

Investing in public health across the life course:

A scoping review of the social value of public health interventions

Purpose:

The Policy and International Health Directorate, a World Health Organization Collaborating Centre on Investment for Health and Well-being (WHO CC) at Public Health Wales has conducted a series of systematic scoping reviews of peer-reviewed and grey literature to collate evidence on the **social value of public health interventions**.

Target audience:

public health professionals, public policy makers and commissioners, public finance officers and academia.

What is social value?

Social value is the “quantification of the relative importance that people place on the changes they experience in their lives” [1]. Social Value can be embedded in:



Procurement and commissioning



Investment and resource/budget prioritisation



Assessment and evaluation

Why is social value important?

- There is growing recognition of the need to expand the traditional ‘value for money’ approach and find ways to identify and measure organisational wider social, economic and environmental outcomes, impacts and value.
- International challenges such as COVID-19 have exposed the consequences of under-resourcing of public health and highlighted the clear interdependence between population health, societal well-being, and the economy.
- The case for targeted investment in people’s well-being, health equity and prevention is stronger than ever.
- There is an opportunity to embed social, economic and environmental outcomes into decision-making and budget prioritisation.

How do we measure social value?

Social Return on Investment (SROI) is an outcomes-based measurement framework of principles that can support organisations to understand, capture and quantify the social, environmental and economic value they are creating.



Aim:

This evidence brief outlines a **scoping review of the social value of interventions across stages of the life course** [2]. The Krlev et al [3] quality assessment criteria was used to assess the quality of all included studies.

[1] Welsh Government (2019). [Valuing our health](#).

[2] Ashton et al. (2020). [The social value of investing in public health across the life course: a systematic scoping review](#).

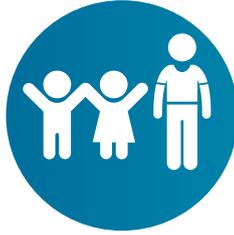
[3] Krlev et al. (2013). [Social Return on Investment \(SROI\): State-of-the-Art and Perspectives, A Meta-Analysis of practice in Social Return on Investment \(SROI\) studies published 2002-2012](#).

Background and context:

The life course approach in public health reinforces the importance of investment in four key stages across people's lives [4]:



Stage 1
Birth,
neonatal period
and infancy



Stage 2
Early and later
childhood and
adolescence



Stage 3
Adulthood (main
employment years &
reproductive early years)



