studies from hubs, end of project reports from funded organisations and from MCW's anniversary stakeholder event in November 2018.

This summary report outlines the key findings and conclusions from this SROI evaluation.

2. Clients referred to MCW

By the end of August 2019, the client database recorded 800 referrals to MCW. While Hub 3 (Manor Farm Community Association) had the most (31%), all hubs received over 170 referrals. Two-thirds of these referrals were female and the most common age band was people in their 80s; yet the oldest client at referral was aged 99. By ethnicity (where stated), over three-quarters of clients were white.

The "curtain came down" after my daughter and grandson died ('catalyst'1 client in his 80s, July 2019)

Referrals came from a variety of sources. Four in ten came from NHS services, including 27% from GPs. A quarter of referrals came from other statutory services, the voluntary sector accounted for 17% and 11% were self-referrals (or from worried relatives). Bereavement, physical and mental health conditions were key reasons for referrals, sometimes combined. This includes bereavement after caring for a partner, therefore losing contact with the outside world; strokes changing people's lives overnight; and long-term anxiety and depression.

The "world ended" when he had his stroke 5½ years ago (lifeline client, July 2019)

I "prefer to be in my box [coffin] now than above ground" (lifeline client, July 2019)

Case study: bereavement

A woman in her 80s who is quite able and active, despite having several health conditions. She had cared for her husband for several years and, after he passed away, became very isolated, low and anxious.

She has good family support but, as they have their own family and work, she wasn't seeing them as often as she liked and had lost contact with many friends (this was impacted by nursing her husband for several years). She had lost her confidence and lost touch with activities and groups in her local area. She didn't know where to start.

"You girls have given me the courage to go out, and I'm not so anxious. You've given me confidence and have brought me out of my shell again. You told me about the bereavement support group and got me to come out."

"I found it difficult to talk about my grief with my family, as they are hurting too, so the bereavement group has helped, and we can chat about anything, knowing they're going through the same as me."

"Once I was out, and met the others at the group, I realised what a help it was. I was spending loads of time on my own, and after 62 years of marriage, I didn't know what to do with myself. It gave me a reason to go out again, now I hop on the bus and go shopping after!"

"I'm seeing my friend more over the road, I'm more chatty, and I've found the courage and confidence to go on the bus to Sutton – twice!"

"I feel more positive and motivated. I've even started to clear out some of my husband's stuff. My family can't believe the difference in me. My daughter said: 'I never thought I'd see you laughing again, I didn't know what to do with you.' All of my family have commented on the difference in me, and my son in law said: 'Whoever those ladies are that have helped you, they are bloody miracle workers!'"

Female client in her late 80s, July 2018

1 The client types are described in more detail further below. They're shown where we've identified the type, mostly in later interviews during the evaluation.

3. Working with clients

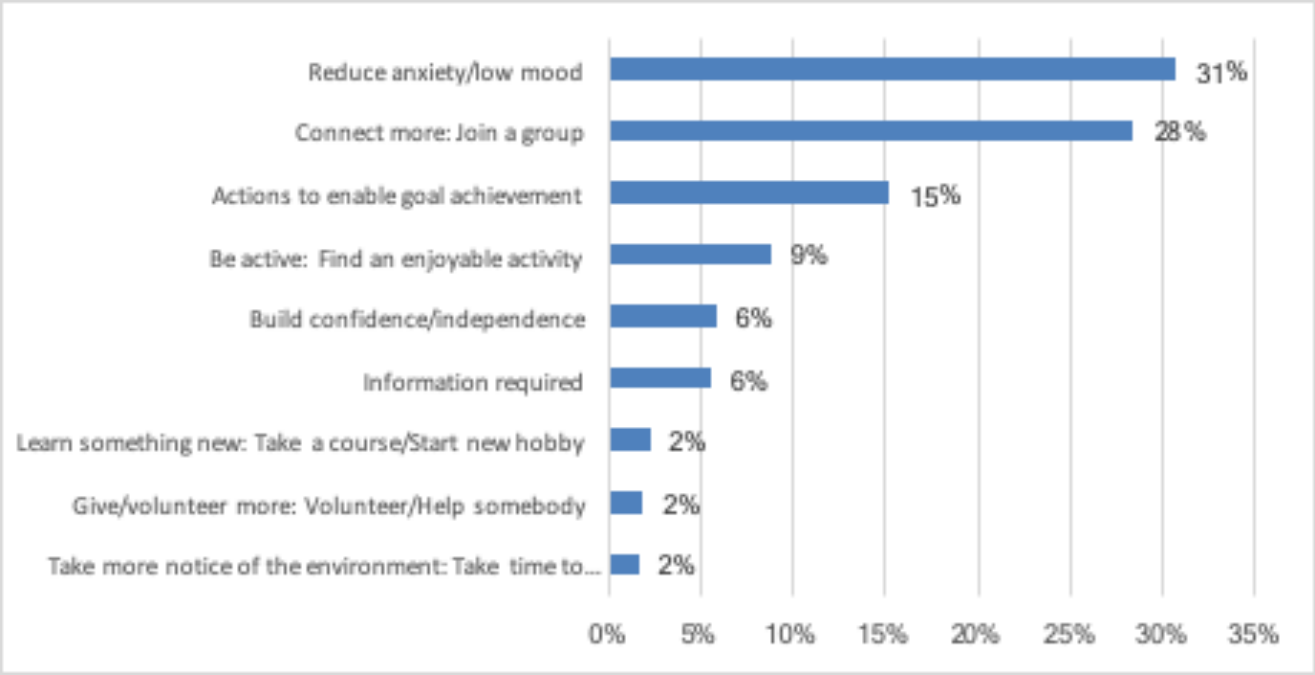
"A regular phone call or a visit encourages interaction and stimulation." (grassroots organisation, October 2019)

