LEARNING AND WORK INSTITUTE

Social Prescribing and Adult Education in London

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Executive Summary

Social prescribing to adult education could be a key tool to address the mental health crisis and support NHS services following the coronavirus pandemic. The Centre for Mental Health predicts that up to 10 million people in England (almost 20% of the population) will need new or additional mental health support as a direct result of the pandemic.

L&W was commissioned by the Greater London Authority (GLA) to undertake a mapping exercise of social prescribing to adult education to improve Londoners' mental health. This report focuses on how social prescribing to adult education works, the challenges faced and ways to improve it. It is based on a rapid review of existing sources, scoping interviews with stakeholders, a call for evidence, 35 in-depth interviews, 5 stakeholder workshops, a focus group and two interviews with learners.

The report is structured as follows:

- **Section 1** introduces the research aims and methodology.
- **Section 2** presents an overview of social prescribing to adult education in London and discusses the impact of the coronavirus pandemic.
- **Section 3** explores how services are designed and delivered.
- **Section 4** discusses the role of partnerships in delivering services.
- **Section 5** examines how services are monitored and evaluated.
- **Section 6** discusses how the GLA, social prescribers and adult education providers can work together in developing more sustainable and accessible services across London. As part of this research, a **toolkit** of effective practices has also been developed and is available for stakeholders' use.

Key findings

Our research shows that there is significant potential for a wider rollout of social prescribing to adult education across London to improve mental health and wellbeing.

Many social prescribers and adult education providers foresee an increase in the demand for their services as a result of the pandemic. The benefits of learning on improving mental health, wellbeing and reducing loneliness are well evidenced. Referrals to adult education via social prescribing can help in providing a comprehensive service and reduce the dependence on primary care in London.

However, the current landscape of social prescribing to adult education in London is patchy and varied. The majority of social prescribing services in London were established recently. Some areas in London have examples of effective services with established local

networks to adult education providers. However, in parts of London, social prescribing services are nascent or less well developed. It is also important to note that, in some cases, referrals to community organisations for a range of activities take place in a similar way to social prescribing, but are not considered or referred to by stakeholders as social prescribing. In this report, this is included as social prescribing.

Understanding the impact of social prescribing is challenging because of the lack of comparable quantitative data on how many people benefit from social prescription to adult education and what benefits are observed.

Social prescribers and adult education providers work towards similar goals such as increasing wellbeing, self-esteem and equipping people with skills to self-sustain. However, when it comes to measuring and monitoring outcomes of their services, social prescribers and adult education providers often use different tools, which hampers data sharing and prohibits meaningful outcomes and impact measurement.

The research identified three barriers to standardised outcomes measurement:

- Different drivers and priorities for different services prevent having a standard tool
- Lack of capacity (linked to funding) to monitor outcomes properly
- Lack of data sharing agreements and joint platforms between social prescribers and adult education providers

The strategic coordination between social prescribers and adult education providers is inconsistent or underdeveloped across London.

Despite recent initiatives to boost social prescribing networks in London, a lack of strategic coordination between social prescribers and adult education providers is apparent. Whilst there is a better connection between stakeholders in some boroughs, most stakeholders do not have an established network where they can share information between providers, promote their services or discuss ways to improve the services.

There are various reasons for the lack of strategic coordination. As social prescribing to adult education is in many cases only recently established, providers might face barriers in contacting other stakeholders or in making the case for its value. Moreover, social prescribers and adult education providers often struggle with capacity, which hampers building relationships.

Competing demands for use of Adult Education Budget (AEB) funding mean the delivery of learning for health and wellbeing is not always prioritised.

AEB learning provision has the potential to support a range of outcomes, including skills and employment-related outcomes as well as social outcomes. Adult education providers report a desire to deliver learning provision aimed at improving health outcomes, but they face capacity constraints within AEB allocations to do so. This results in a need for 'trade-offs' between different kinds of learning provision. Clearer commissioning priorities would be needed in order to encourage providers to deliver more learning for health.

Providers also need support to develop their capacity to deliver learning which effectively supports mental health outcomes. This would include developing and extending curriculum offers, building external relationships and partnerships with social prescribers and adult education providers to support learners with poor mental health.

Recommendations

The benefits of learning in improving mental health are well-evidenced. Social prescribing to adult education is a developing service in London with the potential to help overwhelmed NHS services in supporting people with mental health problems. This report recommends the following steps that should be taken to support social prescribing to adult education services across London:

1. Provide strategic support to improve the visibility of adult education, opportunities to learn, and the benefits to mental health and wellbeing.

Our research shows that there is a need for greater awareness of the benefits of adult education in improving mental health. The GLA could establish a programme of strategic activity that aims to bring together social prescribers and adult education providers across London. This would enable stakeholders to build networks in their local area and explore opportunities for working together.

2. Through AEB commissioning, set a clear priority for the delivery of learning for health and wellbeing and provide additional support for capacity building, innovation, and workforce development.

Adult education providers are keen to develop provision aimed at improving mental health outcomes. However, developing new provision or working together with social prescribers requires additional capacity. Establishing health and wellbeing as a priority would mean adult education providers can more confidently allocate resources for developing curriculum, building relationships with social prescribers and supporting learners with mental health needs.

3. Develop standardised approaches to the monitoring of referrals and to measuring outcomes.

Due to the lack of a standardised approach to monitoring and measurement of referrals, it is challenging to understand the current impact of social prescription to adult education in London. As services work with personal and sensitive data, providers are mindful of their obligations to maintain client privacy. The GLA could support social prescribers and adult education providers to develop standardised approaches to data sharing and outcomes measurement, to understand the impact made.

4. Support systems leadership and develop strategic partnership working to enable social prescribers and adult education providers to develop and enhance services.

The GLA could play a key role in bringing stakeholders together, helping them advance their work at the local and sub-regional levels. This could support sub-regional or local policies, for example by ensuring information sharing between stakeholders.

Glossary

Adult education or **adult learning** involves opportunities for adults to engage in activities to develop new skills, knowledge, and abilities. This can mean both formal education, such as learning towards a qualification, as well as non-formal opportunities to learn such as non-accredited classes in arts, gardening, or managing mental health and wellbeing. Adults may engage in learning for a variety of reasons, including to develop new skills, connect with other people, reduce social isolation, or improve their mental health or wellbeing.

The Adult Education Budget (AEB) funds education and training for adults aged 19 and above, including for courses in basic English, maths and digital skills, and adult community learning. These courses are delivered by a range of different providers, including local authorities, further education colleges, institutes for adult learning, independent training providers and community and voluntary organisations.

Adult Community Learning includes a range of community-based learning opportunities aimed at developing the skills, confidence, motivation, and resilience of adults of different ages and backgrounds to improve their physical and mental health and wellbeing, develop stronger communities and/or support their progression towards formal learning or employment. Community Learning is primarily managed and delivered by local authorities and general further education colleges. Community Learning is usually funded through the Adult Education Budget (AEB), and sometimes is also funded by learner fee contributions.

Integrated care systems (ICSs) are established to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. They operate in forms of partnerships between health and care organisations across an area.

Social Prescribing supports people to access a range of local, non-clinical services or activities via referral from a health professional to improve their health and wellbeing. Social prescribing recognises that people's health and wellbeing are determined by social, economic, and environmental factors. People can be referred to a wide range of support, from advice on topics such as housing or debt to participation in learning or volunteering opportunities. Social prescribing allows individuals to take an active role in deciding which social activities they would benefit from, based on their personal needs, thus taking greater control over their own health.

A **Social Prescribing Link Worker** connects people with local community activities and services that can help improve their health and wellbeing. Link workers receive referrals from GPs and other health professionals when a patient may benefit from non-medical support. Link workers can be based at a GP practice, across multiple GP practices, or at a third sector organisation delivering social prescribing services. Link workers work in a person-centred way, helping people identity what matters to them and then connecting them with an activity that would make a difference, in a way that works best for them. Link

workers also make connections with local community and support organisations. A role of a link worker can vary across services, and they can also have different job titles, such as a community connector or a wellbeing coach.

Clinical Commissioning Groups (**CCGs)** are clinically led statutory NHS bodies responsible for the planning and commissioning of healthcare services for their local area. CCGs members include GPs and other clinicians such as nurses and consultants. There are currently 5 CCGs in London: North West London Collaboration of CCGs, North East London CCG, North Central London CCG, NHS South West London CCG and NHS South East London CCG.

