

Indicators and Tools for Social Prescribing Evaluation

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Executive Summary

The Canadian Red Cross (CRC) Community Health Services and its partners are developing a social prescribing intervention to improve health equity-informed care and services. CRC's intervention will incorporate income support for those who are unhoused or those seeking to move along the housing continuum. The next phase of the project is to develop an implementation plan for the intervention, which will include a process and outcome evaluation plan.

CRC approached the McMaster Research Shop to conduct preliminary research to help identify indicators and measurement tools related to the following outcomes of social prescribing:

- Reduction in poverty
- Improved housing circumstances
- Improved general wellbeing
- Improved self-awareness of mental wellness
- Self- Determination

The research team took an iterative approach where we conducted exploratory scans of the literature and met with the community partner to refine the selection of indicators and tools. We also met with a university-affiliated social prescribing expert, which led to the addition of self-determination indicators and tools.

This report provides the results of our research, including descriptive summaries and links to the tools we found that can support evaluation data collection. We found 31 tools including interview guides, surveys, screening tools, and questionnaires. As, at the time of writing this report, CRC was still in the process of developing their social prescribing intervention, these indicators and tools are not meant to be exhaustive. CRC can use this exploratory research as a starting point for developing data collection tools to support evaluation of their social prescribing intervention.

Introduction

The Canadian Red Cross Society is part of the largest humanitarian network in the world, the [International Red Cross and Red Crescent Movement](#). The network includes the [International Committee of the Red Cross \(ICRC\)](#), the [International Federation of Red Cross and Red Crescent Societies](#) (Federation), and 192 National Red Cross and Red Crescent Societies dedicated to improving conditions for vulnerable people throughout the world.

Canadian Red Cross (CRC) Community Health Services is an extension of the organization that focuses on non-acute, proactive, and solution-based interventions to meet the changing needs of Canadians. CRC Community Health Services is focused on promoting wellness and social inclusion, and looks holistically at the needs of clients and their families and caregivers.

Social prescribing is the practice of health professionals connecting patients with community services that target social determinants of health (e.g., mental health, housing, income etc.) (Centre for Effective Practice, n.d.). CRC Community Health Services and its partners will work with a Hamilton-based special task force to co-develop a system-wide social prescribing intervention to increase health equity-informed care and services. CRC's intervention model will incorporate income support and align with community needs and priorities for those who are unhoused or those seeking to move along the housing continuum. The next phase of the project is to develop an implementation plan, which will include a process and outcome evaluation plan.

CRC approached the McMaster Research Shop seeking support in identifying indicators and measurement tools that can inform the evaluation plan for their social prescribing intervention. The community partner, at the time of scoping this research project, have identified several hypothesized outcomes of their proposed social prescribing intervention which they would like to evaluate:

- Reduction in poverty
- Improved housing circumstances
- Improved general wellbeing
- Improved self-awareness of mental wellness

CRC will use the findings from this research as a starting point to select appropriate indicators and measures for their implementation and evaluation plan.

Methods

The research team conducted a selective review of the literature with support from the community partner. The research team took an iterative approach, by which we would meet with the community partner regularly to highlight preliminary findings and refine our search process. For example, the research team did an exploratory scan of the

literature to prepare a broad list of potential indicators relevant to the social prescribing outcomes of interest to the community partner. The community partner then provided feedback on the initial list and selected indicators most relevant to the project. The research team focused on searching for measurement tools specific to these indicators. Table 1 presents some example key words used to guide our search.

Table 1: Example search terms used for the literature review

Concept	Search Terms
Reduction in Poverty	"measur*", "indicator*", "poverty", "low SES", "low socioeconomic status", "food insecurity", "education access", "training access", "wage gap", "poverty gap", "poverty line", "poverty reduction", "tool"
Improvement in Housing Circumstances	"housing screening tool", "housing affordability", "homelessness risk"
General Well-being	"well-being", "physical", "social", "measur*", "indicator*"
Self-awareness of mental health	"mental health", "psychological", "well-being", "positive affect", "autonomy"

We searched a mix of databases (e.g., Web of Science, JSTOR, PubMed, Google Scholar, SIREN) and grey literature available online. We conducted a convenience sample and selected tools that were referenced in academic and grey literature that we found. We focused our search on indicators and tools that were written in plain language, that did not require specialized training to understand, and that are easily accessible from the public domain. We also looked at literature that the community partner provided to us.

