Feasibility, Usability and Acceptability of Three Outcome Measures for Social Prescribing Services

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Foreword

It is widely recognised that a range of social, economic and environmental factors such as socioeconomic status, social connectivity, housing and education influence the health and wellbeing of our population. Clinical healthcare settings alone cannot meet our population's range of health needs. Social prescribing plays an important role in addressing some of the broader social determinants of health. Social prescribing is a means of referring people to a range of non-clinical community supports which can improve health and wellbeing, with the help of a social prescribing link worker. Social prescribing generally involves (i) a referral into social prescribing via a healthcare professional, self-referral or other professional (ii) engagement with a social prescribing link worker to understand service users' needs and goals (iii) support from social prescribing link worker in accessing community activities and services.

HSE-funded Social Prescribing services are now available in over 40 locations around the country, delivered in partnership with community and voluntary organisations such as local development companies and family resource centres. The ongoing development of social prescribing is a commitment in many recent strategies and policies including *Sharing the Vision, 2020-2030* (2020), Healthy Ireland Strategic Action Plan 2021-2025 (2021), *Stronger Together: The HSE's Mental Health Promotion Plan 2022-2027* and *Pathways to Wellbeing – National Mental Health Promotion Plan 2025-2030* (2024). As part of the ongoing development of Social Prescribing, evaluating the service and its impact on service user outcomes is a priority.

The HSE is committed to developing the Irish evidence base on social prescribing. In 2020, we developed a minimum outcomes framework for social prescribing which recommended the collection of data related to two minimum outcomes across HSE-funded social prescribing sites:

1. **Personal Wellbeing**
2. **Social Connectedness.**

The objective of this current research was to understand how measurement tools operate in practice, how feasible it is to integrate within practice and their acceptability. For this research, three measurement tools were piloted with several HSE-funded social prescribing services. Two of the outcomes' measures – the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWS) and MYCaW (Measure Yourself Concerns and Wellbeing) are currently used across many HSE-funded social prescribing services as measures of wellbeing. The third measure is a new measure of community connectedness.

This research provides valuable insights into the effectiveness and practical application of the three measures, from the perspective of social prescribing link workers and service users. It also provides several practical recommendations regarding the use of measurement tools in practice and future research to strengthen outcome measurement in the Irish context. It is important to note that it was not the intention of this research to provide a decision on which outcome measures to use in practice. We do, however, hope that these findings will help guide decision-making regarding the use of these three outcome measures across HSE-funded social prescribing services.

This research, along with a HSE-funded Realist Evaluation of Social Prescribing services which is currently underway, led by the University of Galway, represents an important contribution to the Irish social prescribing evidence base.

We wish to sincerely thank the social prescribing link workers, host organisations and service users that took part in this study. A sincere thank you also to Aoife Ryan and Professor Deirdre Connolly Occupational Therapy department at the Trinity Centre for Health Sciences for conducting this study on behalf of the HSE Mental Health and Wellbeing Programme. We hope this work will enable HSE-funded social prescribing services to demonstrate the invaluable support social prescribing can provide in terms of helping people improve their health and wellbeing and their connections with their local community across Ireland.

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Executive Summary

Background and Need

Social prescribing has gained momentum within healthcare systems globally, bridging the gap between medical and non-medical services. It offers significant benefits, particularly in improving mental health and social connectedness. Despite the promise of social prescribing, its evidence base remains a subject of ongoing debate. One of the critical challenges in building a robust evidence base for social prescribing is the diversity of outcomes it seeks to address, and the variety of outcome measures that are used across services.

The Health Service Executive (HSE) issued a report on evaluating social prescribing services in Ireland and recommended that at a minimum, services should measure the health and wellbeing, and social connectedness of individuals attending their services. Two measures frequently used in social prescribing services are Measure Yourself Concerns and Wellbeing (MYCaW) and the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS). Connecting individuals to their local community is a primary objective of social prescribing, however, no standardised measure is currently available to measure this outcome. To address this gap, the HSE in collaboration with social prescribing services in Ireland, are in the process of developing a Community Connectedness Scale. Therefore, the purpose of this study was to assess the feasibility, usability, and acceptability of these three outcome measures.

Methodology

The study employed a mixed-methods research design. Data were collected from nine link workers and 43 service users across three health regions (Community Health Organisations 4, 6, and 7). Quantitative data were collected through the three measures being examined in this study: (i) Measure Yourself Concerns and Wellbeing (MYCaW), (ii) the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS), and (iii) Community Connectedness Scale. Qualitative data were collected through logbooks completed by link workers immediately after using the three measures, and semi-structured interviews with link workers and service users.

Key Findings

Feasibility, Usability, and Acceptability of SWEMWBS

- Quick and easy to use, taking between two and 10 minutes to complete.
- Clear, straightforward language that was easily understood by link workers and service users.
- Five of the eight participating link workers were positive towards the continued use of this measure in their service.
- Out of 20 service users interviewed, 18 expressed a positive attitude towards the continued use of this questionnaire in social prescribing services.
- All link workers reported that the SWEMWBS was capable of capturing change in service users' well-being from baseline to follow-up.
- Link workers stated that SWEMWBS was appropriate for capturing service users' wellbeing.
- Service users stated that completing SWEMWBS helped them to understand how they were currently feeling, and what they wanted for their future.

- Some link workers were hesitant to use SWEMWBS with emotionally vulnerable service users at their first appointment, expressing that it might cause distress.
- Service users highlighted that the two questions: '*I've been thinking clearly'* and '*I've been feeling useful'* were difficult to answer. This was not due to the complexity of the language, but rather because they required service users to examine and articulate their mental health.
- Link workers reported that the questionnaire does not capture service users' physical health.

Feasibility, Usability, and Acceptability of MYCaW

- Quick and easy, taking between five and 15 minutes to complete.
- Clear, straightforward language that was easily understood by link workers and service users
- MYCaW was reported as being capable of capturing change from baseline to follow-up
- Three of eight participating link workers stated that they would continue to use this measure beyond the study. However, seven link workers stated that due to the negative wording of 'problems and concerns' they used the terminology of 'goals'
- All service users expressed positive attitudes towards the continued use of this measure in social prescribing
- Link workers expressed that MYCaW gave them insight into service users main concerns and problems
- Service users reported that it was positive to have the opportunity to write down their concerns and problems in their own words. They felt it was important to name their concerns to facilitate understanding of how to help themselves. It also helped them to understand what they wanted for the future. However, some stated that it was difficult to see their concerns written down on paper

Feasibility, Usability, and Acceptability of the Community Connectedness Scale

- Easy to use, taking between two and fifteen minutes to complete.
- All link workers identified that the Community Connectedness Scale was able to detect a change from baseline to follow-up.
- Six of eight link workers were positive towards the continued use of this measure in their service
- Out of 20 service users, 18 expressed a positive attitude towards the continued use of this questionnaire in social prescribing services
- Link workers reported that the measure reflected service users' community connection
- Service users reported that the measure helped them to reflect on their current community connection, and what changes they would like to make to improve their community connection.
- Overall link workers and service users reported that the language used in this measure was easy to understand. However, both groups reported difficulty with the concept of 'community' stating that this has a subjective interpretation. Some service users stated that 'community' could be interpreted as family or local/neighbourhood groups or their wider social networks. This finding indicates that clearer definitions of community are needed to ensure the reliability and validity of this measure.

- Some service users also discussed the wording of the last question on the measure [*I am likely to use* ***these services*** *in my community*]. These participants stated that their reason for attending social prescribing was to learn more about the services available in their community, so asking about their likelihood of using '***these services'*** at the first appointment was not relevant as, at that stage, they were not aware of what services were available to them.

General experiences of using the measures

The majority of link workers reported that the three measures were beneficial in understanding their service users' emotions and helped to build trust with service users. Trusting relationships between service users and link workers enhanced the acceptability of outcome measures. Service users valued rapport-building, and link workers saw it as essential for effective engagement with completing the measures. Some link workers, however, stated that for some service users, the outcome measures captured the emotional state of the service user at the time of using the measure which may not be reflective of their broader, overall emotional state.

The majority of service users interviewed for the study reported positive experiences of completing the three measures, noting that the measures helped them to reflect on their current mental health and health-related goals for the future. A minority expressed some dissatisfaction with completing the measures due to a personal dislike of paperwork and the inability of the measures to identify core issues they were experiencing when they attended the service.

Considerations when Administering the Outcome Measures

Link workers and service users gave much consideration to the use of outcome measures in social prescribing, focusing on timing, format, and flexibility of the measures. A preference was identified by both groups to complete the measures at the initial appointment, highlighting the importance of establishing an initial measure of service users' wellbeing and ensuring timely access to appropriate services, where necessary. However, there was some discussion that completing the questionnaires at a subsequent appointment was more appropriate.

The preferred format of completing the measures also varied, with many favouring an in-person, conversational approach and some link workers identified the possibility of completing the measures by phone or on-line. These findings highlight the importance of completing outcome measures at the first appointment but allowing for some flexibility in administering the measures with acute emotionally vulnerable service users.

Benefits of Using the Outcome Measures

A number of benefits to completing outcome measures were described by link workers and service users. These included how using the measures facilitated relationship development between link workers and service users, giving a clear impression of a service user's emotional state, and providing structure to appointments. Link workers reported that the measures helped build trust, while service users appreciated how the questions in the measures facilitated them to reflect on their feelings and think about their future.

Barriers to Completion

Some barriers to using the three measures were also identified. Link workers discussed that it was not appropriate to use measures with service users who have dementia or acute mental health difficulties. The potential to cause upset to individuals was also a reason cited for not completing the three measures. Challenges were identified with collecting follow-up measures due to difficulty making contact with service users. Reasons for this included that some individuals had disengaged with the service and others were successfully linked to a community service/activity and were no longer attending social prescribing.

Limited understanding of social prescribing was also identified as a barrier to completing outcome measures. Some link workers and service users identified a lack of understanding of social prescribing which affected engagement with the measures. This may be due to a lack of understanding of social prescribing by referrers and other key stakeholders, whose varying interpretations of social prescribing can hinder communication. This finding supports the need for education and training for healthcare professionals, and other referrers, on preparing individuals for a referral to social prescribing.

Conclusion and Recommendations

The findings of this study indicate overall feasibility, usability and acceptability of SWEMWBS, MYCaW and the Community Connectedness Scale in HSE social prescribing services in Ireland. SWEMWBS and MYCaW offer the ability to effectively capture service users' health and wellbeing and are sensitive in capturing change in service users' health and well-being over time. The Community Connectedness Scale was identified as relevant for capturing a primary goal of social prescribing but requires further refinement and testing before implementing in practice.

Participants in this study (link workers and service users) identified clear benefits of using the three measures in practice and also identified suggestions for improvement. Based on the findings of this study the following recommendations are indicated for social prescribing practice and research.

Recommendations for Social Prescribing Practice

- There are fundamental differences between the MYCaW and the SWEMWBS which must be considered when using these measures in practice. MYCaW is a flexible, client-centred questionnaire primarily focused on identifying an individual's priority concerns. It allows service users to identify their two primary concerns (which may include physical, psychological, or social issues) and to track changes to these concerns over time. MYCaW therefore is particularly useful for guiding link workers as to which activities and services to connect services users to.

  In contrast, SWEMWBS measures overall mental health and wellbeing of individuals attending social prescribing. It measures components of mental wellbeing such as optimism, relaxation, and clear thinking, which provide insights into an individual's psychological state. The questions on the scale encourage personal reflection on recent experiences and emotional states, fostering self-awareness. Although it is not as personalised as the MYCaW, SWEMWBS still prompts individuals to consider their mental state comprehensively.

  While both questionnaires assess wellbeing, their objectives differ in terms of scope and focus. MYCaW's strength lies in its ability to capture individual concerns and track changes based on personal priorities, making it highly relevant in social prescribing settings. SWEMWBS is more suited for measuring general mental wellbeing, and the changes in general wellbeing over time.

The selection of which measure to use should align with the specific objectives of the assessment. For instance, if the aim is to have a better understanding of an individual's mental wellbeing, the SWEMWBS is an appropriate measure to do this. Alternatively, if the objective is to identify, and monitor change, in a service user's primary concerns, the MYCaW scale is recommended. To achieve a comprehensive understanding of a service user's general health and wellbeing **and** their specific concerns, the use of both outcome measures is recommended.

- The completion of outcome measures at a service user's first appointment is strongly recommended. However, it is recognised that this may not be appropriate with emotionally vulnerable service users. Therefore, there may be a need for flexibility for some service users to complete outcome measures in their second appointment.
- It is crucial to provide training for referrers and other stakeholders on the focus and principles of social prescribing. This will assist in ensuring that service users clearly understand what social prescribing is and why they are being referred. This will assist service users to understand why they are requested to complete outcome measures when they attend the social prescribing service.
- Should a person present with consistently low scores in either the SWEMWBS and/or MYCaW, it may indicate that a referral to an alternative support service is warranted.
- Additional training may be required for link workers on administration of outcome measures. This would support a consistent and accurate approach to data collection. This is particularly important given that many service users present with psychological concerns including anxiety and depression (Cartwright et al., 2022). Therefore, it is important to deliver outcome measures sensitively in a standardised approach. Enhanced training for link workers is critical to ensure consistent administration, particularly with vulnerable users (Makanjoula et al., 2023; Lovell et al., 2017).
- Continued relationship-building between link workers and service users is essential for sustained engagement with social prescribing services and outcome measure completion.
- The implementation of enhanced administration and data collection systems is warranted to ensure ongoing flexibility in data management.

Recommendations for Social Prescribing Research

- Further development and testing of the Community Connectedness Scale is needed, including a clear definition of "community".
- Further testing of the three outcome measures across a broader range of services within the Republic of Ireland is indicated to ensure suitability of the measures for different models of service delivery and to meet the needs of different funding mechanisms.
- A standardised definition of social prescribing should be established for the Republic of Ireland and disseminated to all stakeholders, including service users, to ensure clear understanding and effective implementation.

1. Background and Need

Social prescribing has gained momentum within healthcare systems globally, bridging the gap between medical and non-medical services (Kilgarriff-Foster & O' Cathain, 2015; Popay et al., 2007; Sonke et al., 2023; South et al., 2008). It involves the referral of service users to community-based services, such as exercise programs, arts activities, and social clubs, aimed at improving their overall health and wellbeing (Keenaghan et al., 2012; Kimberlee, 2013). This holistic model acknowledges the significant impact of social determinants on health, recognising that factors such as social isolation, physical inactivity, and mental health issues often require more than just medical interventions (Kimberlee, 2013; Muhl et al., 2023).

The growing interest in social prescribing is driven by the need to alleviate the burden on healthcare systems, particularly in primary care settings (Bertotti & Frostick, 2017; Pescheny et al., 2018; Popay et al., 2007). As healthcare professionals increasingly face the challenge of addressing complex, chronic conditions, social prescribing offers a complementary approach that can enhance service users' care by addressing the underlying social and environmental factors that contribute to health disparities (Bertotti & Frostick, 2017)

Social prescribing offers significant benefits, particularly in improving mental health and social connectedness, which are key to emotional wellbeing and reducing chronic conditions related to social isolation (Marmot, 2015). Economic benefits have also been demonstrated, making it a cost-effective strategy for public health (Dayson & Bashir, 2014; Polley et al., 2019).

Despite the promise of social prescribing, its evidence base remains a subject of ongoing debate (Bickerdike et al., 2017; Chatterjee et al., 2017; Kiely et al., 2022; Pescheny et al., 2018; Pescheny et al., 2020). While numerous studies have demonstrated its benefits (Ballinger et al., 2009; Dayson & Bashir, 2014; Polley at al., 2017), the overall quality of the evidence has been criticised. A systematic review by Kiely and colleagues (2022) highlighted that much of the existing research is of low quality, with many studies having methodological limitations, including small sample sizes, lack of control groups, and short follow-up periods.

One of the critical challenges in building a robust evidence base for social prescribing is the diversity of outcomes it seeks to address (Bickerdike et al., 2017). The broad range of social prescribing outcomes that are being gathered reflects the heterogeneity of social prescribing being delivered across diverse populations (Bickerdike et al., 2017; Husk et al., 2019; Polley et al., 2017; Polley et al., 2020). This variability makes it difficult to standardise evaluation methods and compare results across different studies and services (Craig et al., 2013). Moreover, the complex nature of social prescribing, which often involves multiple stakeholders and interventions, further complicates efforts to assess its effectiveness. Looking at the wide range of outcomes gathered across services, it is clear that recommendations on the use of outcome measures are necessary to bring uniformity to the data being collected (Bickerdike et al., 2017).

To address these issues, there have been calls for the establishment of standardised outcome measures and evaluation frameworks. In Ireland, for example, the Health Service Executive (HSE) has introduced the Minimum Data Outcomes Framework for Social Prescribing (2020), which aims to provide guidance on the critical outcomes that should be measured. Such initiatives are essential for advancing the field and ensuring that social prescribing can be effectively evaluated and integrated into mainstream healthcare.