Primary Care Networks (PCNs) are groups of GP practices working together with community, mental health, social care, pharmacy, hospital, and voluntary services in local areas. PCNs enable greater provision of proactive, personalised, coordinated and more integrated local health and social care. Over 99% of general practices are part of a PCN. PCNs are led by clinical directors who may be a GP, general practice nurse, clinical pharmacist or other clinical profession working in general practice.

Section 1. Introduction

Mental health continues to be a significant public health issue in the UK, with one in four people experiencing mental health problems.[1] The coronavirus pandemic has exacerbated this crisis and as a result, the Centre for Mental Health predicts that up to 10 million people in England (almost 20% of the population) will need new or additional mental health support.[2] Rising numbers of patients needing care are threatening to overwhelm the system.

Social prescribing can play a key role in reducing dependence on NHS services. This report explores how adult learning provision can be joined up more effectively with social prescribing to improve the health and wellbeing of Londoners.

This research involved four phases:

- **Phase 1- Scoping:** A rapid evidence review and short interviews with 10 stakeholders across social prescribing and adult education services were conducted as part of the scoping phase. A call for information was then launched to collect good practice examples from stakeholders.

- **Phase 2- Stakeholder interviews:** In-depth interviews were conducted with 35 stakeholders, including social prescribing link workers, service managers and heads of service, GPs, adult education service managers, heads of adult learning services, principals, and representatives of community organisations providing learning opportunities.

- **Phase 3 – Stakeholder workshops:** Emerging qualitative research findings were shared with over 30 stakeholders across London at 5 online workshops to gather their feedback and insights.

- **Phase 4 – Learner interviews:** A focus group was conducted to understand the experiences of learners referred to adult education to improve their mental health. The participants of the focus group were domestic violence survivors who completed courses with a specific focus on recovering from trauma and improving their mental health. Two in-depth interviews were also conducted to explore learners' views.

In addition, a steering group was composed of the GLA and stakeholders to provide expert insight into research. The findings from scoping phase were introduced at the steering group to frame the research questions. The research findings and the first draft of the

[1] Mind. Mental health facts and statistics. Available at: https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/ Accessed at: 22/09/2021

[2] Centre for Mental Health. 2020. Covid-19 and the nation's mental health: October 2020. Available at: https://www.centreformentalhealth.org.uk/publications/covid-19-and-nations-mental-health-october-2020 Accessed at:22/09/2021

report were shared and discussed at a final steering group meeting before this report was published.

Adult Education Budget (AEB) and Social Prescribing

Adult education takes place in various settings, including local authority adult education centres, voluntary sector settings and community centres, further education colleges, universities and in training provider organisations.

The Adult Education Budget (AEB) funds the delivery of education and training for people aged over 19 years. AEB covers many types of learning including formal learning opportunities that lead to a qualification such as Maths, English, digital skills, or languages; vocational learning areas such as administration, catering, or engineering; and non-formal learning such as arts, crafts, meditation, exercise, gardening, or wellbeing courses.

AEB can be used to fund:

- anyone aged 19-23 to get a level 2 or 3 qualification if they don't already have one
- low-waged learners aged over 24 to get their first level 2 or 3 qualification
- anyone who is unemployed for any course or qualification up to level 2
- any low-waged individual, whose first language isn't English, to improve their language skills up to level 2

Since 2019/20, the Mayor of London has responsibility for London's AEB. This means that the GLA is responsible for commissioning AEB-funded provision for Greater London and has greater freedom to set priorities such as managing the budget, determine its own procurement or allocating funding.[3]

Evidence on the benefits of social prescribing to adult education

There is extensive evidence that learning can improve mental health and wellbeing through various means including, but not limited to, developing learners' confidence and skills, increasing levels of hope, social participation, and instilling a sense of achievement and fulfilment.[4]

The Department for Education (DfE) 2018 community learning mental health (CLMH) research project found that participation in non-formal adult and community learning courses coincided with improvements in the learners' mental health and wellbeing.[5] Almost a third (29%) of learners experienced significant improvement in their symptoms of

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[3] Adult Education Budget. Available at: https://www.london.gov.uk/what-we-do/skills-and-employment-1/adult-education-budget/about-adult-education-budget#acc-i-57695 (Accessed at 30.11.2021)

[4] Aked, J., Marks, N., Cordon, C. and Thompson, S. (2008), Five ways to wellbeing: Communicating the evidence, https://neweconomics.org/2008/10/five-ways-to-wellbeing ; Buchanan, D.R. (2020) 'Five years ago I was on suicide watch…now I'm in college gaining a qualification', Journal of Further and Higher Education, 44:6, 843-855, DOI: 10.1080/0309877X.2019.1612861

[5] Department for Education (2018), Community learning mental health research project, https://www.gov.uk/government/publications/community-learning-mental-health-research-project

depression and 39% showed significant improvement in their symptoms of anxiety. Moreover, 52% of learners who started courses with clinically significant symptoms of anxiety and/or depression no longer had clinically significant symptoms at the end of their course.

The CLMH project found that the process of learning something new, whether directly relevant to mental health and wellbeing or more generally, contributed to positive effects on mental health and wellbeing. Courses which are explicitly focused on managing mental health symptoms were shown to be even more effective at improving mental health outcomes than general adult learning courses. Several other studies also support these findings and show that social prescribing can help in reducing anxiety, depression, and negative mood.[6,7]

One of the most important features of social prescribing to adult education is providing people with the tools to self-sustain their wellbeing. The Learn2b programme was a partnership between Northamptonshire Teaching Primary Care Trust and Northamptonshire County Council Adult Learning Service.[8] The programme involved a series of community-based adult learning courses for people with mild to moderate depression and anxiety. As part of the programme, a variety of courses were offered such as stress management, creative writing, and yoga. The Mental Health Foundation evaluated this programme by collecting data from people who attended Learn2b courses.[9] The evaluation included four surveys with 256 participants, one before they attended the first course, one at the end of their first course, one six months after the end of their first course and one twelve months after the end of their first course. The evaluation had similar results to the CLMH research. Participants reported experiencing better wellbeing and less severe mental health symptoms. More importantly, the research found that these improvements were sustained for the 12 month follow up period.

However, understanding the impact of social prescription is challenging. Even though social prescribing has existed for many years, the evidence on the impact of social prescription is limited. The data is mostly based on small-scale studies, and further research is needed in this area. Research by Rotherham Social Prescribing Service in 2016 showed that there was a 17% reduction in A&E attendances by scheme participants and more than £500,000 cost saving to the NHS between 2012 and 2015.[10] There is a need for larger scale quantitative studies to understand the benefits of social prescribing

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[6] Chatterjee, H.J., Camic, P.M., Lockyer, B. and Thomson, L.J.M. (2018), Non-clinical community interventions: a systematised review of social prescribing schemes, https://www.tandfonline.com/doi/full/10.1080/17533015.2017.1334002

[7] City and Hackney Clinical Commissioning Group and University of East London (2015), Shine 2014 final report: Social Prescribing: integrating GP and Community Assets for Health

[8] https://www.northamptonshire.gov.uk/councilservices/children-families-education/adult-learning/community-learning/Pages/learn2b.aspx

[9] The Mental Health Foundation, Learning for Life: Adult Learning, Mental Health and Well-Being, https://www.mentalhealth.org.uk/sites/default/files/learning-for-life.pdf

[10] https://www.london.gov.uk/sites/default/files/social-prescribing-our-vision-for-london-2018-2028-v0.01.pdf

and ways to develop it. This issue is discussed more in detail in Section 5 Monitoring and Measuring Outcomes.

Policy Background

Social prescribing and similar approaches such as community-centred approaches have been practiced for decades.[11] The Bromley-by-Bow centre, one of the pioneers of social prescribing, was established in 1984. In the 2010's other projects around the country demonstrated the benefits to health and wellbeing through social prescribing. However, for many years, social prescribing was generally unnoticed among other NHS services.

The 2018 London Health Inequalities Strategy set out the Mayor's aims and objectives for addressing health inequalities and loneliness in London by 2028.[12] The strategy named the growth of social prescribing as one of five key ambitions.[13] This means that the Mayor seeks to make social prescribing a routine part of community support across the capital and ensure that every Londoner have access to social prescribing by 2028.

The NHS Long-Term Plan 2019 marks a big step forward by incorporating social prescribing into its comprehensive model of personalised care. The Long-Term Plan commits to funding link workers whose role will be to connect people. The Plan sets a target that by 2023/24 every GP practice in England will have access to a social prescribing link worker. Alongside this target, funding was made available to support the infrastructure of social prescribing, with the establishment of the National Academy of Social Prescribing (NASP). The NASP aims to raise the profile of social prescribing, build an evidence base and share effective practice. The NASP is an invaluable resource for social prescribers.