We met with a university-affiliated social prescribing expert and her graduate students who provided additional suggestions and resources for this research. As a result, we expanded our search to include indicators relating to self-determination—an outcome deemed important to social prescribing—including autonomy, capacity, relatedness/belonging, and beneficence.

Identifying user-friendly tools was one of the goals of this research; however, we had no reliable method to assess user-friendliness given our lack of knowledge on CRC's capacity to implement evaluation activities. We also were unable to recommend or create specific evaluation tools. Instead, our findings provide a list of existing tools from which to inform future evaluation planning. It was also challenging to find tools that aligned perfectly with the concepts and indicators that CRC selected. Several of the tools we found overlap in scope and will likely require CRC to create customized tools that incorporate key measures from each.

Findings

Our findings include 31 tools that the community partner can potentially use in part or in whole for their evaluation plan. Below we summarize key information about each tool, organized by the social prescribing outcomes they measure. We provided a summary table for each set of outcomes including the indicator, the name of the tool, a direct link to a copy of the tool, the year it was published, the type of tool, whether it has been validated in the literature, and where available, for which populations it was validated (Tables 2 – 6). To accompany each table, we also included narrative summaries providing an overview of the tool’s purpose, the domains included for measurement, how results are scored (where applicable), and example questions. Several tools are also available in multiple languages (see Appendix 1).

Reduction in Poverty

Table 2: Indicators and measurement tools related to poverty

Indicator	Measurement Tool	Year Published	Type of Tool	Validated
Reduction in Food Insecurity	Individual Deprivation Measure (IDM)	2016	Survey	Yes – Adult men & women of all ages from urban, rural, and/or marginalized areas in 6 countries (Angola, Fiji, Indonesia, Malawi, Mozambique, Philippines)
Increased Access to Education or Training	Self-Sufficiency Matrix (SSM) (See also: User Guide)	2019	Interview Assessment	Yes – Individuals & families at risk of or experiencing homelessness
Reduction in Food Insecurity	Brcic et al. Poverty Identification Tool	2011	Questionnaire (screening tool)	Yes – Rural & urban populations in British Columbia, Canada
Reduction in Food Insecurity	Household Food Security Survey Module (HFSSM)	2023	Survey (screening tool)	Yes – Canadian adults
Decrease in Poverty	Market Basket Measure	2023	Threshold	Yes – Canadian adults
Decrease in Poverty	Poverty: A Clinical Tool For Primary Care Providers	2016	Screening Tool	Yes – Canadian Adults

Individual Deprivation Measure (Pogge & Wisor, 2016)

The Individual Deprivation Measure (IDM) is a gender-sensitive tool used to comprehensively assess poverty and deprivation at the individual level. It was developed to address limitations in traditional measures of poverty, aiming to capture a multidimensional perspective on poverty beyond income alone. The IDM measures 15 dimensions: Food/Nutrition, Water, Shelter, Health, Education, Energy, Sanitation, Family relationships, Clothing/Personal care, Violence, Family planning, Environment, Voice, Time use, and Work. For each dimension, individuals may be asked questions regarding the availability of resources (*How much food is around?*), access to the resource (*How much food do you have access to or have in your power to eat?*), use of the resource (*How much food do you consume?*), achievement (*How well nourished are you from eating?*), happiness or satisfaction (*How happy/satisfied are you with your food consumption?*), and the overall importance the person assigns to the resource (*How important to you is your achievement/deprivation in food?*). Survey responses are converted to a 1-5 scale and scores are added across all dimensions. Overall scores range from 0-100 and quantify the extent of an individual's overall deprivation. Scores are then categorised as not deprived, moderately deprived, significantly deprived, severely deprived, and extremely deprived allowing for comparisons across individuals, demographic groups, and regions.