The HSE Minimum Data Outcomes Framework (2020) recommends assessing at minimum wellbeing

and social connection; however, due to these guidelines being open to interpretation, services in Ireland have chosen outcome measures that align with their local needs and client groups (Connolly et al., 2024). The lack of standardised outcome measures has been highlighted as a significant barrier to the robust evaluation of social prescribing interventions (Drinkwater et al., 2019). Consistent outcome measures enable the comparison of data across different settings, contributing to a stronger evidence base and facilitating the identification of best practices (Polley et al., 2017). Moreover, standardised outcome measures can improve communication among key stakeholders involved in social prescribing (Fixsen et al., 2022), allow for data aggregation across, to justify investments to funders, and guide key policy decisions (Bickerdike et al., 2017).

To ensure the successful selection and integration of appropriate outcome measures into everyday social prescribing practice, it is crucial to assess their feasibility, usability, and acceptability. In terms of assessing outcome measures, feasibility refers to the practicality and sustainability of their implementation in real-world settings. Feasibility is considered to include the likelihood of implementation, the practicality of roll out, the adaptation required for it to fit local contexts, and the likelihood of sustained future use (Leeman et al., 2017; Proctor et al., 2013). Within a social prescribing context, this may also include the suitability and compatibility of the outcome measures, the logistics of using the outcome measures in practice, the ability of the outcome measures to capture meaningful change, and the changes needed to successfully integrate the outcome measure across varied community and healthcare contexts. Usability focuses on how effectively outcome measures can be utilised by social prescribing link workers, considering factors such as ease of use, clarity, and how well outcome measures align with the service's goals (Barnum, 2011; Bowen et al., 2009). Acceptability involves understanding how willing to use and comfortable link workers and service users are with the outcome measures (Bowen et al., 2009; Ginsburg et al., 2016; Williams et al., 2024). Acceptability of an outcome measure may be considered within the realms of general acceptability, attitude towards the outcome measure, burden associated with completion, perceived effectiveness at fulfilling its intended purpose, comprehension of the outcome measures' function, and confidence of use (Sidani & Braden, 2011; Sekhon et al., 2022).

This study therefore aims to examine the feasibility, usability, and acceptability of three health and wellbeing outcome measures currently used in social prescribing services in Ireland. A mixed methods research design will be used to frame this exploration.

1.1 Definition of Key Terms

The following definition of relevant terms are used throughout this report.

Social Prescribing: "a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription–a non-medical prescription, to improve health and wellbeing and to strengthen community connections" (Muhl et al., 2023, p.9)

Link Worker: a non-health or social care professional who usually has training in coaching or behaviour change, as well as an extensive knowledge of local community resources. They work with people referred to them by healthcare or community-based services to identify their health and social care needs, and support them to access services within the community to improve their health and wellbeing (Polley, 2017)

Service User: an individual who accesses social prescribing services

2. Methodology

2.1 Introduction

This study examined the usability and acceptability of three patient-reported outcome measures: The Short Warwick Edinburgh Mental Wellbeing Scale (Stewart-Brown et al., 2009) (appendix 2); Measure Yourself Concerns and Wellbeing (Paterson et al., 2007) (appendix 3); and The Community Connectedness Scale (appendix 4)

2.2 Research Aims and Objectives

To meet the overall aim of examining the feasibility, usability, acceptability of these outcome measures, the following objectives were set:

- To explore the suitability of the outcome measures for their use in social prescribing from the perspective link workers and service users
- To examine the ease of administration of the outcome measures from both service user and link workers' perspectives
- To assess the time needed to administer the outcome measures in social prescribing services
- To explore how service users and link workers perceive the language used in each outcome measure
- To understand the approaches used by link workers to complete the outcome measures with service users
- To explore whether the outcome measures are inclusive and sensitive for use amongst all service users
- To understand the willingness of service users and link workers to continue to use the outcome measures in practice
- To explore the suitability of the outcome measures in capturing change in health and wellbeing of individuals attending social prescribing services from the perspective of social prescribing link workers and service users

2.3 Research Design

A convergent parallel mixed methods research design was selected for this study. This design combines quantitative and qualitative research approaches to understand the breadth and depth of a subject (Creswell & Plano Clark, 2018; Johnson et al., 2007).

2.4 Sampling and Data Collection

All data were collected over a seven-month period. The target populations, sampling method, and a description of both the qualitative and quantitative data collection methods used are described below.

2.4.1 Sampling

A sample from two distinct populations was chosen as part of this research; link workers who were working in social prescribing services, and service users who were accessing these services.

Purposive sampling was used to recruit participants from HSE funded social prescribing services to participate in the trial of the outcome measures. In purposive sampling, participants are deliberately

approached to be involved in research because of a particular characteristic or interest (Tashakkori & Teddlie, 2010). It was aimed to include a national sample of services nationally across urban and rural locations.

The inclusion criteria for participating link workers were:

- Link workers had a minimum of six months' experience of working in their service
- Were able to provide informed consent
- Aged ≥18 years
- Based in Community Health Organisation[1] (CHO) 4, 6, or 7

The inclusion criteria for participating service users were:

- Service users who were newly referred to the nominated social prescribing services
- Were able to provide informed consent
- Aged ≥18 years

2.4.2 Recruitment Context

A sample of participants from three CHOs were included in this research in order to represent a sample of participants from both rural and urban locations. These locations were:

- CHO4, which encompasses the areas of Kerry, North Cork, North Lee, South Lee, and West Cork and has a population of approximately 689,730 (HSE, 2023a).
- CHO6, which is comprised of Wicklow, Dun Laoghaire, and Dublin South East, with a population of approximately 364,464 (HSE, 2023b).
- CHO7, which consists of Kildare/West Wicklow, Dublin West, Dublin South City, and Dublin South West, with a population of approximately 674,071 (HSE, 2023c).

2.4.3 Recruitment Process

2.4.3.1 Link worker recruitment process

Recruitment of link workers began in October 2023 and took place over a two-month period. Link workers based in CHO4, 6, and 7 were sent an email by the Programme Manager of the HSE Mental Health and Wellbeing Programme inviting them to participate. If they were interested in participating in the research, they were invited to attend an information and training session held on Microsoft Teams in October 2023. The purpose of the session was to give an overview of the research that was taking place and to provide training on the use of the three outcome measures. Participants who attended the workshop had a preliminary agreement with the research team to take part in the research. Attendees of the training session were then contacted via email by a research team member with a copy of the Link Worker Participant Information Leaflet (PIL) and the Link Worker Informed Consent Form (ICF). They were asked to return the signed consent form to the research team if they wished to participate. Full recruitment (10 participants) was reached after two months.

2.4.3.2 Service user recruitment process

Service user recruitment was completed over a seven -month period. Link workers were asked to invite all newly referred service users who met the eligibility criteria to take part in the research. Each link worker was asked to recruit a target of six people. At their first appointment, the link worker was asked to inform the service user of the study and provide them with the Service User PIL and ICF. The three outcome measures were completed during this appointment.

1. Reference to HSE CHOs is used throughout this report. The transition to the HSE health regions structure had not taken place at the time of report writing.

2.5 Quantitative strand

This research was concerned with three patient-reported data collection outcome measures – the Measure Yourself Concerns and Wellbeing (Paterson et al., 2007); the Short Warwick Edinburgh Mental Wellbeing Scale (Stewart-Brown et al., 2009) and the Community Connectedness Scale.

2.5.1 Measure Yourself Concerns and Wellbeing (MYCaW)

The MYCaW is a patient-reported outcome measure that allows participants to self-identify and score their two most pressing concerns on a six-point Likert scale. Overall wellbeing is also scored on a six-point Likert scale (Paterson et al., 2007). After a set period or after several treatments, the participant can rescore the problems they described at baseline on a follow-up form (Paterson et al., 2007). Overall wellbeing is also recorded at follow-up (Jolliffe et al., 2014; Paterson et al., 2007). The score difference between baseline and follow-up represents the degree of improvement or deterioration (Paterson et al., 2007; Seers et al., 2009). There is also space on the follow-up form to provide qualitative feedback on what the person felt was the most critical aspect of the service they accessed and if any other complementary care was accessed during the time the person was using the service (Paterson et al., 2007; Vaghela et al., 2007). Initially developed for cancer populations, the MYCaW has been used with broader populations, including social prescribing services (Jolliffe et al., 2014; Polley et al., 2019). A key advantage of MYCaW versus other wellbeing outcome measures is that whatever is relevant to the person is captured instead of choosing items from a predetermined list (Paterson et al., 2007).

2.5.2 The Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)

The SWEMWBS was developed from the original longer form Warwick Edinburgh Mental Wellbeing Scale by Stewart-Brown and colleagues (Stewart-Brown et al., 2009). It comprises seven items relating to the participant's mental wellbeing over the previous two weeks. The items on the scale are all worded positively to support positive mental wellbeing (Hanzlová & Lynn, 2023; Stewart-Brown et al., 2009). The items are ranked on a five-point Linkert scale, covering aspects of feeling good and functioning well. The scoring ranges from 7 to 35, with the lower score denoting lower mental wellbeing (Hanzlová & Lynn, 2023; Stewart-Brown et al., 2009). The relatively short outcome measure is a popular choice of mental wellbeing questionnaire due to its reduced patient burden and relative ease of completion (Ng Fat et al., 2019).

2.5.3 Community Connectedness Scale

The HSE has recently developed the Community Connectedness Scale for social prescribing. The current version of the Community Connectedness Scale is an adapted version of a Social Connectedness questionnaire developed by a local social prescribing service. The development process began with a literature review to identify outcome measures used to assess social connectedness, which highlighted the complexity and subjectivity of the concept. Three core aspects were identified as essential for evaluation: sense of belonging, social support, and socialising.

Stakeholder input was collected through a workshop with social prescription link workers, who emphasised the subjective nature of social connectedness. A semi-structured interview with a service user reinforced this perspective, noting that evaluation should focus on personal experiences rather than deliverables.

Informed by these insights, the National Social Prescribing Advisory Group held a consensus meeting in October 2022 to review various outcome measures. Questionnaires such as the Social Connectedness Scale (Lee et al., 2001), General Belonging Scale (Malone et al., 2012), Oslo Social Support Scale

(Kocalevent et al., 2018), and Berkman-Syme Social Network Index (Berkman & Syme, 1979) were considered. However, none were deemed to fit the focus of Ireland's social prescribing services. A final focus group was conducted to develop specific questions related to community connectedness resulting in the creation of the Community Connectedness Scale.

2.6 Qualitative Strand

The use of a link worker logbook and semi-structured interviews made up the qualitative strand of this study.

2.6.1 Logbook

Previous research has employed logbooks to promote self-evaluation and continuous reflection (Alotaibi et al., 2022; Armson et al., 2015). The use of qualitative logbooks enables researchers to capture participants' first-person experiences, allowing them to record their personal perceptions of an event.

For the purpose of this research, link workers were asked to complete the logbooks after baseline and follow-up sessions with service users with whom they had completed the outcome measures (appendix 5). Two prompting questions were provided – 'what worked well for both you and your service user', and 'what didn't work well for both you and your service user'. The purpose of the logbook was to gain insight into both service users' and link worker's impressions of the three outcome measures. The link worker was asked to write down any initial thoughts or reactions to the outcome measure and record whether the service user had any reactions. The link worker was encouraged to reflect on how the appointment went, and if any changes should be made for the next time they were to administer the outcome measures.

Following this, the link worker was invited to a semi-structured interview. Prior to the semi-structured interviews, the research team completed a content analysis of the individual link workers' logbook. Themes identified within the logbook were further explored in the interview.

2.6.2 Semi-Structured Interviews

This study aimed to assess three outcome measures' feasibility, usability, and acceptability from the perspectives of social prescribing link workers and service users. Semi-structured interviewing was employed in order to gain their qualitative perspectives. Two semi-structured interview guides were developed – one for service users and one for link workers (appendix 6, 7). Two were developed because of the different information that was desired from both groups, and it was felt that one generic interview would not fully capture the thoughts and opinions of either group.

For service users, an interview was completed to gather their thoughts on their experience of completing the outcome measures. Interviews were completed with link workers after they had used the outcome measures with at least six participants.

2.6.3 Demographic Information

Demographic information was collected on both service users and link workers. The location and length of time working in social prescribing services were recorded for link workers (appendix 8). Service user demographic information included age, gender, living situation, employment status, and health status (appendix 9).

2.7 Data Analysis

Data analysis in convergent parallel mixed methods research consists of analysing the quantitative and qualitative data separately, then analysing both sets of information using techniques that 'mix' the data (Creswell & Creswell, 2018; Creswell & Plano Clark, 2018). All methods of analyses are described below.

2.7.1 Mixed Methods Analysis

For mixed methods data using convergent design, analysis is concerned with using appropriate analytical techniques separately applied to qualitative and quantitative data, which is then mixed at the analysis point (Tashakkori & Teddlie, 2010). The data can then be used to contrast, support, and compare the results of synthesized data (Creswell & Creswell, 2018). In line with convergent design, the data are merged at the point of results, with combined results answering the appropriate research question (Tashakkori & Teddlie, 2010). The merged results are presented in the findings chapter.

2.7.2 Quantitative Data Analysis

Data was analysed using the IBM Statistical Package for Social Science version 28 (IBM SPSS 28). Before beginning quantitative data analysis, the raw data was first transformed into a usable form by assigning numerical values to each response (Creswell & Creswell, 2018). A codebook was developed in order to keep a record of the data variables and the numbers associated with response options (Creswell & Plano Clark, 2018).

Descriptive statistics was used to describe the data collected from link workers and service users. A preliminary explanation of the data was completed - the mean, standard deviation, and variation of responses were determined to understand the general trends in the data.

The data collected did not meet all assumptions for the use of parametric methods in quantitative analysis, therefore nonparametric analysis was used. Based on the guidance of Pallant (2016), non-parametric analysis methods were chosen as most appropriate as:

- The sample has skewed distribution, as confirmed by examining the histogram of each response to identify a lack of normal distribution
- The outcome measure was ordinal

Wilcoxon Signed Rank Tests were used to assess differences in the responses from participants. The statistical significance level was set as $P<0.05$ throughout.

2.7.2.1 MYCaW

All service users were directed to state one or two concerns. The 'before and after' scores for concern 1, concern 2 and wellbeing were analysed using Wilcoxon signed rank tests applying a cut-off value for statistical significance of $p=0.05$ (two-sided). A difference of one point indicates a meaningful change at the individual level (Polley et al., (2007).

Identified concerns and qualitative responses to the two open questions '*other things affecting your health'* and '*what has been most important for you about this service'* were categorised according to the coding framework recommended by Polley et al., (2007).

2.7.2.2 SWEMWBS
SWEMWBS scores range from 7-35, with higher scores indicating higher wellbeing (Stewart-Brown et al., 2009). SWEMWBS is a shorter, 7-item version of the original WEMWBS scale that is Rasch compatible. This compatibility gives the seven items better scaling properties than the original 14-item version. However, to fully utilise these properties and compare results with other studies using the 7-item SWEMWBS, it is necessary to transform the raw SWEMWBS scores. SWEMWBS scores were transformed according to guidelines stipulated. Scores from baseline and follow-up were compared using Wilcoxon signed rank tests applying a cut-off value for statistical significance of p=0.05 (two-sided). A difference of one point indicates a meaningful change at the individual level (Shah et al., 2018).

2.7.2.3 Community Connectedness Scale
Scores for the Community Connectedness Scale range from 5-25, with higher scores indicating higher community connection. The 'before and after' scores from baseline and follow-up were analysed using Wilcoxon signed rank tests applying a cut-off value for statistical significance of p=0.05 (two-sided).

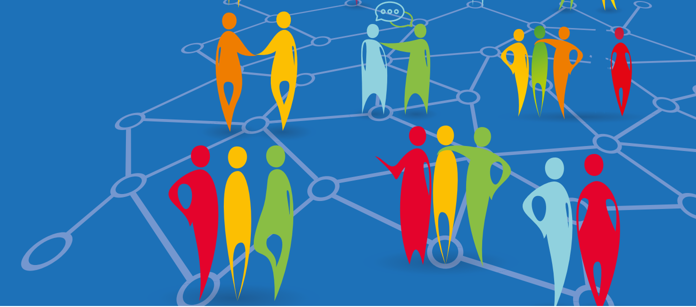
2.7.3 Qualitative Data Analysis
Logbook data were analysed using a content analysis approach to identify participants' views and experiences of completing the outcome measures (Matthews & Kostelis, 2011).

Interview data were analysed using Braun and Clarke's six-phase framework for completing a thematic analysis (2006). The six steps of Braun and Clarke's thematic analysis involve familiarising oneself with the data, generating initial codes, searching for themes, reviewing themes, final refinement of themes, and finally, write up and dissemination (Braun & Clarke, 2006; Creswell & Creswell, 2018; Maguire & Delahunt, 2017).

2.8 Ethical approval

Ethical approval was granted from Trinity College Dublin Faculty of Health Sciences Ethics Board (Appendix 10).

3. Findings



3.1 Introduction

The aim of this study was to assess the feasibility, usability, and acceptability and of three outcome measures used in social prescribing services in Ireland from the perspective of social prescribing link workers and service users. The findings of this mixed methods study will be presented in two sections. The first section presents the quantitative results, including service user demographics and results from baseline and follow-up outcome measures. The second section presents the qualitative findings. This includes the findings from semi-structured interviews completed with social prescribing link workers and social prescribing service users.