The Skills Roadmap for London will set out the Mayor's plans to build a skills and education system to create a more accessible, impactful and locally relevant system for Londoners, including how skills can support the mental health and wellbeing of Londoners disproportionately affected by the pandemic. The Skills Roadmap for London will be published early 2022.[14]

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[11] The King's Fund. What is social prescribing? Available at: https://www.kingsfund.org.uk/publications/social-prescribing Accessed at: 22/09/2021
[12] Mayor of London (2018) The London Health Inequalities Strategy Implementation Plan 2018-2020 September 2018. Available at: https://www.london.gov.uk/sites/default/files/his_implementation_plan_fa.pdf Accessed at: 22/09/2021
[13] Mayor of London (2018) The London Health Inequalities Strategy, London, Greater London Authority https://www.london.gov.uk/what-we-do/health/health-inequalities-strategy
[14] Mayor of London. (2022) Skills Roadmap for London. Available at: https://www.london.gov.uk/what-we-do/jobs-and-skills/jobs-and-skills-research-and-strategy/skills-roadmap-and-other-strategies Accessed at: 04/02/2022

Section 2. Overview of social prescribing services in London

This section provides an overview of the social prescribing landscape in London and discusses the impact of the pandemic on social prescribing services.

Social prescribing landscape in London

The majority of social prescribing services in London, and most social prescribing services involved in this research, were established relatively recently. Hence, the social prescribing landscape in London is currently characterised by efforts to grow and develop social prescribing services, as well as to build relationships between social prescribing services and community organisations.

Social prescribing services connect people to a wide range of community, voluntary and civil society organisations and learning providers that work across London. In London's social prescribing landscape, there are some newly established pan-London efforts to promote relationship building between social prescribing and the voluntary sector. For example, London Plus[15] runs a Social Prescribing Network. The network supports VCSE sector organisations that deliver socially prescribed activities, through organising webinars, sharing resources and case studies of best practice. The network also aims to connect VCSE sector organisations with social prescribing link workers, to promote partnership working.

Social prescribing services are commissioned by the local councils, Clinical Commissioning Groups (CCGs), or Primary Care Networks (PCNs). Delivery of social prescribing services is often delegated to third sector organisations. Voluntary and community organisations are commissioned to deliver social prescribing services because they have existing links with the community and established expertise in supporting residents with social needs. In some cases, referrals to community organisations to address social determinants of health and wellbeing are happening but are not referred to as social prescribing. This highlights the need for shared and accepted definitions of what is meant by social prescribing services and wider social prescribing activity.

A 2019 report by the Mayor of London and the Healthy London Partnership sets out that there is huge variability in access to social prescribing services across the city.[16] Our research confirms an uneven landscape of social prescribing to adult education in London. Some local areas have examples of effective practice in social prescribing to adult education. For example, in Enfield, Islington and Lewisham, there are social prescribing services with well-established links to adult education services. Across London, including

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[15] https://londonplus.org/about-london-plus

[16] Mayor of London, Healthy London Partnership (2019) Next Steps for Social Prescribing in London https://www.london.gov.uk/sites/default/files/social_prescribing_next_steps_document.pdf

in Kingston, Westminster, Harrow, Ealing, and Hackney there are examples of adult learning providers with developed learning provision for mental health and wellbeing. However, other boroughs may not have any social prescribing services at all, with referrals happening only informally.

Demand for social prescribing and key target groups

The criteria for referral to social prescribing are broad, with anyone who has a need being able to engage. For all the social prescribing services interviewed, the client cohort is broadly defined as any local resident aged 18+ (in some cases 16+).

Despite the broad eligibility criteria, some groups of people engage in social prescribing services more than others. A number of social prescribing services report higher participation of women compared to men. The age group most commonly engaged in social prescribing are 40- to 60-year-olds.

Some social prescribers reported that while traditionally they have had more referrals for older adults, this trend is changing with more young people recently referred, partly as a result of the pandemic. Social prescribers state that they expect a further increase in demand for their services following the pandemic.

Reaching more diverse groups is found to be challenging. One social prescribing service reported that the BAME community is underrepresented in referrals to them, although they are not aware of why this is happening. The link worker highlighted the importance of researching barriers to access to social prescribing services.

> *"[The borough] is very diverse in terms of BAME community, and we need to be better at making sure that those people are referred into our service. At the moment we get referrals from GPs, we don't advertise services, whoever is approaching the GP then comes into our service. […] I think that there's a greater proportion of people who are white who are being referred. […] I don't know if it's entirely representative of the community that's living [in the borough]. We need to look at why that is. Are these people not coming forward to their GPs? Are they not accepting the referral to our team?"* (Social prescribing link worker)

Social prescribers interviewed were also asked about the main reasons why people tend to be referred to social prescribing. The most common reasons stated by social prescribers, by frequency, are:

1. Loneliness and social isolation.
2. Mental ill health, especially mild to moderate anxiety and depression.
3. Housing and financial needs.
4. Employment related needs.

5. Specific skills needs, such as English for speakers of other languages (ESOL) or digital skills.

Other needs mentioned by social prescribers include looking for volunteering opportunities or local services, support with long-term health conditions, family support, domestic abuse and substance abuse.

Link workers reported that most people referred to social prescribing have some mental health needs. Even when the primary reason for engagement is something other than mental health, for example, housing, finances, or employment needs, these tend to correlate with mental health issues.

To improve mental health and wellbeing, social prescribers refer people to a wide range of services, including but not limited to adult learning. Some common options for referral for mental health and wellbeing include counselling, art and craft classes, yoga and exercise, mental health and wellbeing focused classes, gardening groups, outdoor activities and walking groups.

Link workers were asked about the demand for social prescribing to adult learning, and why they refer their clients to adult learning. Responses included people wanting a change in career, wanting to get out of long-term unemployment, wanting to engage in an activity they enjoy, socialise with people with similar interests, improve mental health, particularly depression or anxiety, and/or build their confidence. Link workers also widely reported that, in principle, they view adult learning as an effective way to empower people and enable them to take greater control over their own wellbeing.

> *"[Reasons for referral to adult learning include] people having poor work and lack of purpose and maybe they've been removed from their workplace for a long time, and they need some support and some interventions that are either going to directly connect them with volunteering experience that's going to get them closer to the workplace or they need some confidence building or perhaps they're just ready to start looking for a job, but they just don't know where to go."* (Social prescribing service manager)

Social prescribing in the coronavirus pandemic

The social prescribing landscape in London has been heavily influenced by the coronavirus pandemic. Many of London's social prescribing services started operating during the pandemic, in response to the challenges it presented. For example, Social Prescribing Sutton is a service that started in the summer of 2020. Similarly, in Islington a voluntary sector organisation Help on Your Doorstep was commissioned by the PCNs to deliver a formal social prescribing service in January 2020. The organisation had also previously delivered social prescribing activities.

Services that existed before the pandemic have undergone major changes in the ways they are delivered, the issues they predominantly address and numbers of people they support.

Our research suggests that both demand for, and supply of, social prescribing services have increased during the pandemic. New services starting up during the pandemic, as well as existing services restructuring to offer support remotely – online and over the phone – have meant that social prescribing services have been able to support significantly more people than they used to.

> *"Since the pandemic our service has restructured to work remotely more, and we've opened a phone line that's open 5 days a week and the number of clients we support has increased dramatically. So, previously, in a year we would be supporting 800 clients, at the moment we support 100 clients per day, so basically in 2 weeks we've supported as many people as we used to support in a year."* (Social prescribing service manager)

All social prescribing services interviewed described shifting their priorities to crisis response support during lockdown. This commonly involved supporting people who were shielding to access to food and medicines. Other common issues that people were referred for included financial difficulties, housing issues and substance abuse. Some social prescribing services told us they built stronger relationships with welfare rights and housing support organisations as a result of the changes in demand during lockdown.

> *"We used to have referrals in relation to isolation and loneliness a lot, but nowadays a big shift into financial difficulties because of Covid, housing issues, and sometimes substance abuse."* (Head of a social prescribing service)

As for referrals to learning, several social prescribing services reported that they facilitated a lower number of referrals to employment support skills, formal learning and volunteering compared to pre-pandemic rates, due to a shift to more urgent support. On the other hand, others observed an increase in demand for learning digital skills, as the pandemic magnified the need for these skills in accessing services and staying connected with others. One link worker described an increase in digital skills as a positive outcome of the pandemic: some of their clients learnt how to use digital technologies out of necessity during the pandemic, subsequently improving their skills and employability.