Self-Sufficiency Matrix (Cummings & Brown, 2019)

The Self-Sufficiency Matrix (SSM) is a tool used commonly for case management in homelessness prevention and housing stability programs. It measures an individual's level of self-sufficiency and independence. A recent study applying the SSM to homeless and vulnerably housed individuals consisted of 16 domains: Income, Employment, Housing, Food, Childcare, Children's Education, Adult Education, Legal Involvement, Healthcare, Life Skills, Mental Health, Substance Use, Family Relations, Mobility, Community Involvement, and Safety. A case worker or social service provider evaluates the individual's current situation and capabilities in each domain on a 5-point Likert-type scale, with higher scores indicating greater self-sufficiency. The scores reflect the individual's ability to meet their own needs in each area. A [user guide](#) is available for this tool.

Brcic et al. Poverty Identification Tool (Brcic et al., 2011)

This 9-question measurement tool was developed as part of a pilot study, with the goal of allowing providers working in the Family Medicine sector to screen for poverty among their patients. Domains such as food insecurity, housing instability, and financial difficulty were included for measurement, through questions such as *“In the past year, was there any day when you or anyone in your family went hungry because you did not have enough money for food?”* and *“Do you have difficulty making ends meet at the end of the month?”*. Results are scored based on the patient's self-reported answers to a combination of binary (yes/no) and Likert-style (ranging from rarely to always) questions.

Household Food Security Survey Module (Statistics Canada, 2023)

The Household Food Security Survey Module is a measure used in Canada as part of the Canadian Income Survey and Canadian Community Health Survey to measure food insecurity. This tool contains 18 questions to measure food insecurity among adults and their children (if applicable), such as *“You and other household members worried that food would run out before you got money to buy more”* and *“In the past 12 months, did any of the children not eat for a whole day because there wasn’t enough money for food?”*. Most questions included in this tool are binary (yes or no questions) with a select few Likert-type questions (often true/sometimes true/never true).

Market Basket Measure (Statistics Canada, 2021)

The Market Basket Measure is used in Canada to measure poverty. It is defined based on the costs of food, clothing, shelter, transportation, and other basic life necessities needed to provide a basic standard of living and varies based on region. Given that this tool is used to define the official poverty line by the federal government in Canada, it may be useful to compare program participant incomes when evaluating the social prescribing model’s outcomes.

Poverty: A Clinical Tool for Primary Care Providers (Centre for Effective Practice, 2016)

This tool consists of one initial screening question to identify if individuals are at risk of experiencing poverty: *“Do you ever have difficulty making ends meet at the end of the month?”* The tool also provides follow-up questions that can be asked of vulnerable groups (e.g., seniors, families with children, Indigenous peoples, and disabled people) and be used to identify opportunities to educate them on available supports.

Improved Housing Circumstances

Table 3: Indicators and measurement tools related to housing circumstances

Indicator	Measurement Tool	Year Published	Type of Tool	Validated
Risk of homelessness	Vulnerability Assessment Tool	2016	Interview	No
Ability to afford housing	Accountable Health Communities Tool	2018	Questionnaire (screening tool)	Yes – American adults with income too high to qualify for government aid, but still living with financial strain
Ability to afford housing	Your Current Life Situation Tool	2020	Questionnaire (screening tool)	Yes – American adults with income too high to qualify for government aid, but still living with financial strain

Ability to afford housing	HealthBegins Upstream Risks Screening Tool	2015	Questionnaire (screening tool)	No
Risk of homelessness	Rehousing Triage and Assessment Survey	2009	Survey	No

Vulnerability Assessment Tool (Canadian Observatory on Homelessness, 2016)

The Vulnerability Assessment Tool is used to measure vulnerability of people experiencing homelessness and to identify those who have the highest need for intervention and the services they require. Vulnerability is measured across several areas: Survival Skills, Basic Needs, Indicated Mortality Risks, Medical Risks, Organization/Orientation, Mental Health, Substance Use, Communication, Social Behaviours, and Homelessness. This tool is administered by a social service provider who conducts an interview and scores each domain on a scale from 1-5 where 1 indicates low vulnerability and 5 indicates high vulnerability.