Once referred, hubs make contact and try to engage clients. Up to the end of August 2019, hubs had made more than 5,900 contacts, averaging 8 contacts per referral. The majority of these have been by telephone (59% of contacts). Face-to-face contacts accounted for 28% by hubs, though funded activities will have had many more in-person contacts (not recorded on the DCRS client system).

"The single referral route, and initial home visit, offers the personal service to clients. This allows social connectors to identify and address any further issues that may be evident." (hub worker, August 2019)

The hubs' social connectors work with clients to set goals. Two types of goal each account for around three in ten goals: reducing anxiety and low mood, and connecting more by joining a group. The full breakdown is shown below.

Chart 1: Type of client goals



Clients told us about positive experiences since being in the MCW programme, such as getting out more – particularly when supported to do so – and meeting new people. For some clients, MCW has been "a catalyst", a spur to bring them back into the social world. For others, MCW was a "lifeline", particularly the befriending service for housebound people. The programme is also making positive changes for family members, taking the burden off relatives, providing relief to them and letting them spend better quality time with their relatives.

"The Bereavement [Help Point] group has saved my life." (male client, January 2019)

"Socially engaging again after many months, sometimes years, of not going out and connecting with others" (hub worker, February 2019)

Their loved one "is more like their old selves" (family member via hub worker)

Hubs have spoken warmly about supporting clients. The MCW anniversary event particularly highlighted the raw emotion, the empathy that social connectors feel for their clients. Hubs work in a holistic way and offer a personalised service to people, often in their own homes. Family members have also told hubs about the change they've seen in their loved ones. Unlike GPs or carers limited to their 15–20 minute slots, social connectors and befrienders can spend "quality time" with clients.

"I have a friend in the befriender now that comes to see me once a week. She listens. She doesn't rush off. She values me as a person and not just someone that has to be cared for. I have company." (female client in late 50s, September 2018)

"One man said to me, 'I don't want to know about me life in these four walls. I want someone to come and talk to me about what's going on out there, about their life … because my life is limited to these four walls'. They want to see outside through the eyes of the befriender" (social connector, November 2018)

Case study: befriending

This woman is severely disabled. She has many long term conditions, has been significantly affected by a stroke and has physical sensory and speech impairment. She sits in a special chair all day from when she is hoisted from her bed. She has four carers per day.

She has one person who visits her intermittently but no other family. She got very tearful when speaking of her mother and when completing the assessment, apologising for this; she got very upset when she has to think of her life now. She once worked in an office and enjoyed her job before having the stroke.

Her desire is to have more company as she sees no one.

"They have given me a befriender who comes to see me every week. It has given me something to look forward to and she doesn't rush off. It's nice to feel normal and have a friend visit because that's how she seems to me."

"They all listen and I feel normal. They are not like carers who rush in and rush out and don't treat you like a human being."

"I so look forward to my visits and calls. I had nothing before. Only carers. They see me! I feel better in myself and look forward to a friend coming and calling because that's how I see them."

"I have also asked them to find me a boyfriend!!!"

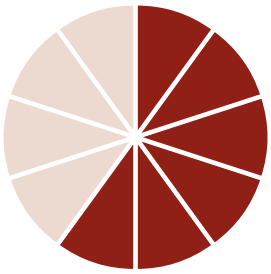
Female client in late 50s, September 2019

Several things have helped hubs to deliver the service and support clients. Coordinating services has helped at least one hub, even just calling Ring & Ride a day before the activity. Another hub described having a better understanding of the issues faced by older people as a result of their involvement in MCW. They stated that "this country makes you feel old", that we don't value older people, so they "feel so worthless", a "big burden". Instead, the hub has adapted its centre to be more older-people-friendly, a positive unexpected change. They have different furniture and appropriate activities like singing, dancing and music.

Another positive and sustainable change has been clients moving on to become volunteers themselves, particularly in the befriending service. This gives them a purpose, based on their own experiences of isolation and loneliness, at the same time as giving something back and helping others like them. They have become "teachers" and "leaders"; they understand how clients feel, having been there themselves. One hub told us that all of their befrienders were clients originally, showing the essential service they've helped to deliver.

In analysing all of the evidence for this evaluation, MCW clients fall into four broad groups, as shown in the following table.