> *"[One of the advantages was] people who learnt how to use online services because they had to, because they had no other choice. That was increasing their skills and even their employability."* (A social prescribing service)

For many people, however, the pandemic exacerbated the problem of digital exclusion. With social distancing restrictions, many learning providers shifted to offering learning online. This meant learners with limited access to a computer or limited digital skills faced additional barriers. Social prescribing link workers also reported that referring people to learning opportunities has been more challenging during the pandemic.

On the other hand, more online support is beneficial for groups of people for whom learning opportunities were not previously accessible, such as people who are long-term house-bound or bed-bound, working people or people with caring responsibilities. Some

service providers stated that they plan to continue some aspects of online support after the pandemic.

A number of social prescribing services reported observing changes in their service user demographics, with a shift from the support focused on specific groups towards more diverse service user demographics. For example, one social prescribing service that historically supported older people reported getting more referrals for young people since the pandemic. Another social prescribing service reported that before coronavirus, they had a ratio of around 30% men and 70% women use their services, while now they have seen an increase in men using their services, bringing the ratios to around 40% men and 60% women.

It is well documented that the coronavirus pandemic has imposed a lot of pressure on healthcare resources. Social prescribing services have also been overstretched. A survey by the National Association of Link Workers conducted with 221 social prescribing link workers in June 2020 found that almost a third of them considered quitting due to a lack of support or clinical supervision that was worsened by the coronavirus pandemic.[17] The social prescribing services interviewed for this research also reported increased pressures on their capacity during the pandemic.

Key findings

- While social prescribing as an activity has existed for a long time, most formal social prescribing services in London are relatively newly established.
- The social prescribing landscape in London is currently characterised by efforts to grow and develop social prescribing services as well as build relationships between social prescribing services and community organisations.
- There is a lot of variability between London boroughs in how established and prominent social prescribing services are.
- The pandemic increased demand and pressures on capacity of social prescribing services, however, supply of social prescribing services also increased during the pandemic.
- The focus and activities of many social prescribing services changed during the pandemic, shifting from long-term interventions to urgent crisis response.

[17] National Association of Link Workers (2020), Care for the Carer: Social Prescribing Link Workers views, perspectives and experiences of clinical supervision and wellbeing support, https://www.nalw.org.uk/29-of-social-prescribing-link-workers-plan-to-leave-in-the-next-year-due-to-lack-of-clinical-supervision-and-support-according-to-nalw-survey/

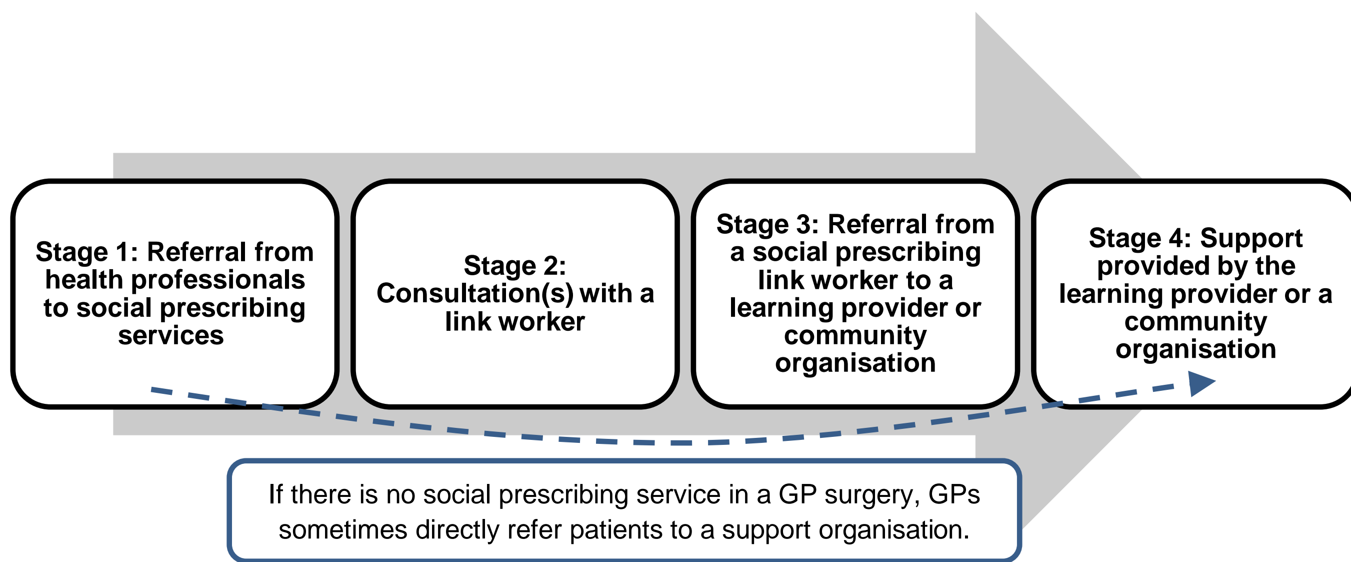
Section 3. Design and delivery of social prescribing to adult learning services

This section provides an overview of how social prescribing to adult learning is designed and delivered, presenting the challenges and gaps identified through this research.

This section is structured around 'stages' in the social prescribing referral pathway to adult education (Figure 2). However, social prescribing is not linear and depends on individuals' specific context. For example, a person can come back to having consultations with a link worker after being successfully referred to a service or activity, to address a different issue. The referral pathway can also be reversed, with community organisations or learning providers referring service users to social prescribing.

While this section focuses on social prescribing to adult education, social prescribing services also refer to other services and activities, with similar challenges.

Figure 2. Stages of social prescribing to adult education



Stage 1: Referral from health professionals to social prescribing services

Social prescribing services take referrals from a wide range of stakeholders, including GP surgeries, hospitals, social care, mental health trusts and community centres. They can be based at GP surgeries or across multiple GP surgeries, with link workers rotating between different practices on different days of the week.

Referrals from GPs to social prescribing link workers are usually enabled by software such as Elemental, which allows data sharing between GPs and social prescribing. Hence, link workers usually have access to patients' medical records.

In cases where there is no social prescribing service in a GP practice or a local area, referrals sometimes happen informally, from GPs directly to a support organisation.

A number of challenges in referrals from health professionals to social prescribing services were identified through stakeholder research:

- **Unequal distribution of social prescribing services across London**. Some boroughs have well established social prescribing services with multiple organisations delivering them, while other boroughs or GP practices have no social prescribing.
- **Establishing trust between a social prescribing service and a GP practice**. Link workers report that time is needed to establish relationships and trust with GPs in surgeries. This process can be disrupted if GPs move practices from one place to another. Experience of social prescribing projects suggests that to develop, the service needs continuity.

  > *"The longer [the social prescribing service is in the GP surgery], the better relationships you build over time, especially with the doctors that have been there for a while, which can be tricky because sometimes doctors come and go as well. You need that continuity."* (Social prescribing link worker)

- **Limited awareness of social prescribing amongst patients**. Lack of or limited awareness of social prescribing can mean that patients do not discuss the issues that social prescribing could support them with their GPs. In our focus group with domestic violence survivors who took part in classes to improve their mental health and wellbeing, some of the participants mentioned the concerns that they have around discussing issues such as domestic violence with their GPs.

  > *"I didn't think it was something the GP would do. When I think of a GP, I think, 'something's wrong with my eye,' or 'I'm really hot,' and all these symptoms. I just think things that are going on in your life, whether it's domestic abuse, or whatever, I don't think to talk to the GP about that."* (Learner focus group participant)

  Focus group participants suggested that having information displayed in the GP surgeries, mentioning social prescribing and specific issues it can help people with, would be helpful to indicate to the patients that they can get support with their wider circumstances through a GP practice via social prescribing.

Stage 2: Consultation(s) with a link worker

Once a patient is connected with a social prescribing link worker, they co-develop a referral strategy, identifying what the issue is and what kind of support would be appropriate to individual circumstances. A consultation with a link worker is structured around a conversation about what matters to the person. Patients who come into contact with a link worker may have a specific request or an idea of what they might want to do, or

a general request, such as 'I am interested in changing my life.' A link worker has a conversation with them around how they feel, what their values and aspirations are, and can then offer options of local services or activities that the patient may want to take up.

Link workers tend to work with people over a period of 6 sessions, which can be spread out across 6 weeks or 6 months. This can be flexible depending on people's needs and circumstances. A social prescribing link worker may support around 30 people at any one time.

Different social prescribing services can have different models of support, ranging from sign posting to wellbeing coaching, with link workers themselves offering support on issues such as tackling negative self-beliefs or thought patterns. In the latter case, a link worker can have a different job title, such as a Live Well Coach.