3.2 Quantitative Results

3.2.1 Introduction

All quantitative data were analysed for normality, however, as the data in this study did not meet the requirements for parametric testing, non-parametric tests were conducted (Pallant, 2016). Wilcoxon Signed Rank Tests were used to examine differences in service users' scores from baseline to follow-up on each measure. In determining the strength of an effect size, Cohen's criteria (1988) were used where 0.1 is a small effect, 0.3 is a medium effect and 0.5 is a large effect.

3.2.2 Participant Profile

A total of nine link workers were recruited from three CHOs. The profile of each location is described below:

- CHO4, which has as a population of approximately 689,730. The population mainly live in rural locations (HSE, 2023a).
- CHO6, which has a population of approximately 34,464. The population mainly live in urban locations (HSE, 2023b).
- CHO7, which has a population of approximately 674,071. The population mainly live in urban locations (HSE, 2023c).

A total of 43 service users were recruited by link workers and completed the baseline outcome measures. The number of service users recruited per recruitment site is outlined in table 1

Link workers were asked to complete follow-up outcome measures with service users either six-to-eight weeks following their first meeting or at discharge if sooner than six weeks. 33 service users completed follow-up measures. This gave a study retention rate of 75%. The number of service users who completed follow-up outcome measures per recruitment site is outlined in table 1.

Recruitment Sites	Number of service users who completed baseline outcome measures (%)	Number of link workers recruiting service users (%)	Number of service users who completed follow-up outcome measures (%)
CHO4	19 (44)	4 (45)	12 (63)
CHO6	6 (14)	2 (22)	5 (83)
CHO7	18 (42)	3 (33)	15 (83)
Total	43 (100)	9 (100)	33 (100)

Table 1 - Number of service users who completed baseline and follow-up outcome measures per recruitment site

3.2.3 Service User Demographic Information

Of the 43 service users who completed the baseline health and wellbeing measures, 29 (76%) were female. The mean age of service users was 57 years (SD 16). Service users ages ranged from 24 to 93 years. A total of 37 service users (88%) were born in the Republic of Ireland.

3.2.3.1 Living Situation

Just under half of service users lived with at least one family member (n= 21, 49%), while the remainder lived alone (n=22, 51%).

3.2.3.2 Education

In total, 40% of service users reported that they had completed third level education (n=17). The minority had left education prior to completing primary school (n=3, 7%).

Education	Frequency (%)
Completed third level education	17 (40)
Completed secondary school	19 (44)
Completed primary school	4 (9)
Did not complete primary school	3 (7)
Total	43 (100)

Table 2 - Service user education

3.2.3.3 Employment

At the time of completion of the outcome measures, six service users were employed (14%). A total of 34 participants were not working, 9 of whom were receiving long term illness benefit (21%)

Employment Status	Frequency (%)
Employed	6 (14)
Retired	14 (33)
Unemployed	11 (26)
In receipt of long-term illness benefit	9 (21)
Volunteering	1 (2)
Carer	2 (4)
Total	43 (100)

Table 3 - Service user employment status

3.2.3.4 Health Status

The majority of service users (n=32, 74%) reported living with a chronic condition. The majority of service users (n=24, 56%) reported their health as either poor or very poor.

Health Status	Frequency (%)
Very good health	4 (9)
Good health	10 (23)
Ordinary health	5 (12)
Poor health	16 (37)
Very poor health	8 (19)
Total	43 (100)

Table 4 - Service user health status

3.2.3.5 Reason for Referral to Social Prescribing Services

The majority of services users attended social prescribing for psychological support (n=14, 33%). The second most cited reason for referral was social connection (n=13, 30%)

Reason for Referral to Social Prescribing Services	Frequency (%)
Seeking psychological support	14 (33)
Seeking social connection	13 (30)
Seeking information on specific courses, including seeking to partake in a specific course run by a service	7 (16)
Seeking information on services in the local community	5 (12)
Seeking information on employment	2 (5)
Other, including housing	1 (2)
Missing data	1 (2)
Total	43 (100)

Table 5 - Service users' reasons for referral to social prescribing

3.2.4 SWEMWBS

The SWEMWBS measures a person's self-reported wellbeing over the preceding two weeks. Scores range from 7-35. A higher score indicates higher wellbeing (Stewart-Brown et al., 2009).

A statistically significant increase in service users' wellbeing was observed from baseline to follow-up with a large effect size ($z = -3.32$, $p < 0.001$, $r = 0.58$). Twenty-seven service users reported either improved or equal well-being from baseline to follow-up. Six service users reported decreased scores in well-being from baseline to follow-up. The median scores increased from baseline (19.98, IQR = 5) to follow-up (22.35, IQR = 6).

	SWEMWBS Total Baseline Score (n=43)	SWEMWBS Total Follow-Up Score (n=33)	P-values
Median (Range)	19.98 (11.25-28.13)	22.35 (14.08-35)	P < 0.001
Mean (SD)	20.33 (3.47)	22.89 (4.13)	

Table 6 - Service users' SWEMWBS scores

3.2.5 MYCaW

MYCaW measures the change in a service user's problem from baseline to follow-up. Service users rank their concerns and wellbeing on a scale from zero to six, where higher scores indicate greater concern (Paterson et al., 2007).

A total of 43 service users completed the MYCaW at their first meeting with their link worker. Service users were asked to identify one or two main concerns for which they would like assistance from the link worker. Concerns were then categorised according to the coding framework set out by Polley and Seers (2006, 2021).

A total of 78 concerns (total number of service users who recorded concern 1 + total number of service users who recorded concern 2) were recorded across all baseline MYCaWs. Psychological and emotional concerns were the most commonly cited issues that service users wanted help with (n=38, 49%). This was followed by concerns related to wellbeing, practical concerns, and lastly physical concerns.

Type of Concern	Frequency (%)	Example
Psychological and emotional concerns, including concerns about depression, anxiety, fear, stress, tension, and lack of confidence	38 (49)	"*I feel depressed all the time*" (SU27)
Wellbeing concerns, including concerns related to taking more time for self, exercise, nutrition, spirituality	31 (40)	"*I have stopped putting myself first*" (SU14)
Practical concerns, including concerns related to finances, and employment	7 (9)	"*I'm unemployed and need help getting a job*" (SU23)
Physical concerns, including concerns about weight, aches and pains, and energy levels	2 (2)	"*I need to lose weight*" (SU2)

Table 7 - Breakdown of service users concerns or problems

3.3.5.1 MYCaW Concern 1

For concern one, the majority of service users (n=23, 53%) identified concerns related to psychological or emotional issues at their baseline appointment. These included concerns regarding depression, stress, and anxiety. 15 (35%) service users identified issues related to wellbeing that included problems with general wellbeing and wanting information and guidance on complementary therapies.

Type of Concern	Frequency (%)
Psychological and emotional concerns, including concerns about depression, anxiety, fear, stress, tension, and lack of confidence	23 (54)
Wellbeing concerns, including concerns related to taking more time for self, exercise, nutrition, spirituality	15 (35)
Practical concerns, including concerns related to finances, and employment	4 (9)
Physical concerns, including concerns about weight, aches and pains, and energy levels	1 (2)

Table 8 - Breakdown of service users' first MYCaW concern or problem

A statistically significant change in service users' first concern from baseline to follow-up with a large effect size ($z = -3.56$, $p < 0.001$, $r = 0.62$) was observed. The median scores decreased from baseline (5, IQR 3) to follow-up (3, IQR 2), indicating a positive improvement in service users' first concern.

	MYCaW Concern 1 Total Baseline (n=43)	MYCaW Concern 1 Total Follow-up (n=33)	p-value
Median (Range)	5 (0-6)	3 (0-6)	P < 0.001
Mean (SD)	4.34 (1.59)	3.12 (1.47)	

Table 9 - Service users' first concern MYCaW score

A total of 30 service users reported that their first concern had either improved or stayed the same from baseline to follow-up. Three reported their concern had gotten worse from baseline to follow-up.

3.3.5.2 MYCaW Concern 2

In total, 35 people reported a second concern at their first appointment. For concern two, the most commonly cited problems related to concerns about wellbeing (n=16, 46%), followed by emotional concerns (n=15, 43%). The least commonly cited problems were practical and physical concerns.

Type of Concern	Frequency (%)
Wellbeing concerns, Wellbeing concerns, including concerns related to taking more time for self, exercise, nutrition, spirituality	16 (46)
Psychological and emotional concerns, including concerns about depress, anxiety, fear, stress, tension, and lack of confidence	15 (43)
Practical concerns, Practical concerns, including concerns related to finances, and employment	3 (9)
Physical concerns, Physical concerns, including concerns about weight, aches and pains, and energy levels	1 (2)

Table 10 - Breakdown of service users' second MYCaW concern or problem

A statistically significant improvement was also observed in service users' second concern from baseline to follow-up with a large effect size ($z = -3.34$, $p < 0.001$, $r = 0.58$). The median scores decreased from baseline (5, IQR 3) to follow-up (3, IQR 4), indicating a positive improvement in their concerns.

	MYCaW Concern 2 Total Baseline (n=35)	MYCaW Concern 2 Total Follow-Up (n=27)	p-value
Median (Range)	5 (1-6)	3.00 (2-6)	P < 0.001
Mean (SD)	4.51 (1.36)	3.22 (1.12)	

Table 11 - Service users' second concern about MYCaW score

A total of 24 people either reported that their second concern had improved or stayed the same from baseline to follow-up. Three reported their concern had gotten worse from baseline to follow-up.

3.3.5.3 MYCaW Wellbeing Scores

A statistically significant increase in service users' wellbeing was observed from baseline to follow-up with a medium effect size ($z = -2.20$, $p = 0.028$, $r = 0.38$). The median scores decreased from baseline (4, IQR 2) to follow-up (2, IQR 2), indicating a positive improvement in service users' wellbeing.

	MYCaW Wellbeing Score Baseline (n=42)	MYCaW Wellbeing Score Follow-Up (n=33)	p-value
Median (Range)	4.00 (1-6)	2.00 (1-5)	P < 0.028
Mean (SD)	3.26 (1.21)	2.88 (1.19)	

Table 12 - MYCaW Wellbeing Scores

A total of 27 people reported that their wellbeing had improved or stayed the same from baseline to follow-up. Six reported their wellbeing had decreased from baseline to follow-up.

3.3.5.4 MYCaW Other Thing Affecting Health

Of the 33 service users who completed follow-up MYCaW, 22 participants responded to 'Other Things Affecting Your Health'. These were mainly positive with the majority of service users cited an increased awareness of wellbeing (n=6, 27%).

Other Things Affecting Health	Frequency (%)	Example
Awareness of wellbeing, including exercising, improved nutrition, and improved awareness of emotions	6 (27)	"*The walking group I joined is getting me out of the house a lot more*" (SU40)
Social support, including increased social support, family problems, or general lack of support	5 (23)	"*I see my family a lot more now*" (SU33"
Health issues, including new diagnoses, increased disease activity, decreased disease activity, new medications	4 (18)	"*Long standing back pain*" (SU26)
Attending complementary therapies, including art classes, classes related to health and wellbeing	3 (14)	"*The diabetes course I was referred to has really helped*" (SU17)
Major life events, including changing environment or bereavement	3 (14)	"*I moved house so I can be closer to my family*" (SU14)
Work situation, including starting or ceasing employment	1 (4)	"*Searching for a job is giving me hope*" (SU22)

Table 13 - Breakdown of other things affecting service users' health

3.3.5.5 MYCaW What Has Been Most Important to You About This Service?

Of the 33 service users who completed the follow-up MYCaW, 26 responded to 'What Has Been Most Important to You'. Support and understanding from their link worker was most frequently reported by service users (n=12, 46%) as being the most important to them.

What Has Been the Most Important to You?	Frequency (%)	Example
Support and understanding received from link worker	12 (46)	"*My link worker was easy to talk to about how I was feeling*" (SU27)
Attending individual and group events including educational seminars and information events	5 (18)	"*The music group I'm going to has been great*" (SU4)
Relaxation and time for self/ self-development	3 (12)	"*I feel better in myself*" (SU20)
Access to complementary therapies	2 (8)	"*Starting Reiki has been really helpful*" (SU16)
Meeting others attending the service	2 (8)	"*I made some friends with the other people who were going to the centre*" (SU11)
Confidence in link worker	1 (4)	"*[link worker] has been great, I have such trust in [them]*" (SU25)
Care and kindness from link worker	1 (4)	"*[link worker] was so kind to me*" (SU17)

Table 14 - Breakdown of what has been the most important to service users about the service they attended

3.2.6 The Community Connectedness Scale

The Community Connectedness Scale measures service users' self-reported connection to their community. Scores range from 5-25. A higher score indicates greater community connection.

A statistically significant increase was observed in service users' community connection from baseline to follow-up with a large effect size ($z = -4.83$, $p < 0.001$, $r = 0.84$). The median scores increased from baseline (14, IQR = 5) to follow-up (19, IQR = 5). See Table 15.

	Total Baseline Score (n=43)	Total Follow-Up Score (n=33)	P-value
Median (range)	15 (7-21)	19 (9-24)	P < 0.001
Mean (SD)	14.47 (3.57)	18.27 (3.79)	

Table 15 - Service users' Community Connectedness Scale scores

3.2.7 **Conclusion**

A total of 33 service users completed baseline and follow-up measures. Wilcoxon Signed Rank Tests revealed statistically significant changes in service users' scores from baseline to follow-up across all three measures.

There were notable increases in community connectedness, self-reported wellbeing, and reductions in concerns as measured by MYCaW. These improvements suggest that the outcome measures were effective in capturing meaningful changes for service users over the study period.

3.3 Qualitative Findings

3.3.1 Introduction

The purpose of the qualitative strand of this study was to explore the perspectives of link workers and service users on the feasibility, usability, and acceptability of three outcome measures used in social prescribing services A profile of both link workers and service users will be presented, followed by the main themes and subthemes emerging from the analysis of the qualitative interviews.

3.3.2 Participant Profile

Nine link workers took part in this study, eight of whom participated in individual interviews. All link workers from CHO6 and CHO7 completed interviews, while three of four link workers from CHO4 were interviewed. The final link worker did not take part in the individual interviews due to work commitments.

Participating link workers were based in urban and rural social prescribing services. The mean time in the role of social prescriber was 33 months (SD 5.6).

CHO	Urban or rural	Link Worker ID	Number of Service Users Recruited
4	Rural	LW2	2
4	Rural	LW4	13
4	Rural	LW6	3
4	Rural	LW9	1
6	Urban	LW1	4
6	Urban	LW8	2
7	Urban	LW3	12
7	Urban	LW5	2
7	Urban	LW7	4

Table 16 - Link worker locations

The first 30 service users that were recruited into the study were invited to take part in the semi-structured interviews. Reasons for declining the interview included illness (n=2), the research team being unable to contact the service user (n=5), and service user declining to be interviewed with no reason given (n= 3). Twenty service users completed semi-structured interviews exploring their perspectives and experiences of completing the three outcome measures used in social prescribing. The breakdown of service users interviewed is outlined below.