Table A: Four client types and estimated proportion of all MCW referrals in

Client type	Proportion of referrals	Typical characteristics
Lifeline		• Physical health and disability often a prompt for referral but also a barrier • "It's not nice being stuck in bed" (lifeline in his 80s, July 2019) • Transport issues limits wider engagement • "Most time I'm on my own … some days seem to drag" (lifeline in his 80s, July 2019) • Often mental health problems • Goals around building confidence and independence • Befriending important
Social addon		• Able to travel independently, often in own car • Bereavement a common reason for referral to MCW • Goals around starting new hobbies, "things to do" • Other social activities during week, eg shopping, hairdresser, other activities • Positive sign-off reasons
Catalyst		• Previous sociability, eg through work • Generally positive mindset • Bereavement a common reason for referral to MCW • Several gone on to become befrienders • Very likely to achieve goals
Entrenched lonely		• Lots of attempted contacts but limited engagement • "The time spent with a high proportion of the clients has far exceeded expectation in order to ensure a positive outcome" (hub worker, August 2019) • Existing mental health problems • I'm "not bothered about being on me own" (entrenched lonely in her 90s, July 2019) • No reported (positive) outcomes • "Some people have just got use to the fact that they are on their own and feel this is all they have. Despite my best efforts some client will always believe it." (hub worker, August 2019)

4. Activities and services

The level of partnership working has been a big success so far. Hubs themselves have come together, sharing experiences and "invaluable support" between them. Hubs have also described mostly good relationships with local GP practices. They've worked with groups and organisations in Walsall, gaining awareness of local services and activities to offer clients a wide range of services. This partnership model was stood out from several angles.

"Absolutely wonderfully successful. It has brought together organisations (hubs) who historically have always worked independently and not in partnership, successfully." (hub worker, August 2019)

Biggest success: "The relationships and working partnerships between social care, doctor's surgeries, community nurses, mental health teams." (hub worker, August 2019)

Engaging with GPs is a "big positive", who now show "more understanding". (hub worker, October 2018)

The voluntary sector organisations we spoke to praised MCW. One stakeholder described Walsall's Public Health team's approach as "refreshing". The voluntary sector have also valued partnership work and developing new services, sometimes leveraging in extra external funding, a real plus from MCW. The only real criticism from grass-roots organisations was about referrals, including the low number of referrals early on and, for some, the "difficulty in addressing the paperwork and the referral process" (funded organisation, August 2019).

Range of organisations funded through MCW

The sheer scale of activity from grassroots organisations is impressive. For example, they ran well over 2,800 sessions, supported over 500 clients to learn something new and referred at least 24 to MCW volunteering.

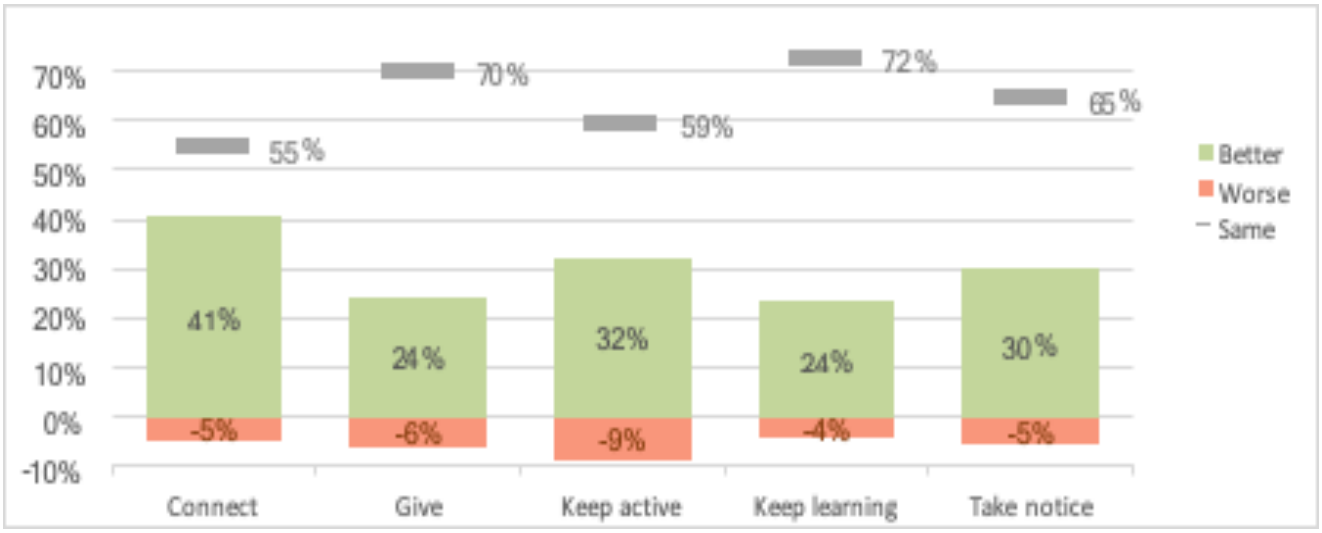
5. Changes for clients

The evaluation has captured changes in clients in several ways. The first is by counting the number of clients who had completed their stated goals. The DCRS system recorded 350 clients with outcomes of goals up to the end of August 2019. Of these, six in ten (61%) had completed their goals, 15% had part-achieved them and about a fifth (19%) had not achieved their goals.