The challenges identified at this stage include:

- **Limited capacity to provide long-term support.** Link workers report that social prescribing services are generally designed to be a short-term intervention. However, some service users, especially those with poor mental health, may need more 'hand holding' and long-term support. The extent to which social prescribing services are able to offer such support depends on their capacity.

- **Under-prioritisation of adult education.** Adult education can be seen by link workers and by clients as a 'secondary' need compared to support with issues such as housing or finances. A number of social prescribers said that they look to refer people to support services to address housing or financial issues before they consider referring people to learning.

  > *"One of the problems link workers are facing right now is that the people they're seeing have got extreme mental health issues and are in really poor housing, and sometimes it's really hard to get them past those things to discuss other things [such as learning]."* (Social prescribing link worker)

  > *"Sometimes we get such basic needs like no recourse to public funds, no food, inappropriate housing. That supersedes any social needs. So, we tend to have to sort those out and do some advocacy before we can get to the social side of things."* (Social prescribing link worker)

  However, in many cases learning can be supplementary to other types of support. Moreover, tailored learning can be used to support people with issues such as finances, at the same time as improving learners' mental health and wellbeing. For example, one learning provider that offers courses in financial resilience told us:

  > *"The [managing] money courses are about giving people the knowledge, skills and confidence to make more informed choices about what they do with regards to money and to be able to cut costs and save money and understand why they make the choices they do. That definitely has knock-on*

effects on people's stress levels and anxiety levels and when they feel more in control of what's happening with their money." (Learning provider)

- **Barriers to uptake of adult education.** Clients can be reluctant to take up adult education, due to a lack of confidence or negative experiences of education. In some cases when GPs or link workers believe that the client would benefit from adult education, they need to provide clients with additional reassurance.

  "From my experience, that was not that easy to convince people to actually start doing any sort of adult education thing, because of many different reasons. From, 'I'm not feeling confident enough. I feel too stupid to start.' […] through to people who were like, 'Yes I would like to, but next week.'" (Social prescribing link worker)

  Social prescribers told us that having more data about the benefits of adult education can aid their consultations with clients.

  "Sometimes when you're trying to convince somebody that's a bit like 'oh, I don't want to go back to adult education, I don't want to do that', all sorts of things will be coming out. There'll be reasons people won't want to do it and arming a link worker with the data that will encourage that individual and enable that individual to start seeing adult education in a slightly different way I think is always helpful." (Social prescribing service manager)

  Ultimately, since social prescribing is based around a person-centric approach, the service user's views and preferences will determine the chosen referral strategy.

Stage 3: Referral from a social prescribing link worker to a learning provider or community organisation

Link workers have directories of local services, from which they can search for referrals to suggest to their patients. They can also search for new organisations or services available locally, if any particular service or activity that their patient is interested in is not already on the directory.

The link worker's involvement in the referral process can vary depending on the service user's needs. A link worker can pass the contact details of an organisation to the service user for them to contact the organisation themselves if they feel able to do it. If contacting an organisation or filling in an enrolment form is challenging for the service user, a link worker can support them with that. In some cases, a link worker may accompany the service user to their first meeting with a learning provider or a community organisation, for example, if a patient's mental health condition makes it challenging for them to come to a new environment on their own.

The degree of formalisation of the referral process varies across boroughs and partnerships. Some social prescribing services have referrals to their formal partner organisations embedded in their CRM systems.

The challenges identified at this stage include:

- **Limited data collection on social prescribing to adult education.** The way many social prescribing services record or categorise the 'reason for referral' is not conducive to collecting data on social prescribing to adult learning. Many social prescribing services either do not count learning as a 'reason for referral' at all, or only count formal learning and employment support in their 'learning' category.[18] As a result, social prescribing services have limited data on how often patients are referred to learning. Often the data on social prescribing to learning does not include informal learning opportunities that people are referred to. Social prescribing services interviewed for this research reported that they can change the way they record this data.

- **Lack of capacity to provide additional support.** Some social prescribing services reported that they do not have enough capacity to provide extra support to their most vulnerable clients. For example, some service users need someone to accompany them to their first meeting with a learning provider or a community organisation, however there is not always capacity available for this. Volunteer programmes can be beneficial to address this capacity issue.

Stage 4: Support provided by the learning provider or a community organisation

Once a person is referred, they are supported by a learning provider or a community organisation that they have been referred to.

Learning providers can offer courses that are explicitly focused on mental health, such as managing wellbeing or learning about a specific mental health condition, as well as their wider learning provision. Improving learners' physical and mental health and wellbeing is one of the defined targets of Community Learning provision. Some adult learning services report extensive mental health focused provision under their Community Learning offer, developed since their participation in the DfE community learning mental health project.

Some challenges identified for adult learning providers include:

- **The cost of classes.** Link workers report that often their patients assume that learning is free because social prescribing is free, and cost can be a deterrent. While some provision that is free of charge to the learner exists, it is often limited to formal employment and skills-focused courses under the funding entitlements in the formula-funded skills element of the AEB, such as Functional Skills English and maths. Some learning providers have significant mental health focused provision offered free of charge to learners referred by healthcare professionals, generally funded through the non-formula funded AEB Community Learning allocation. However, the extent to which this is available varies hugely across London

[18] Examples of 'reasons for referral' that could cover learning opportunities but are not categorised as such are: meeting people, following a personal interest, getting out and about, keeping fit, managing pain, recovering mental health or physical health.

boroughs, and in some cases a learner fee contribution applies to Community Learning provision, as determined by the provider's fee policies.

> *"I find the courses really helpful, partly because they were free of charge, that makes a big difference. If I had to pay for them, I wouldn't probably have even considered it because I couldn't afford it."* (Learner focus group participant)

- **Waiting times.** Learning providers' limited capacity, as well as course structures around term dates, mean that there can be waiting times to join courses. This can be challenging for people with mental health issues who need urgent support, as well as for those who can lose motivation to join a course over the waiting period.
- **Inflexibilities of adult learning provision.** There are sometimes not enough flexibilities in the timetabling structures of adult learning provision to accommodate learners with mental health issues. Learners with mental health conditions can struggle to commit to scheduled class times, especially morning classes, or a certain number of weeks for a course.
- **Limited funding and capacity to provide mental health support.** People with mental health needs often need additional support, which learning providers have limited capacity to provide. From the social prescribers' point of view, there is a perception that learning providers are not able to support people fully:

> *"[Adult learning providers] need the capacity to be able to support people with mental health needs who might need more time, who might need more one-to-one support for example, who might need more support around just turning up every week. Particularly if it's something like depression, agoraphobia, anxiety, etc."* (Head of a social prescribing service)

Providers have flexibility and considerable discretion in how they can deploy the non-formula funded Adult Education Budget allocation typically used to deliver learning for health provision. In adult skills provision, every provider can use up to 10% of the allocation for non-formula funded wraparound activity, including pastoral support. However, some evidence from provider interviews suggested that not all were aware of the flexibilities.

Key findings

- Limited awareness of social prescribing amongst the general public can result in barriers to access.
- There is scope for improvement in the way data on social prescribing to adult learning is collected and recorded.
- The cost of classes and other practical considerations can be a barrier for learners to participate in socially prescribed learning.

Section 4. Building partnerships between social prescribing services and adult education providers

Partnership work is at heart of social prescribing, since social prescribing is about connecting services, organisations and, on a broad scale, whole sectors (health, VCSE, adult education). Effective partnerships between social prescribing services and local organisations enable:

- A wide and appropriate range of options where patients can be referred to for support,
- Smooth referral and admission processes, and
- Monitoring of long-term outcomes.

This section explores how partnership between social prescribing services and adult education providers is built in London. The extent to which partnerships are established between individual adult education services or learning providers, and social prescribing services, varies across London boroughs. In some boroughs, such as Lewisham or Westminster, there are formal relationships. In other areas, social prescribing services rarely refer to adult learning and have limited awareness of what is available.

Building local stakeholders' knowledge of each other

To work together, social prescribing services and adult education providers need mutual understanding. Learning providers need to know what social prescribing is and how people can be referred to learning opportunities through it. Equally, social prescribing services have to understand what types of learning opportunities adult education providers offer and how those can benefit their patients' mental health and wellbeing. On a practical level, social prescribing services and learning providers need to know which organisations operate in their local area and how to contact them.

In interviews, both social prescribing services and learning providers indicated that there can be limited mutual awareness of the work that each of the services does. Learning providers and community organisations sometimes do not know how social prescribers make referral decisions, and whether their details are on any social prescribing directories. From the link worker perspective, it can be hard to understand how learning providers work, what provision is available and what are the fee and eligibility rules.