ID	Gender	Age	Living situation	Location	Education	Employment	Reason for Referral to Social Prescribing
SU1	F	53	Alone	Urban	Leaving Certificate	Permanently disabled	Information on specific courses
SU3	F	68	With family	Rural	Third level education	Retired	Psychological support
SU5	F	69	With family	Rural	Leaving Certificate	Retired	Information on specific courses
SU7	F	80	Alone	Urban	Third level education	Retired	Information on specific courses
SU9	F	32	With family	Urban	Third level education	Employed full time	Social support
SU10	M	60	With family	Rural	Third level education	Unemployed	Psychological support
SU12	F	59	With family	Urban	Primary school complete	Permanently disabled	Information on services in local community
SU13	M	81	With family	Urban	Leaving Certificate	Retired	Social support
SU15	F	51	Alone	Urban	Third level education	Voluntary work	Social support
SU18	F	61	Alone	Rural	Third level education	Retired	Social support
SU22	F	41	Alone	Urban	Third level education	Unemployed	Information on employment
SU26	F	70	Alone	Urban	Primary school not fully complete	Retired	Psychological support
SU27	F	80	Alone	Rural	Third level education	Retired	Psychological support
SU29	F	73	With family	Urban	Primary school fully not complete	Carer	Psychological support
SU30	F	49	With family	Rural	Third level education	Employed part time	Information on employment
SU31	M	53	Alone	Urban	Third level education	Unemployed	Social support
SU35	M	53	With family	Rural	Third level education	Employed part time	Information on services in local community
SU39	F	55	Alone	Rural	Third level education	Employed full time	Information on services in local community
SU41	M	93	With family	Urban	Third level education	Retired	Information on services in local community
SU42	M	93	Alone	Urban	Primary school not fully complete	Retired	Social support

Table 17 - Service user interviewee demographics

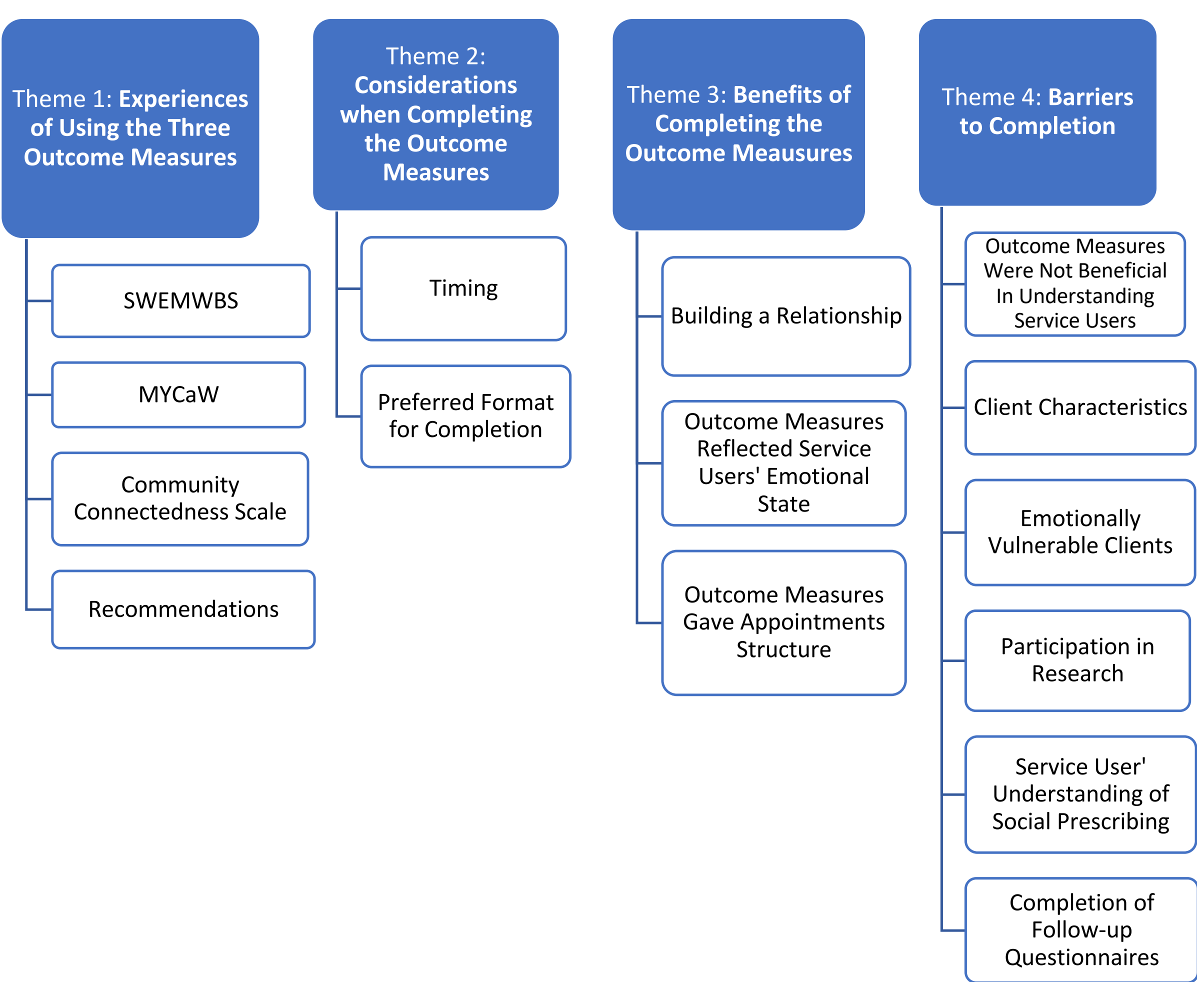
The majority of interviewees were female (n=14, 66.7%) with a mean age of 63.3 years (SD 15.7). Their ages ranged from 32 to 93 years. The majority of service users were not working (n= 16, 80%).

Half of service users (n=10, 50%) were living with at least one family member, while the remainder lived alone. In total, **60**% (n=12) of service users lived in an urban location. The majority of service users (n=11, 55%) had attended third level education (further education institute, college, or university), and described their health status as good or very good (n=12, 60%). The majority of service users reported living with a chronic health condition (n=18, 90%). Seeking social support was the most common reason for referral (n=6, 30%)

3.3.3 Key Themes and Subthemes

Four key themes emerged from the data and were comprised of a number of subthemes. An introduction will be provided for each key theme, followed by a brief explanation of each sub-theme, supported by verbatim extracts. The structure of themes and sub-themes that emerged are presented in Figure 1. The first theme presents findings related to each of the three outcome measures, followed by the considerations for using the measures. Finally, the benefits and barriers to completion of the three outcome measures are presented.

Figure 1 - Themes and Subthemes



The use of the three outcome measures in social prescribing produced varied responses from link workers and service users. Among link workers, most reported that the outcome measures were

beneficial in understanding their service users' emotions and helped to build trust between themselves and their service user. However, a minority expressed reservations, arguing that the outcome measures were not always reflective of a service users' overall emotional state.

From the perspective of service users, the majority reported positive experiences of completing the outcome measures, noting that they helped them gain clarity on around how they were feeling and how they would like to change in the future. A minority expressed discontent with the outcome measures due to personal aversions to paperwork, and dissatisfaction with the outcome measures' ability to identify the core issues they faced.

3.3.3.1 Theme 1: General experiences of Using the Three Outcome Measures

There was varied feedback from both link workers and service users on the use of the three outcome measures.

All link workers had previous experience of using the SWEMWBS, four had used the MYCaW and none of the link workers had experience of using the Community Connectedness Scale as it was recently developed through a collaboration between HSE link workers and HSE staff.

SWEMWBS was well received by link workers and service users. Five of eight link workers were positive towards the continued use of this questionnaire. Out of 20 service users, 18 also expressed agreement to the continued use of this questionnaire. Both link workers and service users expressed that it was easy to complete and laid out in an accessible format. The length of the questionnaire was appropriate. There were a number of link workers who described a hesitancy to completing the SWEMWBS with service users if they felt they would have an emotional reaction to it. Please see table 18 for further details and verbatim quotes.

The MYCaW was in general well received. Out of eight link workers, three said that they would be happy to continue using this questionnaire beyond this study. All service users were positive towards the continued use of this questionnaire in social prescribing. The language used in MYCaW was clear and unambiguous. Service users felt it was easy to use and straightforward to complete. Service users noted that it took them between five and 15 minutes to complete the questionnaire. The scale was made easy to understand by the inclusion of the happy faces and sad faces. Link workers reported a tendency to change the wording from 'problems and concerns' to 'goals'. Please see table 18 for further details and verbatim quotes.

In general, there was a positive response to the Community Connectedness Scale. The majority (n=6) of link workers expressed agreement towards the continued use of this questionnaire in social prescribing. Out of 20 service users, 18 expressed agreement towards the continued use of this questionnaire in social prescribing. Both link workers and service users reported the language used was clear and easy to understand, however there was some confusion noted around the definition of community. Please see table 18 for further details and verbatim quotes.

In general, the main strengths of the three questionnaires were that they helped link workers to understand their service user, and it enabled service users to understand themselves. Moreover, the questionnaires helped service users to understand the changes they would like to make in the future.

The below table presents individual characteristics of each questionnaire, including overall impressions from service users and link workers, strengths, weaknesses, length of time taken to complete, and language use. These findings are supported by verbatim quotes from link workers and service users.

Table 18 - ***Link workers' and service users' experiences of completing the three outcome measures***

	SWEMWBS	Supporting Quotes	MYCaW
Experience of using the questionnaire prior to the study *Reported by link workers only*	All link workers had experience of using the SWEMWBS	*"I've been using the SWEMWBS since I started this role, and that was nearly two years ago now" (LW2)*	Four link workers had prior experience of using the MYCaW
Overall impression	Five of eight link workers expressed positive sentiments towards the continued use of this questionnaire in social prescribing Out of 20 service users, 18 expressed a positive sentiment towards the continued use of this questionnaire in social prescribing	*"I feel it's a powerful questionnaire to use. It can really open up a whole conversation if a person is comfortable with you. I'll definitely continue to use it in the future" (LW7)* *"I think so definitely, I'd like if they kept using it. It's really helpful to see where you are mentally" (SU5)*	Three of eight link workers said that they would be happy to continue using this questionnaire beyond the study All service users expressed positive sentiments towards the continued use of this questionnaire in social prescribing
Strengths	Four link workers expressed that this questionnaire was useful to capture service user's wellbeing. Three link workers expressed that the questionnaire helped to facilitate conversations about the person's wellbeing. Seven service users expressed that the SWEMWBS supported reflection and helped them to understand how they were currently feeling. Six service users expressed that the questionnaire helped them to decide what they wanted for the future.	*"SWEMWBS was extremely useful especially in terms of building that rapport with a client, I think it opens up a conversation with the person and you can really build trust in those questions and it allows the person to explain about what's going on with them" (LW7)* *"Hearing the person say what's going on with them and them feeling comfortable enough to communicate that through a structured questionnaire is very important" (LW6)* *"It helped me sit back and assess where I'm at" (SU3)* *"Answering those questions around how I was feeling, it helped me to realise what I want from social prescribing" (SU9).*	Three link workers reported that the MYCaW gave insight into service users' main problems and concerns. Six service users expressed that it was positive to have a space to write down their main concerns or problems. Service users reported that it was important to name their concerns in order to understand the difficulties they were having. It also helped service users to identify what they wanted to change within their lives.

	MYCaW Supporting Quotes	Community Connectedness Scale	Supporting Quotes
Experience of using the questionnaire prior to the study *Reported by link workers only*	*"I had some experience of using the questionnaire. As a service we would always use the MYCaW" (LW5)*	No link workers had experience of using the Community Connectedness Scale as it is newly developed.	*"This was a completely new tool for me. I liked it, it was good to ask about community" (LW3)*
Overall impression	*"Yeah, I'd be happy enough. I'd just want it more goals focused" (LW2)* *"You're defining the problems yourself. I like that about it. I think others would find it good too" (SU10)*	Six of eight link workers expressed positive sentiments towards the continued use of this questionnaire in social prescribing. Out of 20 service users, 18 expressed a positive attitude towards the continued use of this questionnaire in social prescribing	*"Overall impressions were positive, very easy to fill out, and it looks nice. It's very straightforward for service users to understand how to do it. So very, very positive" (LW4)* *"Absolutely, yes it should continue to be used, it might help more people to actually engage in their locality" (SU42)*
Strengths	*"It was good for me to do it with them, because it helped me to understand why they were there" (LW8)* *"It's good to know what problems or concerns I might have and what services I would like to use" (SU22).* *"Writing down the problem brings you into sharp awareness of where you are, and where I was at was not a good place. There's an accountability with it I suppose." (SU3).* *"Yeah I suppose it did help me to identify what exactly I wanted and like where I want to go forward with the rest of my life." (SU42).*	Five link workers reported this questionnaire helped them to understand their service users' community connection 12 service users reported that the questionnaire helped them to reflect on their current community connection. Six service users expressed that the questionnaire helped them to understand what changes they would like to make to improve their community connection.	*"I think it gives a strong reflection of where they were in relation to their community connection." (LW2)* *"The questionnaire helped to reflect on how my relationships were with people before versus where I am now" (SU29)* *"The questions made me think – like do you feel socially connected to your community. I don't. but maybe I should. So yeah, I think that reflection piece was good" (SU13)* *"The questions about community kind of made me realise that I do want to be involved in things and it allowed me to question myself and where I was at" (SU18).*

	SWEMWBS	Supporting Quotes	MYCaW
Limitations	Four link workers described a hesitancy to complete the SWEMWBS with some service users. They expressed the questions could be potentially trigger people, and they reported that they did not have adequate training to judge if it would be appropriate to complete the questionnaire with a service user. Four service users expressed difficulty quantifying their emotions. Three service users expressed that they avoided selecting “none of the time” on the scale because it meant acknowledging their current situation, which they were not always ready to do. Others consistently rated themselves in the middle of the scale, no matter how they were feeling One link worker identified that question three [*I have enough people in my community I feel comfortable asking for support if I need it]* was unnecessarily complex and should be rephrased into something more practical. The two questions of ‘*I’ve been thinking clearly’* and ‘*I’ve been feeling useful’* were highlighted by four service users as being difficult to answer. This was not due to the complexity of the language, but rather because they required service users to confront and articulate their feelings. Three link workers highlighted that the SWEMWBS does not address physical heal**th**	*“It can be very upsetting for people when they realise, like I’ve not been feeling useful. I don’t feel optimistic, I don’t feel relaxed, I’m not dealing with problems. I think people find it hard and upsetting when they’re doing it. If I thought a person was going to get upset, I just wouldn’t complete the SWEMWBS with them” (LW6)* *“I didn’t like talking about things I always keep things locked in. It was hard to start talking about them, and then having to give a number to how I was feeling” (SU12)* *“I never like these, you know, one to five. I always tend to want to go middle of the road” (SU18)* *“It’s just asking about too many things at the one time I think it should say “I can get support in my community if I need it”, or something like that” (LW4)* *“The ‘thinking clearly’ question was interesting, and the same with the ‘[feeling] useful’ question. Like it made me think about if I have actually been feeling useful or thinking clearly. The questions made me stop in my tracks and go “oh have I been feeling useful? What am I doing that actually makes me feel useful?” (SU42)* *“The only thing missing there is your physical wellbeing.” (LW1)*	Seven link workers reported changing the wording of the questions from ‘concerns or problems’ to ‘goals’ All link workers explained how the language of ‘problems or concerns’ could be potentially problematic for service users. Three link workers described times where they asked service users if they had problems or concerns. Service users disagreed that they had any concerns or problems, however, when the language was changed to goals or what they were hoping for out of social prescribing, they were able to give much more in-depth answers. Two link workers that ‘problems or concerns’ could be potentially disempowering for service users, and that changing the phrase to ‘goals’ or ‘what would you like out of social prescribing’ could be more strengths focused and empowering to the client. Seven of eight link workers expressed that they would like to use this questionnaire if the wording was changed from ‘problems or concerns’ to ‘goals’ Two link workers described having to clearly manage expectations prior to completing the MYCaW to ensure the problems they wrote down were manageable and attainable. Addressing what a person wanted from social prescribing as a problem or concern also meant that some service users had expectations that their link worker could ‘fix’ their problems. Service users expressed that writing down their problems brought about a sense of vulnerability. They found it difficult to see their problems written down on paper.

	MYCaW Supporting Quotes	Community Connectedness Scale	Supporting Quotes
Limitations	*"People would come in and I would say "do you have any problems or concerns" and they wouldn't really, so then I would ask them if they have any goals or what did they wanted from the service and then suddenly we were having a conversation around what they wanted from the service and we were able to make some goals out of that" (LW2)* *"I just think it's so un-strengths based, you're basically saying put down two problems or concerns like they're both negative words" (LW4)* *"A lot of the time we would end up writing two goals as opposed to two concerns, because it can be difficult for people to identify concerns they have, but they might know, "Well, look I used to be involved in a local group. I'm no longer doing it." And so then we'll write that in as a goal" (LW6)* *"It's just the wrong wording really, you know. Sometimes they say they don't really have any concerns or problems. And I'd be like, "well, what would you like help with? What were you hoping to achieve" And then they'd be able to identify things" (LW1)* *"It's a great questionnaire, and it's super that service users can write down what they want. I just don't think I would like to use it if the wording stayed as 'problems or concerns'. It would have to be changed to 'goals' if I were to keep going with it" (LW2)* *"And then [the service user's problem or concern] turns into an expectation sometimes so I had to take time explaining what social prescribing is and what the services can actually do. It was like their expectation and you know way I can fix or solve things" (LW3)* *"Having it down on paper, you're looking at the reality of your situation. Which was becoming quite hopeless at that stage" (SU3)*	Two link workers expressed that some of the questions were repetitious. Two link workers observed that the scores were not always reflective of the service users' actual community engagement. At baseline, some service users reported high connection scores. However, following engagement in activities through social prescribing, their follow-up scores demonstrated an overall decrease in perceived community connection. Three service users reported that 'community' was ill-defined. These service users reported it was unclear what community was referring to in the questionnaire. Five link workers were unsure of how to describe community to their service users. Service users were able to complete the questionnaire once the link worker explained the concept, however link workers desired a clear and consistent definition. Three link workers expressed that the statement '*I am knowledgeable about the services in my community*' was unnecessary to ask during the first appointment. Link workers explained that during their initial appointment they gave information to service users on services in the local community, and so asking this question at the end of the appointment meant that it may not have been a true reflection of the service users' baseline. Two service users discussed the wording of question five on the questionnaire [*I am likely to use these services in my community*]. The service users expressed that their reason for attending social prescribing was to learn more about services in their community, so asking about their likelihood of using services at the first appointment was unnecessary as they had no knowledge of what was available to them.	*"I found the questions quite repetitious and it was almost as if I was asking the same question over and over again of the client. I think the client thought the same because they'd say "you've just asked me that one"" (LW6).* *"Like sometimes people would say, "I'm knowledgeable about my community". They'll come in for their first appointment. They'll mark themselves a three. They sign up for loads of things, and then three weeks later they mark themselves a one" (LW4)* *"So, what is your idea of community? Is it your neighbours? Is it the state? Is it your parish? It's completely subjective. I wasn't sure how I should be answering the questionnaire" (SU13).* *"But generally, people don't understand what community is. I had to explain it each time I used the questionnaire" (LW1)* *"I felt as though people were a little bit confused about what community was. Like one answer that I got was, "well, is that my family? Or is that volunteering?". The term community could mean different things to different people, and to be honest sometimes I wasn't sure exactly how to answer people" (LW6)* *"For the community connectedness questionnaire, I find it often gets left to the end. This can skew results, especially if we've just discussed local services, because one of the questions asks about their knowledge of what's available locally. So, doing it at the end can impact their responses" (LW8)* *"I didn't really understand the point of that question because I don't know what's in my community. That was the whole point of me going there" (SU13)*