MCW has gone further than this and also captured changes to wider outcomes, using nationally validated question sets. These are summarised below.

Five Ways to Wellbeing, a measure of overall wellbeing, shows more positive than negative change; the highest improvement is in the 'connect' score (connecting with others), better for four in ten clients (41%) where this indicator has been reviewed (221 clients).

Chart 2: Five Ways to Wellbeing changes

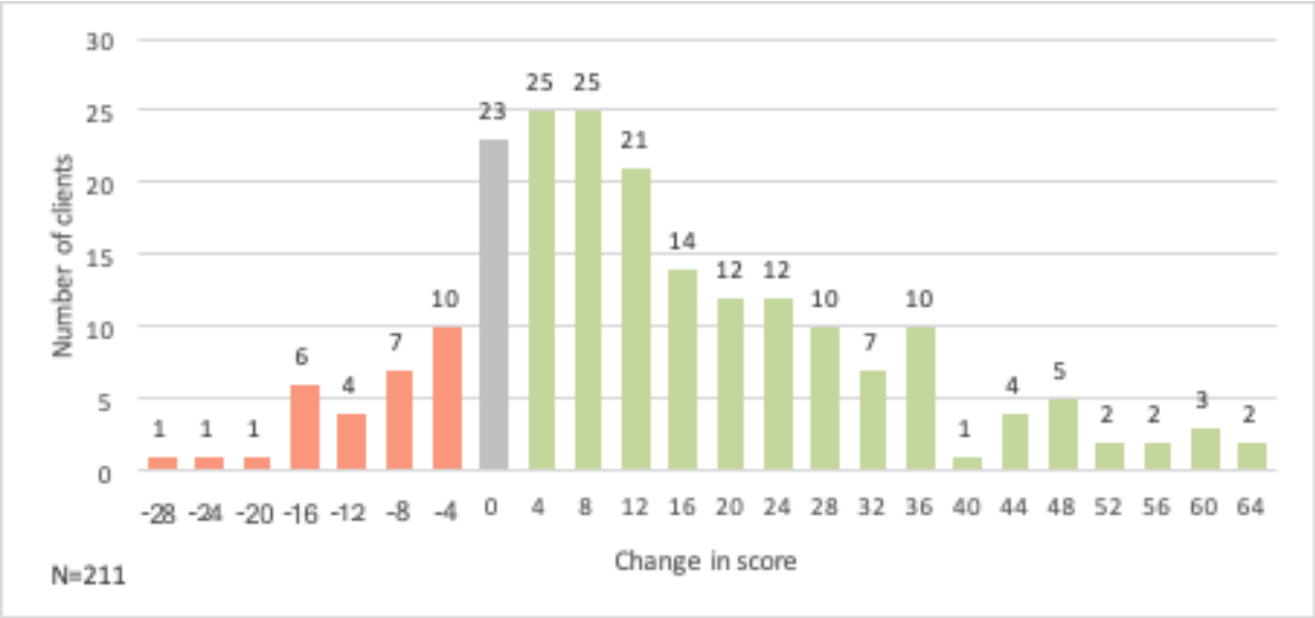


Going to the Stan Ball centre "reminds me of freedom" (lifeline client, July 2019)

"Others [clients] like to do craft activities or word searches and crosswords etc. These activities keep their minds active and they learn new skills as well as passing on their skills to others in the group." (grassroots organisation, August 2019)

World Health Organisation (WHO-5), a measure of happiness and fulfilment, shows 75% had a rise in score.