> *"From the outside, it's a bit difficult to understand what the available provision is, it's a bit difficult to understand, for example, how much is it going to cost the clients, because there's so many [types of fee concessions] that you can access if you're under certain conditions and you're a European resident, very complicated. […] So, understanding what classes are on, exactly what would people get in the class, who's eligible, what documents would people need to provide."* (Social prescribing service manager)

Local networks, with meetings that can be attended by social prescribing stakeholders as well as local community organisations and learning providers, are reported by stakeholders to be effective to establish and maintain relationships between organisations. Stakeholders can learn about what support other organisations provide through presentations at meetings of local networks as well as local newsletters. Such meetings can also provide opportunities to establish contacts between organisations.

Social prescribing networks are established in many local areas in London. Islington or Southwark, for example, have well established local networks supporting collaboration. There are also some networks which operate pan-London such as the London Social Prescribing Network run by London Plus. However, the extent to which social prescribing networks are utilised effectively varies. This may reflect how recently some networks and services have been established, and the subsequent availability of opportunities for social prescribing networks and the adult education sector to engage with one another.

One community organisation reported that there are no statutory bodies or healthcare stakeholders on their local social prescribing network. Some smaller community organisations can be wary of statutory bodies participating in local network meetings, as "*statutory bodies sometimes take over because they are the bigger person in the room*". This issue highlights the importance of effective convening of local networks.

Link workers visiting learning providers and taking part in courses is identified by learning providers as an effective way to build knowledge about what provision is available and who might benefit from it. The extent to which this occurs is patchy, but many learning providers interviewed told us that this would be very helpful.

> *"The most powerful way [to build awareness of the courses offered] we've found is if [a referral partner] came onto the actual course that we delivered because then they would be passionate about it, know about it. If they came onto the course, that was the most powerful way for them to take it on board and tell the others about it and expand it. But it just takes time."* (Adult education service)

Relationship and credibility building takes time and capacity from both social prescribing services and learning providers. The way these organisational relationships work also promotes reliance on personal relationships. This impacts sustainability of services: when a person moves, the connection is lost.

> *"We have done social prescribing in the past and it worked incredibly well, because there is a central point of access that GPs and other health professionals can just say to people, 'Speak to these guys, and they'll sort it out for you.' We no longer have that. […] It all fell apart, the people that we had in post to do it have now left. It's almost driven by personalities, really, and that means that we have to work harder to ensure that people who support other people in the borough know that we exist and know that we will take a referral and waive the fee for people that come through those organisations."* (Adult education service)

Some learning providers also expressed an interest in developing a more pro-active relationship with social prescribing services. This could involve sharing information and insights into the local demand trends that each service sees, as well as co-developing a learning offer. A number of adult learning providers told us that they would like social prescribing services to approach them with requests for any courses or opportunities that may not be currently on offer. Learning providers may be able to put on new courses to respond to local demand.

> *"At the moment it's more like a passive relationship, […] 'Here's our course offer, and it's the same for everyone.' Whereas […] it's those probing discussions that might lead to somewhere that we haven't explored, that we're not really having."* (Adult learning provider)

The role of capacity in relation building

Relationship building raises capacity challenges for both social prescribing organisations and learning providers. Integrating processes is time-consuming and requires a lot of collaboration across services. Relationship building requires allocating time; however, link workers are under pressure to have more contact with patients.

For learning providers, there is no specific funding for capacity to reach out and build relationships with other organisations such as social prescribing services. As a result, service managers have to find capacity to work on partnership building alongside their day-to-day responsibilities.

> *"I think the challenges are the same with all of the other organisations that social prescribing link workers refer to. Capacity, admin, processes. Integrating processes is really time-consuming and also it requires a lot of collaboration across services. And link workers don't have time for it. The link workers are always under pressure to have more contacts with patients, to have those contacts even shorter than they are, just to accommodate the influx of referrals."* (Social prescribing service)

Increasing access to social prescribing services results in increased demand on services receiving referrals from social prescribers. However, these services, including adult learning providers, may not have the capacity to take on more referrals. In the context of adult education, initiatives to increase referrals from social prescribing take place in a broader context of reductions in AEB spending by central Government, reducing provider capacity overall.

To meet demand and deliver the outcomes envisaged, it is likely that increasing access to social prescribing services has to go hand in hand with capacity building in adult education.

Effective information sharing: Help on Your Doorstep

Help on Your Doorstep is a charity commissioned by the North Central London CCG to deliver social prescribing services in Islington.

Help on Your Doorstep is based around a partnership model, which enables them to share information and monitor long-term outcomes of referrals. The partnership model and the database have been developed over the last 10 years.

As part of a partnership agreement, all referral partner organisations (such as learning providers) have to subscribe to Help on Your Doorstep's own database.

Link workers at Help on Your Doorstep can refer patients to a partner organisation via the shared database. The partner organisation can use the database to view the referred client's details and any relevant information about their needs and health conditions. They can also update the database to record the person's progress and outcomes. All information sharing between the social prescribing service and the referral partner organisations happens through the database.

Help on Your Doorstep have a partners' meeting on Zoom every 2 months, where all the partners come together and give updates about their organisation. The majority of the organisations that Help on Your Doorstep refer service users to are their partners, however they can also refer to organisations who are not their formal partners.

Challenges in Information sharing

Social prescribers report that feedback from learning providers and community organisations about outcomes of referrals often is the missing link in monitoring long-term outcomes.

GDPR regulations can make data sharing challenging, since social prescribers and learning providers deal with sensitive personal data. Formal partnerships in some local areas, such as Lewisham, have data sharing agreements, however often those are not in place.

Absence of shared infrastructure for recording and sharing information is identified as a major gap in the system by stakeholders on both sides that hampers partnership building. One social prescribing service told us that they attempted to encourage their partner organisations (learning providers and community organisations that they refer people to) to use the same software called Elemental to record and share information about referrals. Elemental is a digital platform to report evidence-based outcomes of services and monitor the outcome of their services. Through Elemental, the service was able to share their license and to teach their partners how to use the software. However, this has not been

implemented due to capacity constraints from the partner organisations' side. As this is a paid platform, organisations might need funding as well as a clear policy directive.

The absence of shared infrastructure is further discussed in next section from monitoring and measuring outcomes.

Key findings

- The extent to which partnerships are established between individual adult education services or learning providers and social prescribing services varies across London boroughs.
- Both social prescribing services and adult learning providers often have limited awareness of each other's work.
- Partnership work between organisations often relies on personal relationships between staff. This can have an impact on sustainability of partnerships: when a key person moves, the connection can be lost.
- There is scope for more pro-active relationships between adult learning providers and social prescribing services, including in co-designing courses, sharing insights and planning provision.
- Absence of shared infrastructure for recording and sharing information is identified as a major gap in the system by both social prescribing services and adult learning providers.

Section 5. Monitoring and measuring outcomes

Monitoring (collecting and using outcomes of data) and measuring outcomes (the way outcomes are evaluated) are key to developing sustainable and resource efficient services. This section explores the main outcomes desired for social prescription to adult education, how they are monitored, and the challenges faced.

Desired outcomes to achieve by referrals

Social prescribers and adult education providers work towards similar goals which can be summarised as follows:

- An increase in wellbeing by a decrease in anxiety, depression, and loneliness
- An increase in self-esteem
- Developing skills to self-sustain and manage life

The strength of social prescribing is its focus on an individual's needs. Whilst clients might have similar mental health problems such as anxiety or depression, the cause of their problems and their personal history could be varied. Many social prescribers and providers are aware of this, and they state that tailoring their services and referrals based on their clients is key in achieving positive change.

In addition to this, social prescribers are also concerned with supporting a patient so that they are less dependent on GP services in the future.

> *"So, looking at reduction in GP appointments, reduction in appointments and improvement and wellbeing schools, but in terms of what's going on in the community that's the bit which is lacking and we're not sure because it's putting a lot of increased effort on the voluntary sector, but we don't know how much and how much we need something by, and they won't capture either."* (GP)

GPs and social prescribers measure the independence of patients by looking at the reduction in GP appointments. Whilst this agenda is important for SPs, it is not shared by adult education providers. If used effectively, social prescribing could play a key part in our plans to rebuild after the coronavirus especially because there will be more demand on GP services and increase in mental health problems. To understand the true value social prescription provides, the outcomes should be monitored more systematically, which would enable providers to:

- **Report on volume of people benefiting from social prescription to adult education:** In adult education, there are many different referral routes where people are accessing learning for health and wellbeing reasons, and it is likely that there is vast under-reporting of the extent of work being done.