Accountable Health Communities Screening Tool (Lewis et al., 2020; Center for Medicare and Medicaid Services, 2018)

The Accountable Health Communities Screening Tool consists of 10 core questions assessing 5 core domains: housing instability, food insecurity, transportation problems, utility help needs, and interpersonal safety. The tool also includes 8 supplemental questions across additional areas including financial strain, employment, family and community support, education, physical activity, substance use, mental health, and disabilities. Questionnaire items include a combination of categorical, Likert-style, and binary (yes/no) questions. The questionnaire is publicly available and brief (i.e., only includes 1-2 screening questions per domain). An example question asks participants to indicate “*What is your living situation today?*” with options to rate their living situation based on being “steady” or “unsteady”.

Your Current Life Situation Screening Tool (Lewis et al., 2020; Kaiser Permanente, 2016)

The Your Current Life Situation tool screens for a variety of social and economic needs. The short form version is publicly available and has 9 questions that form the core survey and looks at living situation, financial hardship, food insecurity, transportation, availability of help with daily activities, and stress. It also has a supplementary inventory of questions pertaining to other domains such as educational attainment, food insecurity, access to medications, and social isolation. The items include categorical responses including binary (yes/no) and Likert-style questions. For example, it asks individuals “*Do you have any concerns about your current living situation?*”

HealthBegins Upstream Risks Screening Tool

The Upstream Risks Screening Tool includes questions about several determinants of health including housing insecurity, financial strain, education, employment, social connection & isolation, physical activity, immigration, food insecurity, transportation to medical appointments, stress, and exposure to violence. There are 15 questions including binary (yes/no) and Likert-style questions used to compute an overall upstream risk score. Higher scores reflect higher upstream risk. Example questions pertaining to housing insecurity and financial strain include *“In the last month, have you slept outside, in a shelter, or in a place not meant for sleeping?”* and *“Do you ever have problems making ends meet at the end of the month?”*

Rehousing Triage and Assessment Survey (Calgary Homeless Foundation, 2009)

The Rehousing Triage and Assessment Survey aims to assess vulnerability of people experiencing homelessness and their rehousing needs. The survey collects information on housing and homelessness history, vulnerability to challenges with physical health, mental health, and substance use, interactions with public services, and income sources and housing preferences. Example questions include *“What is the total length of time you have lived on the streets or shelters?”* and *“If you are currently housed, are you at risk of losing your housing?”*

General Well-being

Table 4: Indicators and measurement tools related to general well-being

Indicator	Measurement Tool	Year Published	Type of Tool	Validity
Physical Well-Being, Social Interaction in Community, Financial Well-Being	WHOQOL-BREF (See also: original WHOQOL-100)	2004	Questionnaire	Yes – Adults from 23 countries with diverse cultures and different levels of socio-economic development
Physical Well-Being, Social Interaction in Community, Connection to Support	Behavioural Risk Factor Surveillance System Questionnaire (BRFSS)	2002 (2021 version available)	Telephone Survey	Yes – American adults
Physical Well-Being, Social Interaction in Community	BBC Subjective Well-Being Scale (BBC-SWB)	2011	Questionnaire	Yes – Adults from the United Kingdom

Physical Well-Being, Social Interaction in Community	Assessment Quality of Life-8D (AQoL-8D)	2014 (2017 version available)	Questionnaire	Yes
Social Interaction in Community, Connection to Support	Social Provisions Scale-5 (SPS-5)	2019	Questionnaire	Yes – Canadian adults
Physical Well-Being, Social Interaction in Community, Financial Well-Being, Connection to Support	Delighted-Terrible Faces Scale (DTFS)	1976	Questionnaire	Yes – American adults

World Health Organization Quality of Life - Brief Version (WHOQOL-BREF)

(Skevington et al., 2004)

The WHOQOL-BREF is a shortened version of the original [WHOQOL-100 questionnaire](#), developed by the World Health Organization (WHO) to assess an individual's quality of life. It is an instrument widely used to measure subjective well-being and overall life satisfaction. The WHOQOL-BREF consists of 26 questions that cover four domains of quality of life: Physical health, Psychological health, Social relationships, and Environment. This tool includes questions such as “How would you rate your quality of life?”, “How much do you enjoy life?”, “Have you enough money to meet your needs?”, and “How satisfied are you with your capacity for work?” Each item is rated on a 5-point Likert-type scale, where respondents rate their level of satisfaction, ability, or frequency on each item. Each item is used to generate a domain-specific score and an overall score from 0-100 for quality of life.