Chart 3: WHO-5 changes

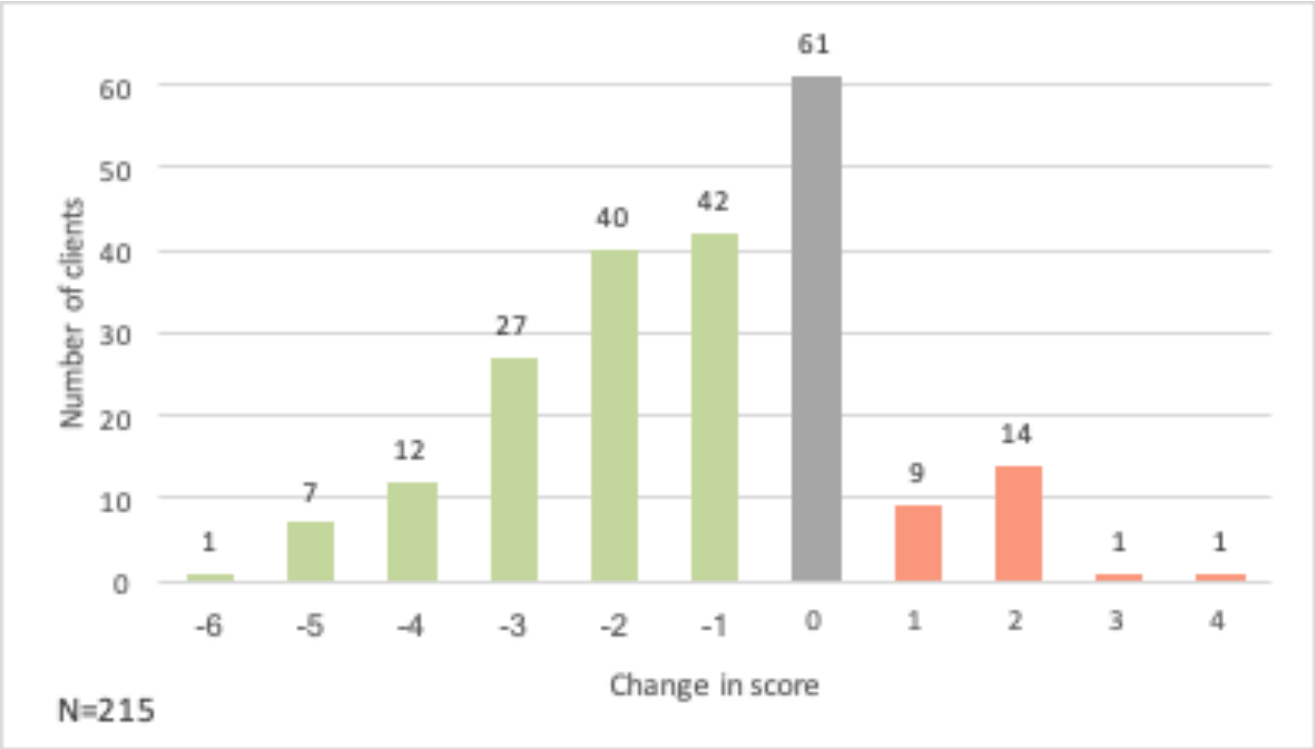


MCW is "one of the best things I've ever done" (social add-on, July 2019)

"The importance of a strong social network can lead to an active social life improving one's health and wellbeing." (grassroots organisation)

PHQ-2, a measure of depression, shows that six in ten of those giving a score are feeling brighter, although about one in nine (12%) are feeling worse.

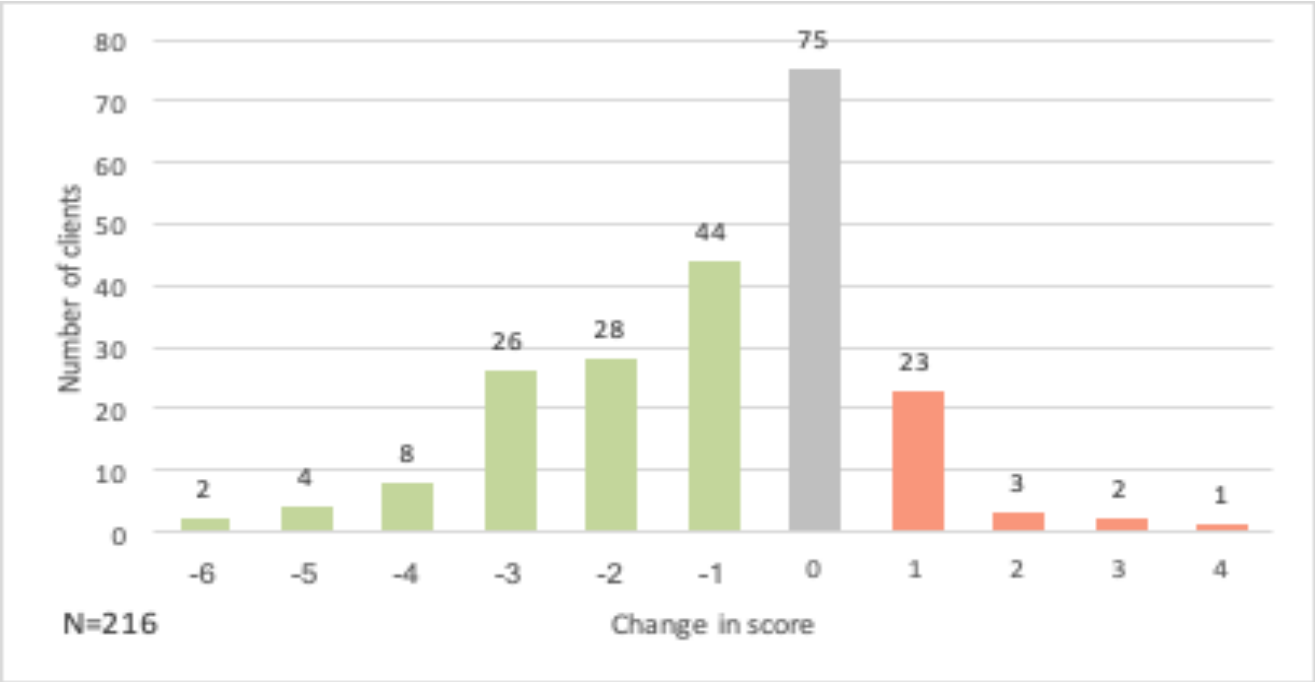
Chart 4: PHQ-2 changes



"As friendships are forged people start to discuss personal matters more and more, even feeling comfortable discussing medical issues. This results in a greater feeling of being needed by others and consequently feeling better within one's self." (grassroots organisation, August 2019)

De Jong 6, a measure of loneliness, also see an improvement, with over half of people feeling less lonely (52%) and only a small proportion feeling more lonely (13%).