	SWEMWBS	Supporting Quotes	MYCaW
Length	All link workers reported that the SWEMWBS was easy to complete. Two link workers expressed the questionnaire could be shorter. All service users reported that the questionnaire was short and easy to complete. It took between one and 10 minutes to complete.	*"Oh, it was easy to complete, it only took about two minutes" (LW8)* *"I thought it was fine and easy to use, but I do think it could be shorter" (LW4)* *"I think it's good, it's not too long, not too short" (SU22)*	All link workers reported that the MYCaW was an appropriate length All service users expressed that the questionnaire was short and easy to complete. It took between five and 15 minutes to complete.
Language	All link workers reported that the language used was clear and easy to understand. All service users expressed that this language used was clear and easy to understand.	*"There were no issues for service users in understanding the questions. I think they found some difficult to answer because of how they felt, but there was nothing wrong with the language (LW4)* *"There was nothing difficult to understand, all the language was very clear" (SU27)*	All link workers reported that the language used was clear and easy to understand. All service users expressed that this language used was clear and easy to understand.
Confidence to use *Reported by link workers only*	All link workers reported that they were confident in using the questionnaire	*"Yeah sure it was grand, I would definitely be fine using it" (LW6)*	All link workers reported that they were confident in using the questionnaire

	MYCaW Supporting Quotes	Community Connectedness Scale	Supporting Quotes
Length	*"I think it's an appropriate length. I wouldn't want it any shorter or longer" (LW3)* *"It's quite succinct, very easy to get through" (SU18)*	All link workers reported that the Community Connectedness Scale was short and easy to complete. Three link workers expressed that the questionnaire could be shorter. All service users expressed that the questionnaire was short and easy to complete. It took between two and 15 minutes to complete.	*"I find with the length perfect" (LW3)* *"I thought the length was okay but it got very repetitious. I feel like it could be shorter" (LW5)* *"It's straightforward and easy to answer. And the scale was easy to understand. I'd say it took me about 10 minutes" (SU5)*
Language	*"There wasn't any trouble for people completing the MYCaW. The smiley face and sad face made it easier to understand I think" (LW3)* *"I was well able for it. There was no trouble with any of the words used, it was all straight forward" (SU15)*	All link workers reported that the language used was clear and easy to understand. Three link workers reported that the scale was easy for service users to understand. All service users expressed that this language used was clear and easy to understand.	*"I had no issues, service users said it was easy to read, easy to understand" (LW7)* *"The scale was easy to understand, it was straightforward for service users to understand too" (LW2)* *"I think the questions are self-explanatory, not too hard" (SU15)*
Confidence to use *Reported by link workers only*	*"Oh yeah totally confident using it" (LW4)*	All link workers reported that they were confident in using the questionnaire	*"I would definitely be confident in using the community connectedness questionnaire" (LW4)*

	SWEMWBS	Supporting Quotes	MYCaW
Did the questionnaire capture change? *Reported by link workers only*	All link workers reported that the SWEMWBS was capable of capturing change in service users' wellbeing from baseline to follow-up. Three link workers noted that service users often do not reflect on their emotions over the preceding two weeks at follow-up. Instead, they tend to consider a longer time period and base their answers on that longer timescale.	*"It's good because it's nice to where you can compare it to pre and post. Like it really shows people how much they've changed" (LW3)* *"I just really notice people look into the past and so it's really hard for me to make people think of only in the last two weeks" (LW3)*	Six link workers expressed that MYCaW was capable of capturing change form baseline to follow-up. The remaining two link workers reported that MYCaW was not may not be reflective of a successful social prescribing journey
Is the questionnaire appropriate for use in social prescribing?	Whilst five link workers thought that this questionnaire was appropriate to use, three link workers reported it was not appropriate to use this questionnaire in social prescribing. These link workers expressed that it was not appropriate to measure individuals with mental health difficulties with a questionnaire. They also reported that this questionnaire had the potential to upset service users. Out of 20 service users, 18 agreed that the questionnaire would be appropriate to complete this questionnaire with other social prescribing clients	*"I don't feel it's appropriate. I don't think it's always right to measure people's mental health using a questionnaire. It would be far better just to talk to them about the difficulties they're having (LW7)* *"I don't find the SWEMWBS helpful, I think it's very focused on mental health, which I think people find hard and upsetting when they realise where they're at. Sometimes it can cause upset, like when they realise how disconnected they" (LW7)*	7 of 8 link workers reported that this questionnaire was appropriate for use in social prescribing. Three would use this questionnaire again in the future if the wording was changed from problems and concerns to goals. Out of 20 service users, all agreed that the questionnaire would be appropriate to complete this questionnaire with other social prescribing clients

	MYCaW Supporting Quotes	Community Connectedness Scale	Supporting Quotes
Did the questionnaire capture change? *Reported by link workers only*	*"Oh yeah, I definitely think it can capture that change because the person can rescore their initial concern" (LW6)* *"I think it's quite reductionist to bring the person back to their initial concerns when they've finished with social prescribing. Back to, "well, you know, is it clear from the MYCaW that someone's had success?". Is a reduction in concerns really what we want to measure as a success in social prescribing?" (LW5)*	All link workers agreed that the Community Connectedness Scale was able to detect change from baseline to follow-up.	*"Yeah, I definitely saw a change in service users' scores from baseline to follow-up" (LW2)*
Is the questionnaire appropriate for use in social prescribing?	*"I definitely would continue to use MYCaW after this research. I think it's great for a client to say what they want" (LW6)* *"Yeah definitely, it would be good to use with other people. It gives you a synopsis of where you were, and where you've come, it's worthwhile" (SU30)* *"I think it would be good, yeah definitely" (SU5)*	All link workers agreed that it is appropriate to ask questions about a person's community connection. The remaining two link workers explained that they could discuss a person's community connection through conversation, and did not need a questionnaire. Out of 20 service users, 18 agreed that the questionnaire would be appropriate to complete this questionnaire with other social prescribing clients	*"I think it really mirrors the work we do, because you're linking people and community-based activities, so yeah I think it make sense to ask about their community the way this questionnaire is" (LW3)* *"I think it's a good questionnaire, but I just think that I could definitely just ask service users these questions when they first come into the service through chatting to them. I don't think it needs to be another questionnaire" (LW8)* *"It would be good to use the questionnaires with other people who come in, just to bring into focus of how am I really? What am I really seeing?" (SU3)*

RECOMMENDATIONS FROM PARTICIPATING LINK WORKERS

Training Needs

Link workers highlighted the need for training in the use of standardised questionnaires in order to ensure a consistent approach is taken to data collection.

> *"I think some training would be good. I mean, to be honest with you, I've never received training on it." (LW5)*

> *"Everyone would need to be completing the questionnaire to the best of their ability in a standardized approach. So, everyone would need to possibly have a review of how exactly to complete the questionnaires, so that you're not getting skewed answers or you're not prompting in any way. If it's the case that this data is going back to a bigger asset to evaluate social prescribing in some way." (LW6)*

Three link workers highlighted the need for a defined procedure if a person scored very low on the SWEMWBS. Although some link workers were confident in giving recommendations if a person scored very poorly, others were unsure of how to progress with a client who had scored low.

> *"I'd like a little bit more training, especially just to know what to do if a person scored low across the measures. Like there's no pathway or anything." (LW8)*

> *"If you get loads of very low answers as well, then, and they're all on ones, what do you do with that information? Then, now that you have this, are you obligated to say something? What's the next step?" (LW7)*

Accessibility

Two link workers also noted that the text on the outcome measures was small and that an increased font size would be preferred to ensure accessibility.

> *"I would say that the writing on the SWEMWBS and the Community Connectedness Scale is very small. It needs to be bigger to make sure people can read it." (LW5)*

Future Research

Two link workers felt that while completing outcome measures was helpful, it would have been much more beneficial if there was a single assessment that could be developed to assess the various aspects of the person presenting to social prescribing services.

> *"I wish that the team would develop one tool that included everything including your emotional wellbeing, your physical wellbeing and your social wellbeing." (LW4)*

Three link workers identified that physical health is not directly addressed within the outcome measures. They felt that this was an important aspect that should be addressed in any outcome measure that was to be included in social prescribing. The same three link workers suggested the Pillars of Positive Health as a potential assessment that could look at a holistic view of the person, including their physical activity.

> *"The only thing missing there is your physical wellbeing." (LW1)*

3.3.3.2 Theme 2: Considerations When Using the Outcome Measures

Link workers gave much consideration to the use of outcome measures in social prescribing, focusing on the timing, format, and flexibility of their completion. Both link workers and service users expressed a preference for completing the outcome measures at their initial appointment, highlighting the importance of establishing an initial measure of service users' wellbeing and ensuring timely access to appropriate services, where necessary.

While the majority of link workers and service users favoured completing the outcome measures at the initial appointment to establish a baseline of how the service user was feeling, some felt that completing the questionnaires at a subsequent appointment would have been more appropriate. *The preferred format of outcome measure completion also varied, with many favouring an in*-person, conversational approach. Flexibility regarding the completion process was emphasised, highlighting the need for a tailored approach for individual service users.

TIMING OF COMPLETION

Link workers and service users identified different times for completing the outcome measures. While the majority of link workers believed it was appropriate to complete the outcome measures at the first appointment, the need to build service users' trust and understanding of social prescribing before completing the outcome measures was highlighted.

First Appointment

Six of the nine link workers interviewed reported that it was preferable to complete the outcome measures at a service user's initial appointment.

> *"I prefer to do the questionnaires during the first appointment, it's best to get a baseline of how they're feeling when they first come in the door." (LW3)*

> *"I would never leave them to the second, I think doing the questionnaires at the first appointment is much better because it gives a real reflection of how they are at the start of the social prescribing process." (LW7).*

The majority of service users (n=14) also believed that it was important to complete the outcome measures during the first appointment. Reasons for this included the need to establish a baseline of how the service user was when they first presented to social prescribing, and to ensure timely referral and access to necessary services.

> *"Definitely the first. Because you're kind of going into social prescribing wanting to know more about yourself and your situation. And having the questionnaires at the first appointment will give [the link worker] a good idea of how you are. Like, if I'd been feeling very down or suicidal, that would have been important for [link worker] to know. At that point then I think it would be good to do them because, you know, you may be able to direct somebody straight away to counselling or to whatever they need." (SU30)*

> *"You'd want them completed at your first appointment because the second time you come in, you come in with a different attitude. The second day you might have gone to an art class, seen a counsellor, gone on a walking group, men's shed, you could have a very busy schedule and the second time you come in you could be a totally different person." (SU1)*

Four service users also recognised the importance of having a baseline measure in order to help with future reflection around how they were at the start of the social prescribing process.

> *"I thought it as good that it would be used as a kind of benchmark or baseline to see how I was that day and if I did it in two months' time or four months' time you would see if I'm doing things differently. It's good to measure people starting the service to see where they're at." (SU10)*

Second Appointment

Two link workers expressed a preference for completing the outcome measures at the service user's second appointment. Outside of this study in the link workers' usual practice, they both explained that they used the first appointment to build trust between themselves and their client. They then completed the outcome measures at the second appointment, at a time when they knew more about their service user and why they were coming in.

> *"Generally, I would find questionnaires will be the second appointment, because they'd come in at their first appointment and they'd offload and tell you what's going on. There's never an appropriate time to be approaching them with questionnaires during that first appointment just because you need to build that trust with them." (LW6)*

> ***"I think sometimes on that very first time you meet somebody, they don't necessarily feel able to tell you just how difficult it is. I think they need to build that little bit of a trust in you. And I actually think in the second one [appointment], you're more likely to really get to the core of how they're feeling since you already know them a bit."* (LW*2)***

The minority of service users (n=6) felt that they would rather complete the outcome measures at a subsequent appointment, most often the second. Lack of knowledge of social prescribing was the most common reason cited by service users as to why they would rather complete the outcome measures at a different appointment.

> *"I think maybe do it on the second or third appointment because it's nerve wracking enough at the first appointment, and then suddenly you have to launch into questionnaires. And you're kind of thinking like I thought I was here to know what's going on in the community." (SU15).*

> All link workers highlighted the need for flexibility around whether to complete the outcome measure at the first appointment or the second appointment.

> *"I think that the first is best but do find you probably need leeway to do them on a second to be honest. I'd always want to do it at the first, but the second might be more appropriate, depending on who's coming on the door." (LW3)*

> *"I think if it works to complete them at the first appointment, then great, and if not, it's nice to have the allowance of being able to go back to the SWEMWBS or the MYCaW at the next appointment." (LW5)*

PREFERRED APPROACH TO OUTCOME MEASURE COMPLETION

There was no one consistent approach identified by link workers on how to complete the outcome measures. Approaches included completing the outcome measure through conversation or giving the outcome measure to the service user to fill out themselves.

In general, the majority of link workers (n=7) would offer the service user the option to fill out the outcome measures together through conversation.

> *"I filled them out in conjunction with them, having offered to them, "would you like to do them yourself, or would you like me to go through them with you?" Both said, "You go through them, and I'll give you the answers." (LW2)*

One link worker stated that they usually give the service user the outcome measure to complete themselves. However, if the link worker felt that the service user could potentially have difficulty completing the outcome measure, they would offer them the option of filling it out together.

> *"Usually, I just hand it to them on a clipboard and they just fill it out themselves. If I feel there might be any issues with completing it, I'll fill it out with them" (LW4)*

All link workers described tailoring their approach to completing the outcome measures to each service user.

> *"I think it really depends on who is coming in the door. Some people might prefer to fill it out themselves, others like filling it out with me. I think choice is the most important aspect to be honest" (LW8)*

The majority of service users (n=16) preferred the link worker to complete the outcome measures with them while using the questions to guide the conversation.

> *"We filled them in together, we went from each point, and I gave my answer and then we talked about it. I think that that way is best, like them calling out the questions and having a conversation around the answers" (SU25)*

The importance of discussion was highlighted - service users felt that they could explain themselves better when completion of the outcome measures was supported by discussion.

> *"I think that when the link worker sits down beside them and does the writing, that way is best. For some people that would help to explain themselves a bit more and draw them out a bit." (SU1)*

The remaining service users (n=4, 25%) stated that they would rather complete the outcome measures themselves. They explained that they found the completing the outcome measures personal, so they would have more time to reflect on their answers.

> *"No, I think it's best that you do it yourself because it's more a personal thing" (SU15)*

> *"I would rather if I could mull over it a bit rather than answering it on the spot. Like I ended up just answering based on the first thing that came into my head." (SU22)*

Service users recognised and highlighted the importance of their link worker taking a tailored approach to the outcome measures.

> *"She actually was very helpful. Like, I have dyslexia, so she was able to guide me through it. I liked her doing it that way" (SU9)*

> *"I suppose for someone whose English might be poor or whose understanding of words might be poor might need more clarification, but [link worker] would definitely do that." (SU18).*

When completing the outcome measures, service users recommended that link workers ensure that the person has adequate time and space to complete the measures.

> *"I just had to have time to think about my answers you know, like I needed a bit of time. This whole concept of having a link worker is new to me. It's all got me thinking about what I want but like at that first appointment I didn't know what [link worker] was offering or how I felt, so I just needed time" (SU11).*

3.3.3.3 Theme 3: Benefits of Completing Outcome Measures

There were a number of benefits of completing outcome measures described by both link workers and service users. These benefits include strengthening the relationship between the link worker and the service user, giving a clear picture of the service user's emotional state, and providing structure to the appointments. Link workers reported that the outcome measures helped build trust, while service users appreciated how the questions made them reflect on their feelings and think about their future.

BUILDING A RELATIONSHIP BETWEEN THE LINK WORKER AND SERVICE USER

All link workers highlighted the importance of having a conversation to build rapport and trust with the client at the start of their first social prescribing appointment.

> *"I think a little conversation at the start of the appointment, it helps them build trust which is just so key and vital really to social prescribing." (LW6)*

Four link workers reported that the outcome measures were helpful in building a relationship with their service users.

> *"[The service user] is identifying things, and kind of teasing out how they're feeling from their answers to the questions. We're building a relationship from the questionnaire." (LW3)*

> *"So, the majority of the time, if it's appropriate to complete the questionnaires, absolutely, I think it can really benefit that relationship building." (LW6)*

Three link workers highlighted how the outcome measures helped them to understand their clients in a way that normal conversation may not have uncovered.

> *"They just explain a lot of the story on how they're feeling while they're answering the questionnaires. The questionnaires really help them to think about how they're feeling, and share a little bit more about their story." (LW8)*

Service users expressed that it was the combination of the outcome measures and the conversation they had with their link worker that helped them to identify how they were feeling.

> *"And yeah, I think that having the two, the questionnaire and then the link worker was the best." (SU35).*

> *"I think the skill of the link worker kind of helped to draw out how I was feeling and talk through what was going on for me at that moment." (SU13)*

THE OUTCOME MEASURES REFLECTED SERVICE USERS' EMOTIONAL STATE

Link workers expressed that the outcome measures generated discussion around how their service users felt.