- **Identify where services are concentrated and where there are gaps:** The number of people using social prescribing services is high, but in some areas of London referral to adult education can be low. Reporting on the volume of clients would allow for the monitoring of growth in referrals and identify where services could be extended.

- **Measure the effectiveness of referrals**: Measuring and monitoring outcomes would allow service providers to understand whether it was the right provision for that person and evaluate the performance of the provider.

- **Understand the role social prescription to adult education plays in improving Londoners' mental health:** Collecting data would allow policy makers to comprehend the scope of social prescribing to adult education in London and its role in improving Londoners' mental health.

The ways social prescribers and adult education providers measure outcomes

Outcome measurement varies between social prescribers and adult education providers and across London. How outcomes are monitored differs based on three factors:

- what is being measured,
- what funders or commissioners prefer to be used and
- the capacity of the provider

Below is a list of most used tools by social prescribers and adult education providers.[19] Whilst some adult education providers might use similar tools to social prescribers, their use is not well developed and consistent.

[19] This list is composed based on the information collected during interviews with stakeholders across London and might not be reflective of all providers and social prescribers.

Table 1. Tools used by social prescribers and adult education providers in measuring outcomes

Evaluation tool	Description	AEP	SP
LEAF-7	A method of measuring a person's quality of life and any changes to that quality of life which occurs over time. It provides the basis for undertaking accurate person-centred support planning and review, developed initially by Age UK	✗	✓
PAM (Patient Activation Measure)	Patient activation is the confidence and skills a person has to manage their health and healthcare. It is expected that by understanding a patients activation level, care can be planned appropriately with the individual, leading to improved wellbeing and fewer episodes of unplanned and emergency care	✓	✓
ONS4	Wider Measuring National Wellbeing (MNW) programme the Office for National Statistics which aims to provide measures of the national wellbeing. Uses 4 questions to measure personal wellbeing which respondents answer on a scale of 0-10	✓	✓
P-CAT	Person-centred Care Assessment tool aims to measure the extent to which care is person-centred, shifting the conversation from what is the matter with you to what matters to you. Used within social prescribing it supports the co-design of solutions that consider the wider determinants of health and help people choose activities that address those needs.	✓	✓
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scale measures mental wellbeing in the general population using 14 questions. The Short WEMWBS uses 7 questions	✓	✓
GAD-7	Generalised Anxiety Disorder – 7 is a questionnaire for screening and measuring generalised anxiety using seven questions	✓	✓
PHQ-9	Patient Health Questionnaire is a questionnaire for screening and measuring depression	✓	✓
Learner satisfaction surveys	Ten questions that ask learners how satisfied they are with their learning experience, how they are treated and what they think will be the outcome of their learning	✓	✗

Most of the social prescribers interviewed said they use clinical tools such as Patient Activation Measure (PAM), ONS4, GAD-7, WEMWBS and Person-centred Care Assessment tool (P-CAT). Social prescribers use tools to measure clients' wellbeing at the beginning and the end of referral.

Many social prescribers do not have data on the outcomes of adult learning on mental health when their client completes their course. Some social prescribers are able to follow up with clients after their referral is completed but not all social prescribers will have the capacity. This makes evaluation of the referrals more difficult. A social prescriber said due to the funding requirements they are not able to follow-up with clients:

"Normally, the rules of our funding state that basically once we get [the client] into a course, or a job, we have to disengage them from our service. So technically we are not supposed to have any dealings with them after we've got them onto courses. What I tend to do, though, and it's very informal, it's something that I've been wanting to do for a while now I'm more settled in my job, is to do much wider in-depth survey amongst the clients that have already got onto courses." (Social prescriber)

Whilst some social prescribers have capacity to follow up with learners, not all of them do. A social prescriber said they do not count education as a 'reason for referral' so have limited data on how often patients are referred to learning:

"At the moment, we don't have capacity to go back after several months and do that, unfortunately. That would be useful, but we just don't have enough hands-on deck for that at the moment. It's something that we might be able to develop in the future. It would be nice. But at the moment, no." (Social prescriber)

This makes working together with adult education providers more important. However, practice of monitoring outcomes is also varied among education providers. Some adult education providers measure outcomes by conducting pre- and post-course surveys with learners. These surveys usually have questions exploring learner's mental health and wellbeing. Other adult education providers might not have tools to measure mental health and wellbeing outcomes of the courses which makes it more difficult to evaluate the outcome of the referral.

Challenges in measuring outcomes in social prescribing to adult education

There is a lack of standardisation in monitoring and measuring data among social prescribers and adult education providers. Not having comparable quantitative data is one of the key challenges identified in this research.

"Until this moment we are unable to provide that data, which is a big weakness of the system. We've only known they've been sign posted, and maybe we have anecdotal feedback from the provider, but there is no data set." (Social prescriber)

Collecting standardised data might not be a priority for every organisation - especially if providers or social prescribers already have tools to monitor the outcome of their own services. This is often linked with having different desired outcomes or priorities for their services. Moreover, there might be some concerns over the strategic planning and capacity a standardized measurement and communication with stakeholders will require.

Three barriers are identified in having a standard way of measuring outcomes.

- **Different drivers and priorities for different services preventing having a standard way of measuring outcomes:** Whilst practice varies, almost all stakeholders are measuring outcomes of their services. Often stakeholders are concerned with their own services. Social prescribers and adult education providers might have different priorities which prevent them from seeing the benefits of having

a standard way of measuring outcomes. Many providers said they had not thought about benefits of having a standardised tool to measure outcomes.

- **Lack of funding to monitor outcomes properly:** More established social prescribing services and larger providers might have capacity and funding to monitor their outcomes. We heard in stakeholder interviews that there isn't capacity to monitor outcomes beyond contract delivery requirements. Small community organisations are an important part of the social prescribing to adult education service, and they often lack resources to evaluate their services.

> *"For a voluntary sector organisation to be able to prove to a commissioner that what they're doing is valuable to the community, they aren't sure what evidence is needed still at the moment. A lot of voluntary sector organisations, […] are small organisations, so they don't really have the time to get evidence, they haven't got the money to buy the big fancy thing that's going to help them get the evidence."* (Social Prescribing Network Coordinator)

- **Lack of data sharing agreements or joint platforms:** Many stakeholders mentioned that to monitor the outcomes, they would need a data sharing agreement between social prescribers and adult education providers. However, because there is often a lack of systems leadership to join up services and drive this initiative, it is often not possible to have a data sharing agreement.

Building a standardised monitoring outcomes system is a challenging task for a variety of reasons. And these reasons are often intertwined with other challenges stakeholders face in providing their services such as not having an awareness of the benefits of social prescription, lack of capacity or funding constraints. As these barriers are cross cutting, some might require strategic level decision making to be overcome.

Key findings

- Social prescribers and adult education providers work towards similar goals such as increasing wellbeing, self-esteem, and equipping people with skills to self-sustain.
- There is a lack of comparable quantitative data on how many people benefit from social prescription to adult education and what benefits are observed.
- The main challenges in monitoring outcomes are the lack of a standard way to evaluate, lack of data sharing infrastructure among stakeholders and the need for greater coordination.

Section 6. Policy recommendations and conclusion

This research shows that there is a potential for improving more Londoners' mental health by social prescription to adult education. The coronavirus pandemic has increased the demand for mental health services. Referrals to adult education via social prescribing can help in providing a holistic service and reduce the dependence on primary care in London.

Whilst many adult learning providers and social prescribers do their best to improve Londoners' mental health via referral, the current services are not strategically developed and may lack longer term sustainability. Effective practice frequently depends on individual relations and both adult education providers and social prescribing services lack the tools to develop a more systematic, collaborative approach.

Our conversations with stakeholders across London showed that the Mayor of London's commitment to making social prescribing more accessible by 2028 is welcomed. This section discusses how the GLA could work together with social prescribers and adult education providers to achieve its goal in this area.

The recommendations below aim to address the four main challenges faced by stakeholders in delivering social prescription to adult education services across London*:*

- Low awareness of providers' adult education offer amongst social prescribers, and amongst potential beneficiaries who may not be aware of the benefits
- Prioritisation of Adult Education Budget funding
- Lack of standardised approaches to outcomes measurement
- Inconsistent or underdeveloped partnership working

Improving and developing social prescribing to adult education requires collaboration and action at city-wide, borough and local levels. Here, we make strategic level recommendations to the Greater London Authority that aim to make social prescribing to adult education more sustainable, coordinated, and accessible to more people. However, engagement of all stakeholders involved in planning and delivery of services will be required to contribute to making social prescription to adult education more accessible for Londoners.