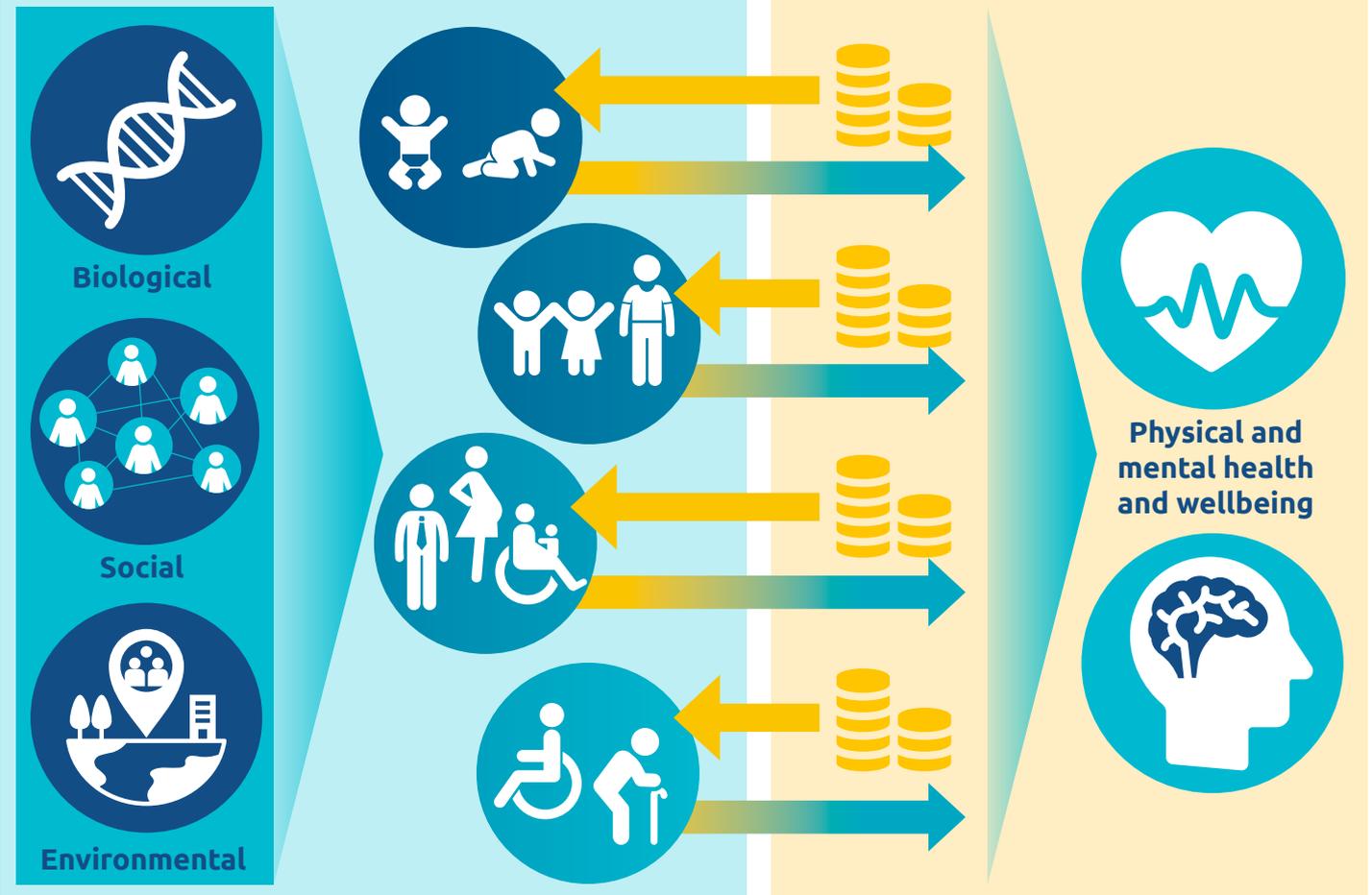
Stage 4
Older
adulthood

By addressing not only the consequences of ill health, but considering the causes and contributors, the life course approach promotes timely investments which produce a high rate of return for both the health of the public, but also financial benefits to the economy.

Biological, Social and Environmental factors influence our experiences during each of the four life stages [5].

These factors can have both positive and negative effects on an individual's mental and physical health and wellbeing [5].

By investing in each stage, societal and economic benefits can be achieved as well as improvements in health at the individual level [6].



[4] Kuruville et al. (2018). [A life-course approach to health: synergy with sustainable development goals.](#)

[5] Marmot (2010). [Fair Society, Healthy Lives. A Strategic Review of Inequalities in England.](#)

[6] Jacob et al. (2017). [The importance of a life-course approach to health: Chronic disease risk from preconception through adolescence and adulthood.](#)

Key findings:

Stage 1 reported SROIs varied from **£6.50 to £14.42*** of value created per £1 invested.

Stage 2 reported SROIs varied from **£2 to £9.20** of value created per £1 invested.

Stage 3 reported SROIs varied from **£0.66 to £7** of value created per £1 invested.

Stage 4 reported SROIs varied from **£1.20 to £11** of value created per £1 invested.