Behavioural Risk Factor Surveillance System Questionnaire (Pierannunzi et al., 2013; BRFSS, 2021)

The Behavioral Risk Factor Surveillance System (BRFSS) Questionnaire is used for health surveillance coordinated by the US Centers for Disease Control and Prevention (CDC). The questionnaire is designed to collect information on various health-related behaviours, chronic health conditions, and the use of preventive services among adults. Topics covered by the survey questions include: Access to health care/general health; Immunization, preventive screening, and testing; Physical activity measures; Chronic disease; Mental health measures; Overweight and obesity measures; Tobacco and alcohol use measures; Responsible sexual behaviour measures; Injury risk and violence. Individual scores are calculated based on the aggregated responses to

relevant questions within a specific domain. The self-reported behavioural health risk data enables a strong understanding of the health status of different population demographics and guides the development of targeted health interventions.

BBC Subjective Well-Being Scale (Kinderman et al., 2011a, 2011b)

The BBC Subjective Well-Being Scale is a 24-item measurement tool that was developed to assess several domains related to overall personal well-being, including psychological well-being, physical health, social relationships, and their environment. The measure includes questions such as *“Are you happy with your ability to perform daily living activities?”* and *“Are you happy with your friendships and personal relationships?”* Each question is scored on a self-report Likert-type scale, answers ranging from “not at all” to “extremely”.

Assessment Quality of Life-8D (Richardson et al., 2014, 2017)

The Assessment Quality of Life-8d (AQoL-8D) is a measurement tool developed to assess general well-being in eight domains: Independent Living, Pain, Senses, Mental Health, Happiness, Coping, Relationships, and Self-Worth. The tool includes questions such as *“How much energy do you have to do the things you want to do?”*, *“How satisfying are your close relationships (family and friends)?”*, and *“How often does pain interfere with your usual activities?”*. Participants self-report answers to the 35 Likert-style questions included in the tool.

Social Provisions Scale-5 (Orpana et al., 2019)

The Social Provisions Scale-5 (SPS-5) is a condensed version of the original 10-item version (SPS-10). It aims to measure an individual’s perceived level of social support. This tool includes statements such as *“I have close relationships that provide me with a sense of emotional security and well-being”* and *“I feel part of a group of people who share my attitudes and beliefs”*. Respondents are asked to rate each statement on a 4-point Likert scale from 1 (strongly disagree) to 4 (strongly agree).

Delighted-Terrible Faces Scale

The Delighted-Terrible Faces Scale (DTFS) is a visual analogue scale used to assess an individual’s subjective feelings or emotional state to assess well-being and satisfaction levels (Andrews, 1974). The DTFS consists of a continuum of faces, each expressing varying degrees of emotion, on a 7-point Likert-type scale ranging from delighted to terrible (Andrews, 1974). Respondents are asked to select the face that best represents their current emotional state or their level of satisfaction regarding domain-specific and overall life quality over the past year (Andrews & Withey, 1976; Schimmack, 2019). For example, *“Which of the following categories best describes how you feel about your family income? Do you feel delighted, pleased, mostly satisfied, mixed, mostly dissatisfied, unhappy, or terrible?”* (Stinson, 1997). This tool evaluates accommodation, activities, independence and loneliness (Bowling et al., 1989).

Self-awareness of Mental Health

Table 5: Indicators and measurement tools related to self-awareness of mental health

Indicator	Measurement Tool	Year Published	Type of Tool	Validated
Social wellbeing	Social Support Questionnaire	1983	Questionnaire	Yes – American adults
Positive mental health	Mental Health Continuum Short Form	2010	Questionnaire	Yes – Adults and adolescents in the U.S, the Netherlands and South Africa
Positive mental health	The Warwick-Edinburgh Mental Well-being Scale	2007	Questionnaire	Yes – Populations aged 16+ in the United Kingdom
Positive mental health	The Flourishing Scale	2009	Questionnaire	Yes – American adults
Psychological wellbeing	The Scale of Positive and Negative Experience	2009	Questionnaire	Yes – American adults

Social Support Questionnaire (Sarason et al., 1983)