Chart 5: De Jong 6 changes



"Before Making Connections Walsall and I felt there was just me [as the carer]" (family interview)

By the end of August 2019, over seven in ten clients (71% of all referrals or 567 people) had been signed off the MCW programme. Positively, the biggest reason was having a plan completed, accounting for almost a quarter (25%) of clients. However, the next reason was clients not engaging, representing 18% of clients signed off. This highlights the 'entrenched lonely' group, a hard one to engage with.

There is "light at the end of the tunnel" (community health-worker, November 2018)

Qualitative evidence also shows the successes, with stakeholders describing "massive changes" in clients; clients spoke about making real "pals" and families being relieved of the support provided through MCW. Several clients were getting out more and meeting new people since being in the MCW programme, a spur to do more. Others were benefiting from the befriending service. People described improved mental health, such as lower anxiety and improved confidence, as well as taking the burden off relatives.

"I feel a lot better as I am seeing people my own age, it's good to mix with other people … It's made a lot of difference, I feel a lot better, I was just sitting here [at home] looking at four walls" (female client in 70s)

"It makes you go out and meet people, have to put your war paint on and make you look your best" (female client in 80s)

"Sometimes all someone needs is a person to listen." (grassroots organisation, July 2019)

Barriers to achieving goals often stem from the practicalities of getting to activities, or simply just getting out of home. In some parts of Walsall there is a lack of services nearby. This means people need to travel quite far to get to one, yet this is often limited by poor physical health. The needs of carers also came up in interviews. Furthermore, hubs spoke about inappropriate or unrealistic referrals. For example, more serious medical and mental health needs have also limited people's ability to engage with hubs and receive support. These factors have led some clients to have entrenched loneliness, "institutionalised" at home. This then leads to a lack of confidence and self-belief as well as anxiety and depression, repeatedly mentioned by hubs. This made it hard for the social connectors to engage with some clients.

"I have found the main barriers to be health, transport and confidence." (hub worker, August 2019)

"It's me back, it's me walking … Just lately, I'm all bent up" (female client A in 80s)

"Some [clients] are complicated and have deep-seated problems" (social connector, November 2018)

6. Social Return on Investment

The principles-based SROI approach offers a framework for measuring and taking account of the social, environmental and economic costs and benefits of an intervention, capturing how much social value has been created through activities. By using this approach, we've identified five key outcomes for MCW clients from their perspectives:

1. **Improved sociability** – connecting with people and making friends (83% of clients reported this outcome)

- Connecting/engaging/mixing with people/ sociable; I "love to be around people" (catalyst, July 2019)
- Laughter/fun/banter
- Friendship, sometimes in place of partners who have died or estranged families; "better than brothers" (lifeline, July 2019)
- Talking

"I'm alone but not lonely" (social add-on, July 2019)

"New friendships have been formed and lots of fun and laughter enjoyed." (funded organisation, August 2019)

MCW clients and activities feel like "one big happy family" (catalyst in his 80s, July 2019)

Case study: sociability

This gentleman lost his wife and found himself socially isolated and in need of some support. He lives alone and has muscular skeletal problems. He is very self-reliant and does his own housework, shopping. His son visits almost every evening after work but other than that he sees no one. He said he would love to join an indoor bowling group and go to somewhere where he could socialise and chat with other people. He does drive and has a car so is able to get around. He says he misses his wife very much.

"I now have people to chat with. I have coffee and play cribbage. Sometimes I have lunch there so I don't have to cook for myself. I go out twice a week and I attend a Health Centre who are helping me to manage my ailments on Wednesday."

"I have made new friends and I take part in activities alongside others. I certainly feel less lonely as it gives purpose to my life. It has helped me to get out and about, make friends and given me opportunities that I wouldn't have found out about without Making Connections."

"Would have been a lot harder to make friends outside of the family circle as there is not opportunities where I am. Feel a lot happier at home and some of the people at the centre have become good friends."

Male client, May 2019

2. **Improved mental health –** from feeling anxious/depressed to feeling normal or a boost to feeling more positive (67% of clients reported this outcome)

- "Cloud lifted"/(more) positive outlook/ life-saver
- Confidence; "come out of my shell" (lifeline client, July 2019)
- Voice back
- Warm/homely/comfortable/relax/safe
- Energy/"second lease of life"/ active/"oomph"

Going out makes you put your "best foot forward", put your "war paint on", so is psychologically good for you (lifeline, July 2019)

Community centres and activities offer people feeling depressed a way to "get me out of this hell hole of this predicament" (lifeline client, July 2019)

I "feel I can do anything now", in contrast to how low she was when she first saw the connector; "Got my faith back", both in herself and spiritually (catalyst, July 2019)

3. **Keeping occupied –** filling time and not being bored (25% of clients reported this outcome)

- Not bored/fill time/get out
- New skills

"The less you do, the less you can do" (lifeline, July 2019)

Case study: new activities

Client was widowed very young and was always busy bringing up her family and working, which left no time to pursue her own hobbies and interests. When we first met client she was struggling with back pain, which was also affecting her emotional wellbeing. She wanted information about activities available, so she could find something to do, away from her role as mum and grandmother.