Recommendation 1: **Provide strategic support to improve the visibility of adult education, opportunities to learn, and the benefits to mental health and wellbeing.**

Stakeholders report that there is a need for a greater awareness of the benefits of adult education in improving mental health. This lack of awareness is not only found among the public, who may not have considered learning as something that could benefit them or help address their needs, but also among social prescribers who may have a limited

understanding of providers' adult education offer and how it can support mental health and wellbeing.

> *"We all know learning or achievement in general is a big factor of improving mental health, and I'm not quite sure if there is an approach or conversation […] to make that connection between learning and mental health. I think there should be a campaign to be quite honest. I think maybe a campaign for doctors and for professionals, clinical staff to understand the power of education, as a foundation of well-being."* (Social prescribing link worker)

To support this, the GLA could support a programme of strategic activity – including at city-wide and local levels – to build relationships and awareness between adult learning providers and social prescribing services and share effective practice. This could include networking opportunities for providers and practitioners, including opportunities for link workers to visit local learning providers.

The GLA should consider how, at the strategic level, information about adult learning opportunities and provision can be shared effectively with social prescribing services. This should include ensuring that up to date information about learning opportunities is included in social prescribing directories and databases. This may require some additional support to providers to develop the capacity to do this. GLA should work with health and learning stakeholders to develop effective and consistent approaches to information sharing, including identification of the most appropriate databases and directories to use, and set clear expectations for information sharing through AEB policy and provider management.

More broadly, an awareness raising campaign to the public – similar to those used previously in relation to other types of skills delivery, such as apprenticeships – could be used to promote participation in adult learning as a means of improving wellbeing, stimulating demand for social prescribing and learning provision. This could be a standalone activity or aligned with the promotion of other services and entitlements available to Londoners under the London Recovery Programme. Marketing messaging would speak to the health and wellbeing benefits of learning, rather than qualifications or skills outcomes, and could be linked with information sharing activities above. This would give social prescribers and adult learning providers a shared platform and brand under which more specific, local collaborations could be developed.

> *"So, I think train up the social prescribers about what services exist. I would think bespoke it to the local community who you're trying to target so the younger people or ethnic groups as well. You may need to do some outreach to churches, BME groups and support what they want or maybe train up the local leaders. So, Imams, priests, pastors, you might be able to have the bigger influence and capture a big audience. So, I think I would probably think around that."* (GP)

Recommendation 2: Through Adult Education Budget commissioning, set a clear priority for the delivery of learning for health and wellbeing, and provide additional support for capacity building, innovation and workforce development.

Capacity is one of the main challenges social prescribers and adult education providers face in delivering services, building partnerships and monitoring outcomes. Adult education providers report a desire to deliver learning provision aimed at improving health outcomes and addressing related social challenges such as loneliness. However, they face capacity constraints within Adult Education Budget allocations to do so. Stakeholders report a need to make 'trade-offs' between different kinds of learning provision, particularly within community learning funding allocations that have the potential to support many different outcomes and target groups. The GLA should set clear commissioning priorities, which encourage providers to deliver learning for health opportunities alongside the broader employment and skills objectives for the Adult Education Budget. Some providers suggested being granted more flexibility to repurpose formula-funded skills delivery to non-formula funded community learning activity to deliver an enhanced curriculum offer supporting health outcomes.

The GLA should review Adult Education Budget funding entitlement policies to support social prescribing to adult learning provision, for example by ensuring that course fees or eligibility criteria do not deter participation where a learner has been referred to provision to help address an identified health need.

Providers also need support to develop their capacity to deliver learning which effectively supports health outcomes. This includes capacity to develop and extend the curriculum offer, to develop external relationships and partnerships with social prescribing link workers and organisations, and to ensure that the adult education practitioners and provider staff have the skills to support the learning and wider support needs of learners referred through social prescription.

The GLA could consider the development of strategic programmes to build capacity within adult education provision to deliver improved health outcomes. This could include funding innovation and piloting activity to support curriculum development and partnership development. By building in evaluation of these activities, effective approaches could be identified to inform future commissioning priorities. Working with provider representative organisations and the Education and Training Foundation, the GLA should work to establish the professional development needs of practitioners in supporting learners' mental health and wellbeing. Where there are gaps in the availability of suitable provision to support practitioners, the GLA should consider commissioning a professional learning and development programme (including for managers, teachers and provider support staff) to ensure that London's adult education providers and practitioners are skilled in supporting learners' health and wellbeing needs alongside progress in learning.

Recommendation 3: Develop standardised approaches to the monitoring of referrals and to measuring outcomes.

Currently, there is a lack of standardised approaches to recording referrals to learning via social prescription. This makes it challenging to establish how effectively and the extent to which referrals take place, and subsequently to follow up on the outcomes of referral. Providers do not always record if learner enrolments are a result of a social prescribing referral. Recording this information would generate better insight into the scale and extent of social prescribing to adult education, and allow for future monitoring and, potentially, performance management.

A further challenge identified is the lack of data sharing infrastructure between social prescribers and adult education providers. As these services work with personal and sensitive data, providers are mindful of their obligations to maintain client privacy. However, stakeholders state that the GLA could support social prescribers and adult education providers in making data sharing agreements, which could be a focus of capacity building activity recommended above. This would allow them to act in greater confidence and follow up the progress of their clients more closely. This activity could also be aligned with actions to improve information sharing about provision, as discussed above, through the use of common and shared databases and directories.

Whilst social prescribers and adult education providers often work towards shared goals, they use different tools to measure outcomes. Social prescribers mainly use clinical tools such as the Patient Activation Measure (PAM), ONS4, GAD-7, WEMWBS and Person-centred Care Assessment tool (P-CAT). However, these tools are often not relevant or suitable for use in adult education settings. Adult education providers said that some providers would not be able to use these tools and, in some settings, learners might feel uncomfortable responding to potentially sensitive questions on their mental health. Learning provider outcome measurement is generally focussed on the achievement of qualifications and non-accredited learning outcomes measured through Individual Learning Plans (ILPs). Although some providers use surveys and include wellbeing measures within ILPs, this varies and does not always involve more robust clinical measures. This variation in measuring outcomes is resulting in a lack of comparable and quantitative data that shows the impact of social prescription to adult education.

The London Learner Survey currently being established for Adult Education Budget provision will help the GLA to understand and quantify social outcomes delivered by adult education, at a broad, London-wide level. Whilst the insights it will generate in the longer term will be relevant to informing policy development on social prescription to learning, there may still be a need to further develop shared approaches to outcomes measurement between social prescribing services and adult learning providers. For example, social prescribers may find it helpful to have outcomes information from learning providers at individual referral level, and to different timescales.

Our research shows that there is a case for a standardised tool that can be used in measuring and evaluating the outcomes of social prescription to adult education, particularly to support the sharing of short term or 'real time' outcomes data on individuals, at the local level i.e., between a link worker and adult education provider. While this will be for use by the practitioners in the field, the GLA could co-ordinate and lead on this activity. This could include identification or development of a suitable tool, building consensus on the selection or design with key stakeholders (including data protection and confidentiality considerations), then supporting implementation as part of capacity building activity described above. Development could start on a small scale, for example as part of one of the innovation pilots proposed above, with in-built evaluation to inform future roll out.

Recommendation 4: Support systems leadership and develop strategic partnership working, to enable social prescribers and adult education providers to develop and enhance services.

The lack of strategic coordination and systems leadership between social prescribing and adult education provision in London is quite apparent. Whilst there is better connection between social prescribers and adult education providers in some boroughs, most stakeholders do not have an established network where they can share information between providers, promote their services or discuss ways to improve their services.

Often, there is a lack of clarity at provider level about strategic priorities and uncertainty about how to work with key stakeholders across wider agendas, including health and employment. As social prescribing to adult education is relatively newly established and not well-known, providers are facing barriers in contacting other stakeholders and making the case for a role for adult education in delivering shared priorities and outcomes. Providers and social prescribers said the GLA would be ideally placed to bring all parties together in one forum helping them advance their work at local and regional level. This forum could support regional or local policies, for example by ensuring information sharing between stakeholders.

> *"They [GLA] could be doing that brokering, couldn't they? So, instead of leading into 32 local authorities and 30 colleges, they could do the brokering with Health. They could be setting up the policies across London. They could just be doing that brokerage, they could be working with DWP, they could be setting that up, the memorandums of understanding."* (Adult education provider)