The Social Support Questionnaire (SSQ) is a 27-item questionnaire that aims to measure an individual's perceptions of social support and their satisfaction. The SSQ gives scores for the perceived number of social supports and the individual's satisfaction with the support received. Some example questions include *“Whom can you really count on to listen to you when you need to talk?”* and *“Who helps you feel that you truly have something positive to contribute to others?”*

Mental Health Continuum Short Form (Lamers et al., 2010)

Mental Health Continuum Short Form (MHC-SF) is a streamlined tool designed to assess emotional, social, and psychological well-being. Emotional well-being is assessed through 3 items gauging happiness, interest in life, and life satisfaction. Social well-being is evaluated across 5 dimensions including social contribution, integration, actualization, acceptance, and coherence (one item per dimension). Psychological well-being is explored through 6 items, including self-acceptance, environmental mastery, positive reactions with others, personal growth, autonomy, and purpose in life. Individuals respond to questions on their experiences over the previous month by using a 6-point Likert scale, ranging from "never" to "every day." An example question asks respondents *“During the past month, how often did you feel satisfied with life?”*. Total scores range from 0 to 70. Higher scores reflect flourishing mental health reflect consistent experiences of positive emotions that are characterized by rating one or

more emotional well-being item(s) and 6 or more social and psychological items as “5-6 times a week” or “every day”.

Warwick-Edinburgh Mental Well-being Scale (Tennant et al., 2007; NHS Health Scotland et al., 2006)

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) consists of 14 positive statements assessing mental well-being within 3 core dimensions: affective-emotional, psychological functioning and cognitive-evaluative. Questionnaire items are assessed using a 5-point Likert scale, with responses ranging from “none of the time” to “all of the time.” Statements prompt the respondents to reflect on the extent they have experienced certain emotions or thoughts over the last 2 weeks. For example, “*I’ve been feeling optimistic about the future.*” The original 14-item WEMWBS has been adapted into a 7-item version that is also publicly available for use, however, the original version provides a more comprehensive set of questions.

Flourishing Scale (Diener et al., 2009)

The Flourishing Scale (FS) measures the respondent’s self-perceived success in areas such as purpose or meaning in life, life satisfaction, optimism, competence, engagement in activities, positive relationships, contributing to others’ happiness, and being respected by others. The respondents are prompted to assess their level of agreement with 8 statements, including “*I lead a purposeful and meaningful life*”. This 8-item tool uses a 7-point Likert scale (“strongly disagree” to “strongly agree”) to compute an overall psychological well-being score. Total scores range from 8-56. Higher scores reflect flourishing mental health.

Scale of Positive and Negative Experience (Diener et al., 2009)

The Scale of Positive and Negative Experience (SPANE) consists of 12 items designed to assess positive and negative emotions. Items are assessed using a 5-point Likert scale, with responses ranging from “very rarely or never” to “very often or always”. Respondents reflect on their experiences during the past 4 weeks and report the degree to which they experienced certain feelings, including “*happy*” and “*afraid*.” Scores can be reported as an overall Affect Balance Score (SPANE-B), or positive (SPANE-P) and negative (SPANE-N) feelings scales. SPANE-B is computed by calculating the difference between the positive and negative feelings score. The final score ranges from -24 to 24, with a higher score reflecting a stronger inclination towards positive feelings compared to negative ones.

Self-Determination

Table 6: Indicators and measurement tools related to housing circumstances

Indicator	Measurement Tool	Year Published	Type of Tool	Validated
Autonomy	Self-Determination Scale (SDS)	1996	Questionnaire	Yes – American university students
Autonomy	Index of Autonomous Functioning (IAF)	2012	Questionnaire	Yes
Capacity	General Self-Efficacy Scale	1995	Questionnaire	Yes
Capacity	The Multidimensional Health Locus of Control (MHLC) Scales	1978	Questionnaire	Yes – Populations aged 16+
Relatedness/ Belonging	General Belongingness Scale (GBS)	2012	Questionnaire	Yes – University students in the USA
Relatedness/ Belonging	Measure of Indigenous Experiences (MIRE)	2008	Questionnaire	Yes – Indigenous peoples from Australia
Relatedness/ Belonging	The Challenged Sense of Belonging Scale (CSBS)	2021	Questionnaire	Yes – Refugees and asylum seekers in Germany
Relatedness/ Belonging	Brief Sense of Community Scale (BSCS)	2008	Questionnaire	Yes – Adults in midwestern United States
Beneficence	Brief Beneficence Satisfaction Scale (BBSS)	2016	Questionnaire	Yes

Self-Determination Scale (Sheldon et al., 1996; *The Self-Determination Scale (SDS)*, n.d.)