"It was good to receive a home visit. I was made aware of facilities which were available in the community. Some suggestions were made, but not in a pushy fashion."

"Made me think about things which I would enjoy. Have enrolled for a day class at Manor Farm. Joined History Society and get out and about regularly. Contact with neighbours. Will probably try the church drop in coffee session."

"Made me think more about what I want and do something about it!"

Importance of: "Home visit. Encouragement to get out and about. Follow-ups to see how I was getting on."

Female client, September 2018

4. **Improved physical health –** feeling better physically (21% of clients reported this outcome)

- Better physical health
- Better sleep
- Eating properly
- Mentally active

"I am getting out and doing more walking … One of my neighbours has said they will walk with me if I knock the door." (female client, November 2018)

"People encouraging each other to lose weight. Members being encouraged to get medical issues checked out." (grassroots organisation, August 2019)

5. **Given a purpose –** having a role to play and helping others (17% of clients reported this outcome)

- Purpose/role; MCW has given a "second lease" of life (catalyst in his 80s, July 2019)
- Helping others
- Empathy

"People have made new friends and, in some cases, re-acquainted themselves with old ones." (hub worker, August 2019)

You're "felt welcome at activities like the bereavement groups, offering a shoulder to cry on" (social add-on, July 2019)

"The group supports by providing information which leads to developing new interests restoring a feeling of self-worth to society." (grassroots organisation, October 2019)

Case study: purpose

Client would attend the centre with his wife and have lunch and on occasion would speak to people that approached him and make general conversation. Through time he began to open up and feel his feet and be comfortable with others.

Eventually the centre manager built a relationship with him and told him about the Making Connections project and the potential for him to become involved. He admitted that he was extremely lonely even though he lived with his wife and had grandchildren who he cared about very much. He said he felt useless since he retired due to ill health. He said he had an important job but now had to rely on others for a large number of things. He felt he had nothing to offer and no one really wanted him as what could he do.

"Making Connections has given me back a sense of purpose. I have a place in life which I thought was long since gone. I have learned how to use a computer with support and have completed a volunteer befriending course online which I never, ever thought I would be able to do. … I have made some very good friends and feel the centre needs me. I have trained alongside another ring round befriender and now have my own people that I call every week."

"You believed in me when I didn't believe in myself. I thought this was it for me and this depressed me very much. Look at me now."

"I attend the centre nearly every day and always find someone there to speak to. I feel less disabled … as I am going into my centre where someone needs me. I have made many new friends and volunteer for all sorts of new activities. My wife and daughter are overjoyed."

Male client, November 2018

A key part of the SROI approach is to identify what changes, including unexpected positive and negative outcomes. There have been many more unexpected positive outcomes than unintended negative consequences. These include improvements to people's homes following the Fire Service's Safe & Well visits, surely making older people in Walsall safer; clients becoming volunteers and then staffing the befriending service; offering new activities for the local community; and one hub adapting its centre to be more older people-friendly.

"Seeing clients assimilate easily and happily into other activities where we have had people with learning disabilities, younger people, and those with physical disabilities given the confidence to do so." (hub worker, August 2019)

"People who attend some of the sessions have seen that we have a gym area for older people with mobility problems so they have joined the gym and other activities within the setting." (grassroots organisation, August 2019)

Unintended negative consequences include hubs finding it difficult to engage some people, reducing the amount of time available for clients who do want to engage; a dependence on connectors or befrienders for some clients, particularly housebound ones, puts a drain on services and limits the longer-term sustainability of the support for these clients; and the realisation of the huge demand for services for isolated and lonely older people in Walsall.

"Clients can become reliant on the social connector/befriender, particularly in the case of the entrenched lonely. This is where the dilemma between what is part of the MCW service and what is "over and above" our remit. Human nature is to do what we can to help when clients are in need." (hub worker, August 2019)

Two key principles of the SROI are to involve stakeholders and value the outcomes that matter. The clients have weighted the outcomes as follows, showing how important each change has been through MCW.

Table B: Weight of each outcome assigned by clients

Outcome	Weight
Sociability	40%
Mental health	17%
Occupy	28%
Physical health	4%
Purpose	11%

Then, we have used an established and validated social value from HACT to quantify the combined social value of MCW, ensuring we take account of what else influenced the changes (so, how much was down to MCW). This shows that for the £492,112 invested in MCW (the direct annual £170,000 Walsall MBC investment plus the assigned value of volunteer time), sees £1.65m created in social value. This means that for every £1 invested (and assigned) in MCW, it has created £3.35 social return.

However, carrying out sensitivity testing using lower and higher HACT social values, the range of social value created by MCW goes from £242,000 to £12,079,000. Converted to a social return, this would range from about £0.50 to £24.50 for every £1 invested (directly or indirectly). This equates to less value than the amount invested, to a huge sum. This reinforces that the social value we have chosen and used in this report is a better fit (and in line with the principle of not over-claiming).