> *"I think the questionnaires can be good as they can make room for deeper conversation. Like the questions kind of open doors." (LW8)*

Three link workers also expressed that the outcome measures helped service users to become aware of how they felt.

> *"It gives service users a bit an eye opener, like it shows them that they have a lot going on and that they might not necessarily be connected to their community." (LW6)*

Five link workers reported that the outcome measures were useful to complete with service users as they helped them to understand their clients.

> *"Yeah, I like them. I liked all of them, they're helpful to complete with people, so I can see how they are." (LW3)*

> *"I think the forms are a good idea. I think both for the individual and for me." (LW1)*

Four link workers reported comments made by their service users around the value of completing the outcome measures.

> *"I think service users found the questionnaires positive. I think they saw the value in doing them." (LW2)*

> *"Service users were absolutely fine completing it, I don't think they had any real trouble. I think they saw that it was useful for them to complete." (LW8)*

The majority of service users (n=16) expressed positive feedback towards completing the three outcome measures.

> *"I like the paperwork because it keeps you concentrated on you and how you feel, you have to think about your answer. Like it helps you to realise that you're not in a very good place and social prescribing could help." (SU29)*

> *"The questionnaires absolutely added to the session. It's good to quantify how you're feeling." (SU41)*

Thirteen service users felt that the outcome measures helped them to understand how they were feeling.

> *"The questionnaires brings you into sharp awareness of where you are, and where I was at was not a good place. There's an accountability with it I suppose." (SU3)*

> *"Doing the questionnaires, they just gave me pause for reflection of where I'd been at other times, but in a good way." (SU12)*

> *"Like for me it helped me sit back and assess where I'm at." (SU3)*

Service users also expressed that the outcome measures helped them to understand what they might like to be involved in in the future, and to set goals.

> *"I think it's good because it made me think of how I used to be and how am I now and where I want to be." (SU29)*

> *"It kind of helps to show where you're at and to help make myself be involved in things." (SU18)*

OUTCOME MEASURES GAVE APPOINTMENTS STRUCTURE

Three link workers felt that the outcome measures gave the appointments a structure and direction.

> *"Having the questionnaires there, it's a nice structure for the appointment." (LW3).*

These three link workers also felt that service users benefited from the structure of the outcome measures.

> *"I think for service users the questionnaires were helpful, like they gave that first appointment a structure that I think they liked." (LW5)*

3.3.3.4 Theme 4: Barriers to Completion

There were a number of barriers identified to completion that potentially might exclude service users from partaking in this research. The research process and the amount of paperwork involved was seen as a barrier to involvement by both service users and link workers. Link workers also described service users' general lack of knowledge of social prescribing when completing the outcome measures. There was also difficulty identified with the collection of follow-up measures. Link workers identified service users for whom it would be inappropriate to complete the outcome measures. These groups included people with specific diagnoses, or who they perceived as being cognitively or emotionally vulnerable. The potential to cause upset to people was a common reason cited for not completing the outcome measures.

OUTCOME MEASURES WERE NOT BENEFICIAL IN UNDERSTANDING SERVICE USER NEEDS

Three link workers did not believe that the outcome measures were beneficial. They reported that the outcome measures did not help them to understand their service user any more than normal conversation would uncover.

"The questionnaires weren't really helping me to understand the person who was in front of me. It was more the conversation we had together." (LW6)

Link workers two, four, and six all reported that they would not choose to complete any of the outcome measures if they were given the option.

"I would never choose to use any questionnaires that I am not required to use." (LW4)

"I would choose not to do them, I didn't think they helped me or my service user." (LW6)

Link Worker Two and Six reported that the outcome measures tended to capture how the service user was feeling at a specific point in time which may not have been reflective of the service user's time in social prescribing.

"Service users could have had something that happened that day that totally changes the way that they feel. And tomorrow something else could have happened giving a totally different view, so it isn't giving you a true reflection." (LW2)

One link worker viewed the outcome measures primarily as instruments for data collection required by the HSE, rather than questionnaires designed to facilitate a deeper understanding of the service user.

"I have no problem using them to gather data. I completely see the HSE needs to gather data, and there has to be some proof that social prescribing is working. The questionnaires didn't help me to understand the service user more or anything like that, we just did them to collect data." (LW4).

Other link workers (n=2) reported comments from service users on the personal nature of the questions.

"One time someone said to me "a Garda wouldn't ask these questions". He happily completed the questionnaires but just that was the comment he had at the time." (LW1)

Two link workers identified that some service users would agree to answering the outcome measures without engaging in them fully – whilst they were happy to complete the outcome measures, it was sometimes treated as a tick-box exercise in order to continue their engagement in social prescribing.

"They just tended to fill it out in a business-like way. Sometimes I didn't know if the service user was fully thinking about each of the statements." (LW4)

"I just think sometimes the service user is just doing it to please the link worker, to kind of just get it done for them." (LW3)

A small number of service users (n=4) expressed discontent at completing the outcome measures (SUs 7, 15, 26, and 42).

"The questionnaires frustrated me more than anything. Like I couldn't see why I had to do them." (SU26)

These four service users who did not like completing the outcome measures expressed a dislike of completing paperwork in general. One service user described it as:

> *"I just have an aversion to paperwork. Like I see it and I want to get it away from me as quick as possible." (SU42)*

Two of these service users (15 and 42) explained that they did not like the outcome measures as they found it difficult to identify how they were feeling.

> *"Well, it's very hard to kind of pin down exactly what you're feeling, and to rate it on a scale of one to five because sometimes during the day you might have good moments and other days you a have bad moment, you know the way your mood differs during the day so it was hard." (SU42)*

Three of these four service users indicated that they disliked the outcome measures as they did not identify the main reason of why they were attending social prescribing. They suggested that their link worker should identify their social prescribing needs through conversation rather than through the outcome measures.

> *"I would prefer to have a conversation with someone rather than having to do a load of paperwork. Like when I was doing the questionnaires, I wanted to just get them over with you know. I didn't think that the questionnaires got to the real nub of the problem, like they weren't really getting to the reason I was there. Sure, maybe [link worker] helped a bit to understand me but at the end of the day it was the conversation we had together rather than the questionnaires that were the important part to me." (SU15)*

However, three of the service Users expressed that they would have been amenable to completing the outcome measures if they had more information about social prescribing:

> *"Yeah maybe if I had got to know the service a bit better and knew what I was being offered. Because I went into the appointment with not really much of an idea of what it was and then all of a sudden, you're offered a ton of paperwork that has to be filled out that's asking all kinds of personal questions that I didn't really know if I was ready to answer because I didn't think I was prepared for them." (SU42)*

> *"Like I see the reason for completing them, but I still would have liked a bit more knowledge of what this whole thing was before I delved into how I was feeling." (SU26).*

CHARACTERISTICS OF SERVICE USERS NOT COMPATIBLE WITH COMPLETING THE QUESTIONNAIRES

Some link workers (n=4) felt that it may not be appropriate to complete the outcome measures with service users with dementia or Alzheimer's disease, cognitive issues, or who have difficulties with memory or concentration.

> *"I found that people with Alzheimer's found it very difficult to engage in the questionnaires, to be honest most of the time I didn't try to do them with them, I just didn't think it would be fair." (LW1).*

> *"It would be quite difficult to complete the questionnaires with people who have a cognitive impairment, and they might become quite stressed answering, so I generally tend not to do the questionnaires with people if I think that it would potentially upset them." (LW5)*

Some link workers discussed how they believed it would be inappropriate to complete the outcome measures with people with mental health difficulties such as schizophrenia, or psychosis:

> *"There's a client I have with a very high level of schizophrenia. He's coming to social prescribing, and I just couldn't get him to engage with the questionnaires at all. It was too many questions. It wasn't fair on him." (LW3)*

> *"People with psychosis and things like that and schizophrenia. I didn't do any of the questionnaires with them, I just don't think it was appropriate and don't want to upset them." (LW2)*

Two link workers identified that it was more difficult to complete the outcome measures with non-English speakers:

> *"I mean the level of English where we practically need to Google translate in the interaction, like, there's no way you're going to do the questionnaires then, it would just be impossible." (LW4)*

Three link workers also expressed that they felt it would be inappropriate to complete the outcome measures with some older adults, especially those they perceived to be emotionally or cognitively frail.

> *"I just feel it's not tailored to an older cohort who might have memory issues and or who might not understand the language of emotions. Emotions just aren't something an older cohort are used to talking about." (LW5)*

EMOTIONALLY VULNERABLE SERVICE USERS

Link workers described emotionally vulnerable clients presenting to social prescribing. If it was felt by the link worker that completing the outcome measures could potentially be an emotional trigger for their clients, they tended not to complete the outcome measures.

> *"A lady that I was seeing, and she had just split from her abusive husband, and in her 80s. And that was the first statement she saw [referring to 'I have been feeling useful' on SWEMWBS questionnaire]. And, I mean, she didn't exactly throw the clipboard around my head, but she was extremely unhappy about being asked that, and made that very clear. I don't know how appropriate it was to complete the questionnaires with her, like she was in a very vulnerable situation." (LW5)*

It was felt by three link workers that in situations where a client was emotionally vulnerable, it was inappropriate to complete the outcome measures at the initial appointment:

> *"Relationship building can take a bit longer and so you trust your intuition and asking these quite personal questions about how someone's been feeling can be really difficult. It might not necessarily be appropriate to ask them at the first consultation, but you might review at the second consultation which is why it's so important to have flexibility." (LW6)*

Due to the hesitancy to complete the outcome measures with emotionally vulnerable individuals, link workers expressed that this cohort of people may have been excluded from the research.

> *"I'd say all the most vulnerable clients would have been missed. That probably came from link workers who made a judgement call when a person came in for their first appointment, like they just decided that they wouldn't be appropriate for whatever reason." (LW4)*

PARTICIPATION IN RESEARCH

Some link workers gave feedback on the volume of paperwork required for service users to partake in the study. As part of the research, service users were asked to read an information leaflet and sign an informed consent form. As well as this, each service has their own consent forms that are required in order to access their service. In some services, further consent forms were required depending on which activity or service the link worker referred the service user.

> *"Having to explain about the research at the first appointment can be hard. So, having to fill out the three wellbeing tools, one of which is two pages, and then giving the service user the information leaflet and consent form, it's a lot of work for myself and the service user. It all seems too much." (LW4)*

> *"The admin that we have already to complete with a client in the initial consultation is more than enough. We already do our own registration and consent forms, so it nearly doubled up the work we had to do." (LW3)*

The amount of paperwork was seen as a burden by link workers and potentially excluded some people from the research.

> *"Sometimes the paperwork can be too much for someone the first time that they meet you. That's just with the registration form, and the consent process and then having to actually fill out the questionnaires. If I thought a person wasn't going to be able for them, I ended up just not telling them about the research." (LW5)*

Three link workers expressed that it would be more feasible to complete the three outcome measures without the informed consent form and the information leaflet.

> *"I definitely think it would have been easier because there's already two less things that the client is being handed." (LW4)*

Four service users disliked the amount of paperwork they were asked to complete. It was felt that three outcome measures were too many for a single appointment.

> *"There was an awful lot of paperwork, far too much in my eyes. I think that if there was a bit more knowledge of what I was actually doing it would have been better. Like I felt like I spent far too long just answering questions about things that weren't always relevant to the reason I was there." (SU42)*

> *"When I saw them I just said no. I was just losing it. The questionnaires made me frustrated, and I had to ask myself 'why in god's name do they want to know all this?'." (SU26)*

Some service users reported they did not have adequate time to complete all of the outcome measures, which led to them feeling rushed and giving inadequate thought to their answers.

> *"I would rather if I could mull over it a bit rather than answering it on the spot. Like I ended up just answering based on the first thing that came into my head. I think it would have been better if I had had more time." (SU13)*

SERVICE USERS' UNDERSTANDING OF SOCIAL PRESCRIBING

Link workers described service users as having a general lack of understanding of social prescribing.

> *"When service users first attend social prescribing, it's usually the case that they have no idea what it is, and I have to explain it to them." (LW5)*

> *"When service users come in, they pretty much have no idea what's going on." (LW4)*

Nine service user interviewees stated that they didn't know what they were getting involved in when they first attended social prescribing.

> *"I didn't know what social prescribing was, I didn't understand it." (SU15)*

This lack of understanding meant that oftentimes service users did not understand why they were asked to complete outcome measures.

> *"Well I wasn't really expecting to be asked all these questionnaires you know. I just thought it would be a talk about courses and things." (SU12)*

> *"I just wasn't expecting it. I was expecting questions about why I was there but nothing as detailed as that. It's not easy answering these questions if you're not expecting it or you're not used to it. It was kind of confronting to be honest." (SU13)*

Five service users expressed that they would rather have more time to develop a relationship with the link worker and get to know what the service had to offer before answering outcome measures.

> *"I mean, I needed that space during the first appointment to get a feeling for what it was going to entail. I didn't know what social prescribing was, I didn't understand it". (SU3)*

The lack of understanding meant that some service users felt that social prescribing was not an appropriate service to be discussing their mental health.

> *"I would have answered them in hospital before but like here, I didn't think I would have to do them when I came in here, so it was a bit frustrating too because it's on the spot, you're just given the form and you have to try and think very quickly on the spur of the moment. I don't see the need for them here." (SU15)*

> *"The questionnaires made me question what remit we were under – was it mental health or what. There are people that are really unsure and suspicious because of mental health services so it might throw them." (SU18)*

DIFFICULTIES WITH COMPLETION OF FOLLOW-UP OUTCOME MEASURES

Link workers highlighted difficulties they experience with collecting follow-up outcome measures in everyday practice.

> *"Outside of the research, I would say that I would collect a follow-up maybe 15% of the time." (LW7)*

> *"I would probably get 40% of follow-ups collected." (LW5)*

Link workers also expressed that having a strict deadline for the collection of follow-up measures was not reflective of normal practice.

> *"The six-to-eight-week deadline worked for some people, but for other service users they were nowhere near done and only starting to engage in activities. If it wasn't for the research, I wouldn't have done the follow-up with one of the service users because she wasn't finished with the service. It just wasn't reflective of how I practiced, I think the collection of follow-up measures should be depending on the client and who is coming in to see you." (LW4)*

It was reported by some link workers that it is not appropriate to have a strict deadline to collect the follow-up outcome measures as it would not encompass the unique social prescribing journey that each person has. `

> *"It's important that it's not time-constrained, that this is a process and not something that can be turned around in six weeks." (LW2)*

> *"I think that having a set timeframe that everyone's meant to fit into could be detrimental to service users' social prescribing journey." (LW6)*

3.4 Conclusion

This study explored the feasibility, usability, and acceptability of three outcome measures in social prescribing, from the perspectives of both social prescribing link workers and service users.

The quantitative results demonstrated statistically significant improvements across all three outcome measures from baseline to follow-up. Although this was the not the primary purpose of this study these improvements suggest that the outcome measures may be suitable for capturing meaningful changes for social prescribing service users.

Qualitatively, both link workers and service users provided valuable feedback on the usability and acceptability of the three outcome measures. While the majority reported that the outcome measures were helpful and reflective, difficulties were expressed around suitability for emotionally vulnerable clients. Key themes emerged around the importance of flexibility in outcome measure administration, the need for those referring to social prescribing to clearly explain to service users the purpose of social prescribing, and the role of outcome measures in fostering relationships between link workers and service users.

The study also highlighted several areas for improvement, such as the need for clearer definitions of terms like “community” in the Community Connectedness Scale and ensuring adequate time for service users to complete the outcome measures thoughtfully.

Overall, the study highlights the potential of these outcome measures to enhance the social prescribing process by providing structured, reflective insights into service users’ wellbeing and community engagement.

4. Discussion

4.1 Introduction

The aim of this study was to evaluate the feasibility, usability, and acceptability of three outcome measures used in social prescribing services. A mixed-methods approach was employed to achieve these aims. A discussion of the results, synthesising both qualitative and quantitative strands of the study, will be presented.

4.2 Use of the Three Outcome Measures

Understanding the usability, feasibility, and acceptability of the outcome measures is essential for the integration and sustained use in social prescribing services. Feasibility refers to the ease with which an outcome measure can be implemented and sustained in practice, focusing on both its efficacy and practicality of use (Leman et al., 2017; Proctor et al., 2013). Usability is concerned with how easy it is to use the outcome measure, including factors such as clarity and user-friendliness (Barnum et al., 2011; Bowen et al., 2009; Ginsburg et al., 2016). Finally, acceptability refers to the factors that influence users' willingness to engage with an outcome measure (Bowen et al., 2009; Ginsburg et al., 2016; Williams et al., 2024).

4.2.1 Feasibility, Usability, and Acceptability of the SWEMWBS

- Quick and easy, taking between one and 10 minutes to complete.
- Clear, straightforward language that was easily understood by link workers and service users.
- Five of eight link workers expressed positive sentiments towards the continued use of this questionnaire in social prescribing.
- Out of 20 service users, 18 expressed a positive sentiment towards the continued use of this questionnaire in social prescribing.
- All link workers reported that the SWEMWBS was capable of capturing change in service users' wellbeing from baseline to follow-up.
- Link workers expressed that the questionnaire was useful to capture a service users' wellbeing.
- Service users expressed that the questionnaire helped them to understand how they were feeling, and what they wanted for the future.
- Link workers desired clearer pathways for supporting service users with low scores on outcome measures like the SWEMWBS.
- Link workers hesitated to use SWEMWBS with emotionally vulnerable service users, expressing that it might cause distress by requiring them to confront emotions.
- Service users highlighted '*I've been thinking clearly*' and '*I've been feeling useful*' as being difficult to answer. This was not due to the complexity of the language, but rather because they required service users to confront and articulate their feelings.