The Self-Determination Scale (SDS) is a 10-item scale with two 5-item subscales designed to measure an individual's self-awareness and perceived choice in actions. The subscales can be used separately or combined into an overall SDS score. Items ask participants to determine which of two statements they feel is most true to them. For example, "I do what I do because it interests me" versus "I do what I do because I have to" or "I always feel like I choose the things I do" versus "I sometimes feel that it's not really me choosing the things I do."

The Index of Autonomous Functioning (Weinstein et al., 2012)

The Index of Autonomous Functioning (IAF) consists of 15 items assessing three key dimensions of autonomy, represented by distinct subscales: Authorship/Self-Congruence, Susceptibility to Control, and Interest-Taking. Questionnaire items are assessed using 5-point Likert scales, with responses ranging from "not at all true" to "completely true." These subscales explore self-congruence, resistance to external control, and active engagement with personal experiences. An example IAF item includes, "My decisions represent my most important values and feelings". High scores reflect a high degree of autonomous functioning.

General Self-Efficacy Scale (Schwarzer & Jerusalem, 2012)

The General Self-Efficacy Scale consists of 10 items assessing self-efficacy based on the respondent's belief in their own ability to navigate novel or challenging situations. Questionnaire items are assessed using a 4-point Likert scale, with responses from "not at all true" to "exactly true." An example GSE item includes, "I can always manage to solve difficult problems if I try hard enough." The total score ranges from 10-40. Higher scores reflect a greater sense of self-efficacy and internal-stable attribution of success.

The Multidimensional Health Locus of Control Scales (Wallston et al., 1978)

The Multidimensional Health Locus of Control Scales consist of a total of 18 items evaluating locus of control with three 6-item subscales: internality, powerful others externality, and chance externality. Questionnaire items are assessed using a 7-point Likert scale, with responses of "strongly disagree" to "strongly agree." An example MHLC item includes, "If I get sick, it is my own behaviour, which determines how soon I get well again." The MHLC has three forms: Forms A and B are general health scales, while Form C is used in condition-specific investigations.

General Belongingness Scale (Malone et al., 2012)

The General Belongingness Scale is a 12-item measure aiming to evaluate an individual's sense of general belongingness. This tool looks at acceptance/inclusion through statements such as "*I have a place at the table with others*", as well as rejection/exclusion through statements such as "*When I am with other people, I feel like*

a stranger.” Each statement is scored using a 7-point Likert-type rating scale, ranging from strongly disagree to strongly agree.

Measure of Indigenous Experiences (Paradies & Cunningham, 2008)

The Measure of Indigenous Experiences is a 31-item measurement tool which evaluates the self-reported experiences of racism among Indigenous populations. This measure includes questions such as “*How often are you treated unfairly because you are Indigenous in the following situations?*” followed by a list of common situations such as within the healthcare system or law enforcement. Questions are scored on Likert-type scales, ranging from “never” to “very often” or “strongly agree” to “strongly disagree”. While this tool is validated for Indigenous populations in Australia, CRC could consider adapting the tool for Indigenous people in Hamilton.

Challenged Sense of Belonging Scale (Fuchs et al., 2021)

The Challenged Sense of Belonging Scale (CSBS) is a measure aiming to evaluate four domains of a sense of belonging: connection, participation, identification, and congruence. Each of the included domains are assessed via a single statement, such as “*I am troubled by a feeling I have no place in this world.*” Questions are rated on a traditional 5-point Likert scale, ranging from “strongly agree” to “strongly disagree”.