- Overall, **40 studies** (with 90% identified as high quality) were included in this review.
- 3 studies were identified from the academic literature and 37 from grey literature sources.
- This review contributes to the growing evidence base that demonstrates the **use of social value methodologies within the field of public health.**
- From the early years of childhood to older adulthood, the importance of capturing social value is highlighted, indicating the **positive value of investing in public health interventions.**
- **Further research** is needed to develop this field.
- **This evidence can be used as a starting point** by public health professionals and institutions that are looking beyond traditional economic measures, and towards capturing social value when investing in interventions across the life course.

Examples**

Stage 1: Birth, neonatal period and infancy

Two studies which targeted the first stage of the life course were identified. For example:

Community Befriending

This 2013 intervention in England [7] aimed to help those with post-natal depression (PND). A total of £210,546 investment created:



**£1,391,800
Social Value**

- Unit cost (e.g., NHS) savings: **£293,822.61**
- Improved family relationships: **£48,239**
- Improved mental health: **£961,099**
- Improved educational attainment: **£67,200**
- Government resource savings: **£21,439**

The reported SROI was **£6.50 of value created per £1 invested.**

Stage 2: Early and later childhood and adolescence

Sixteen studies which targeted the second stage of the life course were identified. For example:

Music Lessons

This 2013 intervention [8] delivered music sessions to Welsh schools in disadvantaged neighbourhoods. A total of £167,639 investment created:



**£1,083,873
Social Value**

- Improved mental health: **£85,147**
- Improved relationships: **£558,138**
- Music engagement: **£428,789**
- Reduced anti-social behaviour: **£11,799**

The reported SROI was **£6.69 of value created per £1 invested.**

[7] Arvidson et al. (2013). [The social return on investment in community befriending.](#)

[8] Winrow, E., & Edwards, R. (2018). [Social return on investment of Sistema Cymru-Codi'r To.](#)

*This figure has been converted from Euros into GBP using the correct exchange rate for 2019 when the study was undertaken.

**Please note examples are not adjusted for inflation and are not meant for comparison.

Stage 3: Adulthood (main employment and reproductive early years)

Nine studies were identified which targeted the third stage of the life course. For example:

Troubled Families Programme

This 2014 intervention in England [9] provided an intervention for troubled families focused on changing trajectories and improving service delivery. A total of £403,724* investment created:



**£265,236
Social
Value**

- Access to voluntary placement: **£456**
- Improved mental health and well-being: **£606**
- Improved physical health: **£1,376**
- Improved access to services: **£45,682**
- Cost savings to the individual: **£2,997**
- NHS resource savings: **£1,173**
- Government resource savings (not NHS): **£201,141**
- Economic benefits: **£11,805**

The reported SROI was **£0.66 of value created per £1 invested.**

[9] Hoggett et al. (2014). [The troubled families programme: A process, impact and social return on investment analysis.](#)

[10] Jones et al. (2018). [Dementia and imagination: a social return on investment analysis framework for art activities for people living with dementia.](#)

*This figure has been converted from Canadian Dollars into GBP using the correct exchange rate for the study's price year (2013).

Stage 4: Older Adulthood

Six studies which targeted the fourth stage of the life course were identified. For example:

Dementia and imagination

This 2018 intervention [10] provided an arts programme for people with dementia in England and Wales. A total of £189,498 investment created:



**£1,083,873
Social Value**

- Improved mental health: **£731,672**
- Improved relationships: **£80,062**
- Improved access to services: **£79,861**
- Improved economic benefits: **£20,648**
- Improved educational outcomes: **£11,301**
- Improved physical health: **£57,226**

The reported SROI was **£5.18 of value created per £1 invested.**

The Policy and International Health Directorate, WHO CC is creating a diverse and innovative portfolio of products and tools to support the case for sustainable, evidence and value based investment in public health and health equity:

Launching a Social Value Database and Simulator (SVDS) for Public Health (2022): a first of its kind innovative tool, enabling the storage, interactive use and manipulation of health economics (SROI) evidence and data to support decision-making, budget prioritisation and programme improvement.



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