SWEMWBS does not cover physical health.

4.2.2 Feasibility, Usability, and Acceptability of the MYCaW

- Quick and easy, taking between five and 15 minutes to complete.
- Clear, straightforward language that was easily understood by link workers and service users
- MYCaW was reported as being capable of capturing change from baseline to follow-up
- Three of eight link workers said that they would be happy to continue using this questionnaire beyond the study. However, if the wording was 'goals' instead of 'problems and concerns', seven of eight link workers expressed positive sentiments towards its continued use.
- All service users expressed positive sentiments towards the continued use of this questionnaire in social prescribing
- Link workers expressed that the MYCaW gave them insight into service users main concerns and problems
- Service users reported that it was positive to have space to write down their concerns and problems. They felt it was important to name their concerns to facilitate understanding of how to help themselves. It also helped them to understand what they wanted for the future.
- The language of 'problems and concerns' was seen as potentially emotionally triggering and disempowering for service users. To address this, link workers often changed the language to focus on 'goals' instead, but this flexibility created inconsistencies in how the questionnaire was administered.

Service users expressed that it was difficult to see their concerns written down on paper

4.2.3 Feasibility, Usability, and Acceptability of the Community Connectedness Scale

- Easy to use, taking between two and fifteen minutes to complete.
- The language was clear and easy to understand by link workers and service users
- All link workers agreed that the Community Connectedness Scale was able to detect change from baseline to follow-up.
- Six of eight link workers expressed positive sentiments towards the continued use of this questionnaire in social prescribing.
- Out of 20 service users, 18 expressed a positive attitude towards the continued use of this questionnaire in social prescribing
- Link workers reported that the questionnaire gave a reflection of the service users' community connection
- Service users reported that the questionnaire helped them to reflect on their current community connection, and what changes they would like to make to improve their community connection.
- Service users discussed the wording of question five on the questionnaire [*I am likely to use these services in my community*]. The service users expressed that their reason for attending social prescribing was to learn more about services in their community, so asking about their likelihood of using services at the first appointment was unnecessary as they had no knowledge of what was available to them.

The Community Connectedness Scale was well-received, but both service users and link workers struggled with understanding the term 'community' which reduced its usability. Without a clear definition, responses varied widely, affecting the measure's consistency and reliability. Service users interpreted 'community' differently, sometimes as a local group, sometimes as a broader social network. To improve usability, the questionnaire needs clearer definitions and further testing to ensure reliability and validation as a social prescribing questionnaire.

4.3. Factors Impacting on Feasibility, Usability, and Acceptability

A number of key factors impacted on the feasibility, usability, and acceptability of the three outcome measures.

4.3.1 Flexibility in Format of Completion

Flexible completion methods significantly improved the feasibility and acceptability of the completion of the outcome measures. Service users appreciated having options to complete the outcome measures independently or with a link worker, either in person, by phone, or online. This aligns with broader research, which shows that tailoring completion methods to individual preferences enhances engagement (Cooper et al., 2024; Connolly et al., 2024).

However, link workers highlighted that challenges remain in outcome measure collection in day-to-day practice. Although this study achieved a 77% service user retention rate, link workers noted this was unusually high for social prescribing, where high dropout rates are common (Archer-Kuhn et al., 2022; Negron et al., 2022; Tre week et al., 2018). Bicker dike and colleagues (2017) found similar issues in a systematic review, where many studies reported significant loss of service users at follow-up, leading to incomplete evaluations.

To address issues with the collection of follow-up outcome measures, Calderón-Larrañaga and colleagues (2017) recommend offering flexible engagement and data collection methods that reflect both individual and population needs. This was echoed in the findings of Connolly and colleagues (2024) who found that link workers identified the importance of allowing adequate time to collect follow-up outcome measures as service users need to experience the benefits of social prescribing. This can take many months for some service users, and so maintaining flexibility is key.

In this study, service users were able to complete follow-up outcome measures via phone, in person, or through an online survey. This flexibility was supported by access to online survey software provided by the partnered University, a resource that may not be available to all social prescribing services. As such, investing in enhanced administration and data collection systems to maintain flexibility is essential for ensuring the long-term feasibility of these outcome measures in practice, continued service user engagement, and improved data quality. These adjustments can make the process more practical and accessible, further enhancing their feasibility within social prescribing practice.

4.3.2 Lack of Understanding of Social prescribing

A key factor negatively affecting acceptability of the outcome measures was service users' limited understanding of social prescribing. Nearly half of service users interviewees were unsure of what social prescribing involved when they first engaged with the service. As a result, they were often unclear about the purpose of completing the outcome measures. This lack of understanding aligns with Khan et al. (2021), who found that both service users and the general public have limited awareness of social prescribing. Without this understanding, engagement and completion of outcome measures can be negatively impacted (Bickerdike et al., 2017).

This lack of understanding of social prescribing may be linked to a broader issue, where key stakeholders have varying interpretations of its core components (Islam, 2020). While a clear definition and understanding of the component parts of social prescribing may not be essential for service users, it is crucial for gaining commitment from key stakeholders, such as referrers, link workers, and funders. Without a common understanding, these stakeholders may struggle to explain the service to users at

the referral stage, affecting both buy-in and service user engagement. This again could translate into everyday practice as refusal or misunderstanding of the need to complete outcome measures.

Hamilton-West and colleagues (2019) found that in order to support the success of a social prescribing service, there needs to be buy in and commitment from key stakeholders, including GPs and others who refer people to social prescribing. This was supported in their research by the provision of enhanced training for GPs and other health and social care professionals. In order for there to be buy in from key stakeholders, there first needs to be a clear and common understanding of social prescribing. To support a common understanding of social prescribing, key stakeholders need to understand and utilise common terminology. In a recent scoping review of the terminology used to describe social prescribing in the UK, it was found that there was a broad spectrum of terms used within policy, practice, and research (Newstead et al., 2023). These terms not only varied across the countries of the UK, but also across individual services. Newstead and colleagues explained that this variation in terminology may cause confusion around what constitutes as social prescribing, as well as negatively impact on effective understanding and communication between key stakeholders, including funders and referrers, which can ultimately negatively affect service users.

To address this inconsistency, Newstead et al. (2023) recommend standardising social prescribing terminology and ensuring that appropriate, accessible terms are used. Moreover, a review that included Newstead and colleagues' research (2023) supported the continued development of a glossary of social prescribing terms, which has since been integrated into the Welsh National Framework for Social Prescribing (Welsh Government, 2024). Currently in Ireland, there is no standardised, evidence-based glossary of terms in existence. The development of a standardised glossary may therefore serve to standardise the language used in social prescribing, enabling clearer and more effective communication across key stakeholders which can in turn be appropriately disseminated to service users. This may result in a better understanding between key stakeholders which can be appropriately communicated to service users at the point of referral. This in turn can help service users understand what the role of social prescribing is, and why they are completing outcome measures.

4.3.3 Development of Trusting Relationships

Acceptability of outcome measures was enhanced through the development of a trusting relationship between link workers and service users. Service users noted the value of developing a trusting relationship with their link worker, while link workers highlighted the need to establish rapport before administering outcome measures. Building this relationship was seen as essential for increasing the acceptability of the questionnaires.

In wider literature, the relationship between service users and link workers has been recognised as a central aspect of social prescribing. Mercer et al. (2017) and Wildman et al. (2019) both found that establishing this relationship was crucial for service users. Moreover, service users appreciated how link workers connected them to new activities and services, which enhanced their sustained engagement in social prescribing. This, in turn, improved their self-esteem and confidence.

Moreover, this study also found that the majority of link workers believed outcome measures were helpful in building relationships with service users. These outcome measures provided insights into the service user's needs that might not have emerged through regular conversation. Additionally, service users felt that a combination of outcome measures and conversations with their link worker helped them better understand their own feelings.

However, Connolly et al. (2024) found that link workers in their study believed completing outcome measures negatively affected their relationships with new service users. In contrast, while some service uses in the present study expressed discomfort with completing the measures, none reported that it negatively impacted their relationship with their link worker. This finding highlights the strength of the outcome measures in building a relationship and supporting continued engagement in services.

4.4 Future Implications

This study has highlighted areas requiring further practice and research. The following recommendations are made:

The findings of this study indicate overall feasibility, usability and acceptability of SWEMWBS, MYCaW and the Community Connectedness scale in HSE social prescribing services in Ireland. SWEMWBS, MYCaW offer the ability to effectively capture service users' health and wellbeing and are sensitive in capturing change for service users over time. The Community Connectedness scale was identified as very relevant for capturing the focus of social prescribing but requires further refinement and testing before implementation in practice.

Participants in this study (link worker and service users) identified clear benefits of using the three measures in practice and also identified suggestions for improvement. Based on the findings of the study the following recommendations are indicated for social prescribing practice and research.

4.4.1 Recommendations for Social Prescribing Practice

There are fundamental differences between the MYCaW and the SWEMWBS which must be considered when using these measures in practice. MYCaW is a flexible, client-centred questionnaire primarily focused on identifying an individual's priority concerns. It allows service users to identify their two primary concerns (which may include physical, psychological, or social issues) and to track changes to these concerns over time. MYCaW therefore is particularly useful for guiding link workers as to which activities and services to connect services users to.

In contrast, SWEMWBS measures overall mental health and wellbeing of individuals attending social prescribing. It measures components of mental wellbeing such as optimism, relaxation, and clear thinking, which provide insights into an individual's psychological state. The questions on the scale encourage personal reflection on recent experiences and emotional states, fostering self-awareness. Although it is not as personalised as the MYCaW, SWEMWBS still prompts individuals to consider their mental state comprehensively.

While both questionnaires assess wellbeing, their objectives differ in terms of scope and focus. MYCaW's strength lies in its ability to capture individual concerns and track changes based on personal priorities, making it highly relevant in social prescribing settings. SWEMWBS is more suited for measuring general mental wellbeing, and the changes in general wellbeing over time.

The selection of which measure to use should align with the specific objectives of the assessment. For instance, if the aim is to have a better understanding of an individual's mental wellbeing, the SWEMWBS is an appropriate measure to do this. Alternatively, if the objective is to identify, and monitor change, in a service user's primary concerns, the MYCaW scale is recommended. To achieve a comprehensive understanding of a service user's general health and wellbeing **and** their specific concerns, the use of both outcome measures is recommended.

- The completion of outcome measures at a service user's first appointment is strongly recommended. However, it is recognised that this may not be appropriate with emotionally vulnerable service users. Therefore, there may be a need for flexibility for some service users to complete outcome measures in their second appointment.

- It is crucial to provide training for referrers and other stakeholders on the focus and principles of social prescribing. This will assist in ensuring that service users clearly understand what social prescribing is and why they are being referred. This will assist service users to understand why they are requested to complete outcome measures when they attend the social prescribing service.

- Should a person present with consistently low scores in either the SWEMWBS and/or MYCaW, it may indicate that a referral to an alternative support service is warranted.

- Additional training may be required for link workers on administration of outcome measures. This would support a consistent and accurate approach to data collection. This is particularly important given that many service users present with psychological concerns including anxiety and depression (Cartwright et al., 2022). Therefore, it is important to deliver outcome measures sensitively in a standardised approach. Enhanced training for link workers is critical to ensure consistent administration, particularly with vulnerable users (Makanjoula et al., 2023; Lovell et al., 2017).

- Continued relationship-building between link workers and service users is essential for sustained engagement with social prescribing services and outcome measure completion.

The implementation of enhanced administration and data collection systems is warranted to ensure ongoing flexibility in data management.

4.4.2 Recommendations for Social Prescribing Research

- Further development and testing of the Community Connectedness Scale is needed, including a clear definition of "community".

- Further testing of the three outcome measures across a broader range of services within the Republic of Ireland is indicated to ensure suitability of the measures for different models of service delivery and to meet the needs of different funding mechanisms.

  A standardised definition of social prescribing should be established for the Republic of Ireland and disseminated to all stakeholders, including service users, to ensure clear understanding and effective implementation.

4.5 Strengths

To the authors' knowledge, this study is the first examination of the feasibility, usability, and acceptability of three outcome measures used in social prescribing. This research may enable enhanced consistency in the use of outcome measures in social prescribing services.

Moreover, this research also gained perspectives from both link workers and service users on the use of the three outcome measures, enabling further understanding of the acceptability of the measures from both parties' perspectives.

4.6 Limitations

The study faced a number of limitations. This included the administrative burden that was placed on link workers and service users. Link workers expressed concerns about the time needed to complete all paperwork required for participation, which included reading information leaflets, signing informed consent forms, and completing any additional consent forms required by their service. This administrative load was seen as excessive.

Additionally, service users themselves found the paperwork burdensome. Four participants reported that completing three outcome measures in a single appointment was too much, consistent with Connolly et al. (2024), who observed that clients often resist completing multiple forms during appointments. The paperwork required by the study may have deterred some service users from participating, impacting the research outcomes.

Another potential issue was the risk of bias in the selection of service users. Although link workers were requested to complete outcome measures with all service users, they occasionally excluded individuals based on personal opinions or diagnoses, particularly those with conditions like dementia or enduring mental health illnesses. This selective exclusion may have skewed the sample and limited the inclusivity of the study.

4.7 Conclusion

Overall, this study provides valuable insights into the effectiveness and practical application of three outcome measures in social prescribing services. While the quantitative results confirm the positive impact of these measures on service users' wellbeing and community engagement, the qualitative feedback highlights the need for flexibility, clarity, and accessibility in their administration. By addressing these considerations, social prescribing services can better support service users in achieving their health and wellbeing goals, ultimately enhancing the overall impact of these interventions.

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Appendices

APPENDIX 1: LITERATURE REVIEW SEARCH STRATEGY

• EMBASE [93]

((social* OR green) NEXT/3 (prescribing OR prescription* OR referral* OR prescribe)):ti,ab,kw

((community OR 'community based') NEXT/1 (prescribing OR prescription* OR referral* OR garden*)):ti,ab,kw

(u3a OR 'university of the third age' OR 'buddy scheme*' OR 'mens shed' OR ecotherapy OR 'universal personalised care' OR 'nature connectedness'):ti,ab,kw

#1 OR #2 OR #3

(Link* NEAR/3 (work* OR scheme* OR support* OR program* OR facilitat*)):ti,ab,kw

('health trainer*' OR 'resource navigator*' OR 'navigator program*' OR 'community navigator*' OR 'community connector*' OR linkworker* OR 'community facilitator*' OR 'linkage-to-care program*'):ti,ab,kw

#5 OR #6

(User* OR client* OR patient* OR stakeholder*):ti,ab,kw

#4 AND #7 AND #8

• EMBASE Qualitative Studies [71] *(the point of view of social prescribing link workers and service users)*

((social* OR green) NEXT/3 (prescribing OR prescription* OR referral* OR prescribe)):ti,ab,kw

((community OR 'community based') NEXT/1 (prescribing OR prescription* OR referral* OR garden*)):ti,ab,kw

(u3a OR 'university of the third age' OR 'buddy scheme*' OR 'mens shed' OR ecotherapy OR 'universal personalised care' OR 'nature connectedness'):ti,ab,kw

#1 OR #2 OR #3

(Link* NEAR/3 (work* OR scheme* OR support* OR program* OR facilitat*)):ti,ab,kw

('health trainer*' OR 'resource navigator*' OR 'navigator program*' OR 'community navigator*' OR 'community connector*' OR linkworker* OR 'community facilitator*' OR 'linkage-to-care program*'):ti,ab,kw

#5 OR #6

(User* OR client* OR patient* OR stakeholder*):ti,ab,kw

((('semi structured' OR semistructured OR unstructured OR informal OR 'in depth' OR indepth OR 'face to face' OR structured OR guide) NEAR/3 (interview* OR discussion* OR questionnaire*)):ti,ab) OR 'focus group*':ti,ab OR qualitative:ti,ab OR ethnograph*:ti,ab OR fieldwork:ti,ab OR 'field work':ti,ab OR 'key informant':ti,ab OR 'qualitative research'/de

interview*:ab,ti OR qualitative:ab,ti OR 'health care organization'/exp

#9 OR #10

#4 AND #7 AND #8 AND #11

71 documents identified

• Social Prescribing EMBASE RCTs [211]

((social* OR green) NEXT/3 (prescribing OR prescription* OR referral* OR prescribe)):ti,ab,kw

((community OR 'community based') NEXT/1 (prescribing OR prescription* OR referral* OR garden*)):ti,ab,kw

(u3a OR 'university of the third age' OR 'buddy scheme*' OR 'mens shed' OR ecotherapy OR 'universal personalised care' OR 'nature connectedness'):ti,ab,kw