7. Wider impact and lessons

"MCW has raised the profile of the organisation locally as a provider of services for older adults." (hub worker, August 2019)

"It has shown that loneliness and social isolation are real and important issues and that if the correct programme is put in place people's lives and wellbeing can be improved." (hub worker, August 2019)

MCW has had a strategic impact, especially at Walsall Council. The programme has brought loneliness to the table as well as shown the extent of people who are lonely and isolated across the borough. At an activity level, new services and connections have been set up. One charity spoke about the "big success" in recruiting local volunteers in Walsall through their involvement with MCW. The Fire Service were happy to be part of MCW, seeing the cross-over between MCW's aims and the common factors that can lead to accidental fires and serious incidents; they have been able to carry out Safe & Well visits to clients, for example.

"I would strongly consider the MCW service as successful. The single point of contact via the social connector enables quick referral and signposting to a multitude of services." (hub worker, August 2019)

Lessons from the programme

Hubs, in particular, have drawn out some key lessons from MCW. These include:

- having enough support in place, including escorted transport
- addressing wider barriers, such as transport and mental health
- starting with a rounded view the factors leading to isolation and loneliness, including bereavement and mental health
- working together as one programme
- having enough time to engage, recognising that some people need more than others.

8. Conclusions and recommendations

MCW has grown in recognition among professionals and organisations in Walsall, just as the number of people referred has grown, up to 800 by the end of August 2019. It has been a valued programme, helping to boost people's confidence, fostering new and lasting friendships and throwing people a lifeline.

Strategically, the MCW programme has had a positive effect on lots of people, although not for every referral. It has also developed good relationships between and across the voluntary sector and with health and statutory services. This is key for any social prescribing programme. However, it has been harder to measure if MCW, as a social prescribing approach, has helped relieve pressure on GP surgeries by referring people into the programme.

We've captured changes through this evaluation in several ways. Looking at the DCRS evidence, we see many more clients self-reporting increases in all outcome indicators: FWTW (wellbeing), WHO-5 (mental wellbeing), PHQ-2 (depression) and De Jong 6 (loneliness). The mental wellbeing score received the highest change of any of these indicators, with 75% of clients (with an initial assessment and at least one review) stating a positive change.

The SROI outcomes show slightly different changes, with most clients describing improved sociability, followed by improved mental health and keeping occupied. For some, it has also helped to improve physical health and given them a purpose. Clients put more weight on the sociability outcome than any other, showing the importance of engaging and relating to others. Quantifying the social value of MCW shows that for every £1 invested in it from Walsall MBC (directly or indirectly), the programme has generated a social return of £3.35.

MCW has supported different groups of clients in different ways. MCW has helped more 'lifeline' clients than others, although the 'catalyst' group has also been instrumental in providing resources as befrienders. It's the other two client groups where it's more questionable if MCW is the best tool. The 'social add-on' group will most likely have found other avenues to keep themselves occupied, whereas the 'entrenched lonely' have used lots of resources but resulted in many fewer positive outcomes.

There have been some repeated barriers to supporting clients. Transport is a big one, particularly for a borough that stretches out like Walsall. While Ring & Ride offers a useful service, many clients need more than that, ideally escorted travel, not just from door to door but armchair to armchair. For clients who are anxious, having a buddy or escort to go into activities can make a big difference. We have also heard of a lack of activities for certain groups, at least earlier into our evaluation, such as activities for men or for Asian women. Wider issues outside the scope of MCW have been big obstacles. This includes physical and mental ill-health. It's clear that each hub has had its own set of barriers to overcome.

Recommendations

MCW at a programme level

- Further efforts are needed to bring down the number of people signed off for 'negative' reasons (eg client not engaging, could not contact client, not ready to make changes, inability to continue). This may highlight the need for different services altogether, eg for the entrenched lonely group.
- Improving the referral process will also help. Referring agencies need to be clear what is within and outside of the scope of MCW. For people referred, information should be left with them, setting out the role of MCW and the hubs, reminding them (and relatives) about the referral (to overcome memory issues) and giving examples from clients who have already benefited from MCW.
- Consider whether funds invested in the social add-on group is best spent on them rather than be directed toward the lifeline group or even the entrenched lonely. Also, continuing to encourage catalysts to become befrienders or help to support other activities, like bereavement groups, will be good for the catalysts themselves and for those they engage with.
- Certain groups are under-represented among the MCW client base. Men and Asian people stand out. Finding ways to engage these groups or shaping services to better suit them will help to broaden out the benefits of MCW.

On the frontline

- Because there is some misunderstanding about what hubs and MCW can and cannot achieve, there needs to be more awareness raising with referring agencies.
- Services should continue to plan for a mix of physical activities to get people out as well as befriending or other contacts for people who are housebound.
- Try to identify entrenched lonely referrals early and look to signpost or refer them onto a more suitable service sooner. This will free resources for clients who will benefit more from limited hub time.

Even without putting these recommendations into practice, MCW has revealed the genuine need among many older people in Walsall for company, empathy and activities. It has created social value that goes beyond monetary terms and has changed the lives of hundreds of people across the borough. It has shown that a social prescribing model can help address loneliness and social isolation. This evaluation therefore supports the evidence base to continue investing in social prescribing.

Public Health
Walsall Council
Civic Centre
Darwall Street
Walsall
WS1 1TP

Web: www.walsall.gov.uk

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