Brief Sense of Community Scale (Peterson et al., 2008)

The Brief Sense of Community Scale (BSCS) is an 8-item questionnaire that evaluates an individual’s membership and connection to their community based on four domains: needs fulfillment, group membership, influence, and emotional connection. Statements such as “*I feel like a member of this neighbourhood*” and “*This neighbourhood helps me fulfill my needs*” are rated on a traditional 5-point Likert scale from “strongly agree” to “strongly disagree”.

Brief Beneficence Satisfaction Scale (Martela & Ryan, 2015)

The Brief Beneficence Satisfaction Scale (BBSS) is an altruism scale with 4 items. The BBSS measures an individual's satisfaction with their pro-social behaviour. It is a 7-point Likert scale that ranges from 1 (“not at all true”) to 7 (“very true”). The BBSS is useful in determining the relationship between pro-social behaviour and well-being. It has been proven to be both a valid and reliable measure of beneficence and altruism.

Key Takeaways and Next Steps

This research presents a list of potential indicators and tools that the community partner can use to develop an evaluation plan for a social prescribing model. This research was intended to be exploratory in nature. The literature review was selective and iterative, therefore indicators and tools explored in this report are not meant to be exhaustive.

It was also challenging to find tools that were designed specifically for program evaluation and publicly available. As a result, we included other tools (e.g., screening and surveillance tools) from which the CRC can develop evaluation tools by compiling specific questions or sections from each that are relevant to their needs. It was also not always possible to organize tools based specifically on the outcomes that the community partner was interested in given that many existing tools overlap in scope.

Limitations exist to this report because the social prescribing service delivery model was still in development at the time of this research. It was therefore challenging to create a focused search strategy and ensure that indicators and tools aligned with the social prescribing program objectives, activities, and resources available for implementing the evaluation. Once the program model is developed, the community partner can conduct additional research on indicators and tools that are relevant to measuring program outcomes of interest and that they have the resources to use in an evaluation.

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Appendix 1: Tools in Other Languages

Name of Tool	Language(s) Available
Individual Deprivation Measure (IDM)	<ul style="list-style-type: none"> • English • Spanish • French • Portuguese • South African Languages (Afrikaans, isiNdebele, isiXhosa, isiZulu, Sepedi, Sesotho, Setswana, SiSwati, TshiVenda, Xitsonga) • Filipino
Self-Sufficiency Matrix (SSM)	<ul style="list-style-type: none"> • English • Dutch
WHOQOL-BREF	<ul style="list-style-type: none"> • Afrikaans • Albanian • Amharic • Arabic • Assamese • Bahasa/Malay • Bangla • Bulgarian • Cebuano • Chichewa • Chinese • Czech • Danish • Dari • Dutch • English • Estonian • Farsi • Filipino • Finnish • French • German • Gichuka • Greek • Gujarati • Hausa • Hebrew • Hindi • Hungarian • Ilonggo • Indonesian

	<ul style="list-style-type: none"> • Italian • Japanese • Kannada • Kazakh • Khmer • Kikuyu • Kiswahili • Korean • Lao • Latvian • Lithuanian • Luganda • Macedonian • Malayalam • Maltese • Marathi • Mongolian • Nepali • Norwegian • Odia • Polish • Portuguese • Romanian • Russian • Serbian/Croatian/Bosnian • Shona • Sinhala • Slovak • Somali • Spanish • Swedish • Tamil • Thai • Tibetan • Turkish • Ukrainian • Urdu • Vietnamese • Yoruba
Behavioural Risk Factor Surveillance System (BRFSS)	<ul style="list-style-type: none"> • English • Spanish

<p>The Challenged Sense of Belonging Scale</p>	<ul style="list-style-type: none"> • English • Arabic • German • Farsi/Dari
<p>Mental Health Continuum Short Form</p>	<ul style="list-style-type: none"> • English • French • Korean • Chinese • Japanese • Dutch • Norwegian • Swedish • Finnish
<p>The Warwick-Edinburgh Mental Well-being Scale</p>	<ul style="list-style-type: none"> • Arabic • Bangla • British Sign Language • Chilean Spanish • Chinese • Danish • Dutch • Finnish • French • Greek • Italian • Japanese • Latvian • Lithuanian • Norwegian • Sinhala • Spanish • Swahili • Swedish • Tamil • Thai • Urdu