#1 OR #2 OR #3

'clinical trial'/de OR 'randomized controlled trial'/de OR 'randomization'/de OR 'single blind procedure'/de OR 'double blind procedure'/de OR 'crossover procedure'/de OR 'placebo'/de OR 'prospective study'/de OR ('randomi?ed controlled' NEXT/1 trial*) OR rct OR 'randomly allocated' OR 'allocated randomly' OR 'random allocation' OR (allocated NEAR/2 random) OR (single NEXT/1 blind*) OR (double NEXT/1 blind*) OR ((treble OR triple) NEAR/1 blind*) OR placebo*

#4 AND #5

• Social Prescribing – Validation studies [861]

((social* OR green) NEXT/3 (prescribing OR prescription* OR referral* OR prescribe)):ti,ab,kw

((community OR 'community based') NEXT/1 (prescribing OR prescription* OR referral* OR garden*)):ti,ab,kw

(u3a OR 'university of the third age' OR 'buddy scheme*' OR 'mens shed' OR ecotherapy OR 'universal personalised care' OR 'nature connectedness'):ti,ab,kw

#1 OR #2 OR #3

'validation study'/exp OR 'validation process'/exp OR 'accuracy'/exp OR 'feasibility study'/exp OR 'reliability'/de OR 'test retest reliability'/de OR 'comparative study'/exp

(valid* OR accura* OR compar* OR equival* OR 'performance evaluat' OR 'Measurement Accuracy' OR 'standard deviation' OR variability OR reliability OR 'test retest' OR sensitiv* OR specific* OR 'comparative stud*'):ti,ab,kw

#5 OR #6

#4 AND #7

• Google Scholar

“Social|community|green AROUND(3) prescribing|prescription|referral”|”nature connectedness” “Link AROUND(3) work|worker|scheme|supports|program|programme” Users|clients|patient|patients

• Web of Science Core Collection (Topic search) [69]

(((Social OR community) NEAR/2 (prescribing OR prescription OR referral*)) OR (u3a OR “university of the third age” OR “buddy scheme*” OR “mens shed” OR ecotherapy)) AND ((Link* NEAR/3 (work* OR scheme* OR support* OR program*)) OR (“health trainer*” OR “resource navigator*” OR “community navigator*” OR “community connector*”)) AND (User* OR client* OR patient*)

(social near/4 (prescri* OR referral OR intervention)):ti,ab,kw

(community near/4 (prescri* OR referral OR intervention)):ti,ab,kw

(“linking scheme*” OR u3a OR “university of the third age” OR “buddy scheme*” OR “men’s shed” OR ecotherapy OR “individual placement” OR “supported employment” OR “non-medical referral”

OR “non-clinical referral”):ti,ab,kw

((wellbeing near/2 referral)):ti,ab,kw

((well-being near/2 referral)):ti,ab,kw

APPENDIX 2: SHORT WARWICK EDINBURGH MENTAL WELLBEING SCALE

The Short Warwick–Edinburgh Mental Well-being Scale (SWEMWBS)

Below are some statements about feelings and thoughts.
Please tick the box that best describes your experience of each over the last 2 weeks

For link worker use: baseline or follow up (please circle one)

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5

APPENDIX 3: MEASURE YOURSELF CONCERNS AND WELLBEING

Measure Yourself Concerns and Wellbeing (MYCAW)

First form

For link worker use: baseline / final contact (please circle one)

Full name.. Date of birth ....

Date first completed ....

....

Please write down one or two concerns or problems which you would most like us to help you with.

1.

2.

Please circle a number to show how severe each concern or problem is now:

This should be YOUR opinion, no-one else's!

Concern or problem 1:

	0	1	2	3	4	5	6	
☺	Not bothering me at all						bothers me greatly	☹

Concern or problem 2:

	0	1	2	3	4	5	6	
☺	Not bothering me at all						bothers me greatly	☹

Wellbeing:

How would you rate your general feeling of wellbeing now ? (How do you feel in yourself?)

	0	1	2	3	4	5	6	
☺	As good as it could be						As bad as it could be	☹

Thank you for completing this form.

Measure Yourself Concerns and Wellbeing (MYCAW)

Follow up form (face-to-face version)

Today's date ....

Look at the concerns that you wrote down before.

Please circle a number to show how severe each of those concerns or problems is now:

Concern or problem 1:

		0	1	2	3	4	5	6	
☺	Not bothering me at all							bothers me greatly	☹

Concern or problem 2:

		0	1	2	3	4	5	6	
☺	Not bothering me at all							bothers me greatly	☹

Wellbeing:
How would you rate your general feeling of wellbeing now? (How do you feel in yourself?)

		0	1	2	3	4	5	6	
☺	As good as it could be							As bad as it could be	☹

Other things affecting your health

The treatment that you have received here may not be the only thing affecting your concern or problem. If there is anything else which you think is important, such as changes which you have made yourself, or other things happening in your life, please write it here.

What has been most important for you?

Reflecting on your time with , what were the most important aspects for you?
(write overleaf if you need more space)

Thank you for completing this form.

MYCAW. Measure Yourself Concerns and Wellbeing (face-to face at follow-up version)

APPENDIX 4: COMMUNITY CONNECTEDNESS SCALE

Community Connectedness Scale

Below are some statements about your connection to your community.

Please circle the number that best describes your community connection for each of the statements.

For link worker use: baseline / final contact *(please circle one)*

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
I feel socially connected with my community	1	2	3	4	5
I am involved in community-based activities and groups	1	2	3	4	5
I have enough people in my community I feel comfortable asking for support if I need it	1	2	3	4	5
I am knowledgeable about the services in my community	1	2	3	4	5
I am likely to use these services in my community	1	2	3	4	5

APPENDIX 5: LINK WORKER LOGBOOK

Link Worker Logbook

We want to know your thoughts on the Measure Yourself Concerns and Wellbeing (MYCaW), the Community Connectedness Scale (CC), and the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS).

We would like you to write down your thoughts on the questionnaires each time you use them with a service user.

Name:

Community Connectedness Scale

Date	How was the questionnaire completed? In person/ phone?	Initial contact (IC) or Follow-up (FU)	What worked well when using this questionnaire for both you and the service user?	What didn't work well when using this questionnaire for both you and the service user?

Short Warwick-Edinburgh Mental Wellbeing Scale

Date	How were the questionnaires completed? In person/ phone?	Initial contact (IC) or Follow-up (FU)	What worked well when using this questionnaire for both you and the service user?	What didn't work well when using this questionnaire for both you and the service user?

4

Measure Yourself Concerns and Wellbeing

Date	How were the questionnaires completed? In person/ phone?	Initial contact (IC) or Follow-up (FU)	What worked well when using this questionnaire for both you and the service user?	What didn't work well when using this questionnaire for both you and the service user?

5

APPENDIX 6: INTERVIEW SCHEDULE – LINK WORKER

Semi Structured Interview - Link Worker

A pilot study of three measures to support the evaluation of HSE-funded social prescribing services

Thank you for agreeing to be interviewed. Can I double check that you have read the Information Leaflet and signed the Consent Form? Do you have any questions about either of them?

Just before we start, I would like to reiterate the purpose of this study and the reason for this interview. We want to know the thoughts of both link workers and service users on how **easy** it is to use the SWEMWBS, MYCAW, and Measure of Community Connectedness, how **likely** you are to use these three questionnaires in your service, and how easy it would be it **integrate** the questionnaires into your work with service users.

The interview will be divided up following this format. We will go through each questionnaire individually and ask questions to do with ease of use, likelihood of use, and ease of integration into services. How does that sound to you? Have you got any questions?

For the sake of accuracy, I'd like to record our conversation. I want to assure you that everything we talk about will be confidential. When we write up our research, all your details will be de-identified. Is that ok with you?

Shall we begin?

Overall questions

- What was your overall experience of completing the questionnaires with your service users?
- Was there anyone who you felt that it would not be appropriate or not feasible to complete the questionnaires with? Can you explain your answer?
- Would you continue to use the three questionnaires beyond the pilot project? Can you explain your answer?
- Did you feel that doing these questionnaires during your first appointment impacted on building a relationship with your clients?
- Were you using any assessment measures prior to this pilot study? What were they? Would you rather use your previous assessment measures or these three new assessment measures?

The Short Warwick–Edinburgh Mental Well-being Scale

Usability Questions

For you the link worker…

- What was your overall impression of the questionnaire?
- How did you introduce this questionnaire to your service users?
- Was there anything you liked about the questionnaire?

- Please explain your answer

- Was there anything you did not like about the questionnaire?
  - Please explain your answer.
- What did you think of the length of the questionnaire? How long did it take you to complete it?
- How easy/ difficult was this questionnaire to use?
  - Do you feel confident using this questionnaire with service users?

For your service users…

- What was your experience of using this questionnaire with service users?
- How did service users respond to this questionnaire overall?
- Did your service users have any difficulty in completing this questionnaire?

Acceptability

- What factors impacted on your decision to use this questionnaire at the initial meeting and follow up?
- Did using this questionnaire help to shape your service users' goals from social prescribing?
- How appropriate do you think this measure was in capturing service user's wellbeing at baseline? How about changes in wellbeing as a result of social prescribing
- Do you feel that this questionnaire took much time away from your meeting with your service user?
- Did the questionnaire effectively capture the health and wellbeing/ community connection/ main concerns or problems of ***all*** service users?
  - If it didn't, can you explain why not? What clients did it not work for? What was it not capturing?
- Was it clear to you how this questionnaire fit into the goals of social prescribing?

Feasibility

- Do you think this questionnaire is suitable for use in social prescribing?
- Do you think that using this questionnaire was better than how you are currently assessing people when they come into social prescribing services?
- Would you use this questionnaire beyond the pilot project?
- Beyond this pilot study, how easily could this questionnaire be integrated into social prescribing services?
  - What would need to be done for this questionnaire to be successfully rolled out across social prescribing services?
- Do you have any recommendations to other link workers who are using this questionnaire with service users?

Same questions are repeated for both the Measure of Community Connectedness and the Measure Yourself Concerns and Wellbeing

APPENDIX 7: INTERVIEW SCHEDULE – SERVICE USER

Semi Structured Interview – Service User

A pilot study of three measures to support the evaluation of HSE-funded social prescribing services

Thank you for agreeing to be interviewed. Can I double check that you have read the Information Leaflet and signed the Consent Form? Do you have any questions about either of them?

Just before we start, I would like to reiterate the purpose of this study and the reason for this interview. We want to know the thoughts of both link workers and service users on how us **easy** it is to answer the 3 questionnaires, how easy it would be **to use them** across social prescribing services, and how easy it would be **to fit** these questionnaires into social prescribing services.

The interview will be divided up following this format. We will go through each questionnaire individually and ask questions to do with ease of use, likelihood of use, and ease of fitting the measures into services. How does that sound to you? Have you got any questions?

For the sake of accuracy, I'd like to record our conversation. I want to assure you that everything we talk about will be confidential. When we write up our research, all your details will be de-identified. Is that ok with you?

Shall we begin?

The Short Warwick–Edinburgh Mental Well-being Scale

Usability Questions

- What was your overall thoughts on this questionnaire?
- How did your link worker introduce this questionnaire to you?
  - Did they explain what it was and the purpose for doing it?
  - Was it a good way to introduce the questionnaire?
- Was there anything you liked about the questionnaire?
  - Please explain your answer
- Was there anything you did not like about the questionnaire?
  - Please explain your answer
- Could you understand each of the questions?
  - Were there any questions that you thought were difficult to answer?
- What did you think of the length of the questionnaire?
  - How long did it take you to complete it?

Acceptability

- Do you think that the questionnaires were completed at the right point of your social prescribing journey?
  - Would you have preferred it before the first appointment? During the second appointment?
- Do you think that this questionnaire helped to identify your goals for social prescribing?
- Do you feel that this questionnaire took much time away from your session with your link worker?

Feasibility

- Do you think that this questionnaire would be good to use with other service users after this pilot is complete?
- Do you have any recommendations to link workers who are using this questionnaire with other service users?

Measure Yourself Concerns and Wellbeing

Usability Questions

- What was your overall thoughts on this questionnaire?
- How did your link worker introduce this questionnaire to you?
  - Did they explain what it was and the purpose for doing it?
  - Was it a good way to introduce the questionnaire?
- Was there anything you liked about the questionnaire?
  - Please explain your answer
- Was there anything you did not like about the questionnaire?
  - Please explain your answer
- Could you understand each of the questions?
  - Were there any questions that you thought were difficult to answer?
- What did you think of the length of the questionnaire?
  - How long did it take you to complete it?

Acceptability

- Do you think that the questionnaires were completed as the right point of point of your social prescribing journey?
  - Would you have preferred it before the first appointment? During the second appointment?
- Do you think that this questionnaire helped to identify your goals for social prescribing?
- Do you feel that this questionnaire took much time away from your session with your link worker?

Feasibility

- Do you think that this questionnaire would be good to use with other service users after this pilot is complete?
- Do you have any recommendations to link workers who are using this questionnaire with other service users?

The Measure of Community Connectedness

Usability Questions

- What was your overall thoughts on this questionnaire?
- How did your link worker introduce this questionnaire to you?
    - Did they explain what it was and the purpose for doing it?
    - Was it a good way to introduce the questionnaire?
- Was there anything you liked about the questionnaire?
    - Please explain your answer
- Was there anything you did not like about the questionnaire?
    - Please explain your answer
- Could you understand each of the questions?
    - Were there any questions that you thought were difficult to answer?
- What did you think of the length of the questionnaire?
    - How long did it take you to complete it?

Acceptability

- Do you think that the questionnaires were completed as the right point of point of your social prescribing journey?
    - Would you have preferred it before the first appointment? During the second appointment?
- Do you think that this questionnaire helped to identify your goals for social prescribing?
- Do you feel that this questionnaire took much time away from your session with your link worker?

Feasibility

- Do you think that this questionnaire would be good to use with other service users after this pilot is complete?
- Do you have any recommendations to link workers who are using this questionnaire with other service users?

Overall

- What was the best way to answer the questionnaire? Was it in person, over the phone, Zoom?

- Do you have any overall recommendations you would give to link workers using these questionnaires when using them with other service users?
- Beyond the pilot study, do you think that these questionnaires could be used by all link workers with all service users?
- Do you feel more connected because of accessing social prescribing services?
- Do you think the three measures work well together?

APPENDIX 8: DEMOGRAPHIC FORM – LINK WORKER

Link Worker Demographic Information

1.	Do you work in an urban or rural area?	City ☐ Satellite urban town (≥20% of the residents work in the cities) ☐ Independent urban town (≤20% of the residents work in the cities) ☐ Rural area ☐ Highly rural/remote area ☐ Don't know ☐ Prefer not to answer ☐
2.	How long have you been working in social prescribing services?	

APPENDIX 9: DEMOGRAPHICS FORM – SERVICE USER

Service User Demographic Information

Name: ______________________________

1.	How old are you?	Age ________________ Prefer not to answer ☐
2.	How do you self-identify in relation to gender?	____________________________ Prefer not to answer ☐
3.	Are you…	Living with a spouse/partner? ☐ Living with other family members? ☐ Living as a single person ☐ Prefer not to answer ☐
4.	Do you live in an urban or rural area?	City ☐ Large urban town ☐ Small urban town ☐ Rural area ☐ Highly rural/remote area ☐ Don't know ☐ Prefer not to answer ☐
5.	What is the highest school certificate or degree that you obtained?	Some primary (not complete) ☐ Primary school complete ☐ Intermediate/junior/group certificate or equivalent ☐ Leaving certificate or equivalent ☐ Third level degree (including diploma/ certificate/ undergraduate/ postgraduate degree) ☐ Don't know ☐ Prefer not to answer ☐
6.	Were you born in the Republic of Ireland? Yes ☐ No ☐ Prefer not to answer ☐ If no: In which country were you born? ____	
7.	Which one of these would you say best describes your current situation?	Retired ☐ Employed ☐ Unemployed ☐ Permanently sick or disabled ☐ Looking after home or family ☐ In education or training ☐ Other (specify): ☐ ____ Don't know ☐ Prefer not to answer ☐
8.	What is your current health status?	Very good health ☐ Good health ☐ Ordinary health ☐

APPENDIX 10: ETHICS AND DPO APPROVAL

Ms Aoife Ryan
Discipline of Occupational Therapy,
Trinity Centre for Health Sciences,
St. James's Hospital,
Dublin 8.

24th October 2023

Ref: 230902
Title of Study: A pilot study of three measures to support the evaluation of HSE-funded social prescribing services.

Dear Aoife,

Further to a meeting of the Faculty of Health Sciences Ethics Committee held in October 2023. We are pleased to inform you that the above project has ethical and DPO approval to proceed.

As a researcher you must ensure that you comply with other relevant regulations, including DATA PROTECTION and HEALTH AND SAFETY.

We wish you every success with this study and should you require any assistance in the future please do not hesitate to contact us.

Yours sincerely,

Prof. Jacintha O'Sullivan
Chairperson
Faculty Research Ethics Committee

Dámh na nEolaíochtaí Sláinte
Foirgneamh na Ceimice,
Coláiste na Tríonóide,
Ollscoil Átha Cliath,
Baile Átha Cliath 2, Éire.

Faculty of Health Sciences
Chemistry Building,
Trinity College Dublin,
The University of Dublin,
Dublin 2, Ireland.

www.healthsciences.tcd.ie

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Healthy Ireland

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