Lewisham Thriving Communities Evaluation Report

design and evaluation:
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Background:

In November 2020, a group of organisations from across the VCSE and health sectors in Lewisham came together to begin conversations about how we could strengthen social prescribing opportunities in the borough. Social prescribing was no doubt an exciting model to be exploring, although new to many of us. Fast forward 2 years, and we have just completed an 8-month project to explore this work, funded by the UK Government through the UK Community Renewal Fund, with Entelechy Arts appointed to coordinate on behalf of the borough.

The immense positive impact of social and creative activity on people's health and wellbeing is already well-documented. Social prescribing offers an opportunity to go further in solidifying that recognition, by creating a process which formally connects the VCSE and health sectors.

Between January - August 2022, 12 VCSE organisations from Lewisham worked together with local social prescribing agencies with the aim of referring at least 45 residents of Lewisham to social and creative activities in the borough of a minimum of 8 weeks or 8 sessions. The impact on their health and wellbeing would be monitored. There was a contribution of £3,000 to each VCSE sector organisation to support their core and programme costs, plus up to £500 for each person referred to facilitate any access requirements they may have. It was vital that 'access' was considered as broad as possible to whatever the barrier may be - whether it be to pay for transportation, childcare or suitable clothing for the activity they would be participating in. However, it was also recognised that money can only go so far - and many people with mental ill-health experience barriers in confidence, trust and energy for example, which cannot be overcome with a personal budget alone.

At a local level in Lewisham, we had enthusiasm and commitment from partners from the health and VCSE sectors, however noting the backdrop during which this project was delivered of huge post-pandemic backlogs, pressures on staff, and reduction in funding for services.

Project evaluation:

This evaluation talks through the outcomes from the project. It is an honest reflection of an in-depth case study which shares 3 primary recommendations in terms of how we take forward social prescribing both locally, but also recommendations to the wider UK sectors. These recommendations are as follows:

- **Time** - social prescribing projects take time to build relationships, process referrals and enable meaningful participant engagement. The timeframe for the project was incredibly tight - we know that it takes time to build up trusting relationships, especially when the participants are coming to the programme with vulnerabilities. This cannot be rushed.
- **Expertise** - organisations need knowledge, expertise and experience to deliver quality social prescribing projects. Working with participants who have health vulnerabilities is more complex, and requires organisations to have more resource and often additional skills and / or knowledge.
- **Collaboration** - social prescribing projects require collaboration, partnership working and clear communication to function well. Relationships between link workers and VCSE organisations need to be close so there is in-depth understanding on both sides of the social prescribing process, the programmes being delivered and the 'after-care' following the referral.

This pilot project required participants to be engaged with a programme for a minimum of 8 weeks or 8 sessions. But what happens after that? Social prescribing is building new communities - we need to ensure these communities are not going anywhere. It's therefore vital that there is sustained, long-term investment in local social prescribing networks, and critically, to support 'the pill' i.e. the programmes being delivered at the heart of the process, by VCSE sector organisations. There is momentum and great energy in Lewisham to continue to develop how we can make the most of social prescribing to support local residents and we are working together as a group to determine the next steps for this.

Maddy Mills, Director of Entelechy Arts

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Social prescribing

"Social prescribing, also sometimes known as community referral, is a means of enabling health professionals to refer people to a range of local, non-clinical services. The referrals generally, but not exclusively, come from professionals working in primary care settings, for example, GPs or practice nurses [and social prescribing link workers, as in this project]. Schemes delivering social prescribing can involve a range of activities that are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports." (Kings Fund, 2020)

Social prescribers

Social prescribers, also referred to as social prescribing link workers, link workers or community connectors are employed by the NHS to work with patients "to find services and activities that offer practical, social and emotional support that'll improve their health and wellbeing." (NHS, 2022)

Lewisham Borough of Culture

Lewisham is the Mayor of London's Borough of Culture in 2022 - "With a call to action on the climate emergency and a celebration of Lewisham's diverse communities, the year-long programme is inspired by the borough's rich history of activism and standing up for equality." (Lewisham Council, 2021)

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In this evaluation report, the following terms are also used:

- **VCSE** - voluntary, community and social enterprise sector (e.g. charities and other non-profits)
- **Organisations -** refers to the 12 Lewisham VCSE organisations who participated in the project.
- **Referrals -** relates to the patients who were referred by social prescribers to the projects.

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The recording of the sharing and discussion workshop about this project is viewable via the Entelechy Arts website

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developing a framework

Organisations were asked to complete an expression of interest to be involved in the project, which included a question relating to current approaches being used to track impact.

Existing data collection methods were reviewed to develop an evaluation framework enabling consistency of reporting across participating organisations, without creating too much additional work.

Wellbeing data:
The World Health Organization's Five Wellbeing Index (WHO-5)*, a short, self-reported measure of current subjective wellbeing over time, was selected to collect participant wellbeing data at the start and end of the projects. The WHO-5 assseses whether someone is at risk of depression, rather than being used for diagnosis.

Organisation data:
Online questionnaires were designed for organisations to complete at the start and end of the project; and a case study template was developed for consistency in reporting of participant journeys.

evaluation toolkit

A mixed-methods approach was developed, with all organisations being asked to collect:

- **participant data:** including number of referrals, wellbeing data (using WHO-5) and next steps
- **organisation data:** e.g. existing or new referral process; new or existing activities
- **project details:** including activity type, contribution to Lewisham's Borough of Culture aims, delivery approach (i.e. online, in-person, or hybrid), and project duration

In addition, organisations were asked to provide:
- **project photos**
- **case study** of one participant's project journey

Participants were required to complete a Creative Futures Enrolment Form, plus Kick-Off and Exit Questionnaires - as part of the wider Lewisham Creative Futures programme evaluation. Anonymous enrolment data were provided for inclusion in this report. Kick-Off and Exit data have not been included.

*(Topp et al. 2015)

Project aims:

- supporting participants aged **18+** facing various health challenges to engage in creative and community activities for a minimum of **8 weeks** (or **8 sessions**)
- activities should relate to **Lewisham's Borough of Culture** programme
- participants referred via social prescribing link workers
- each organisation to engage a **minimum of 5** participants

Participant aims (numbers of engagement):

- 25 unemployed
- 15 economically inactive
- 5 employed

Project outcomes:

- 20 people in education / training following engagement in the project
- 20 people engaging in job searching following engagement
- 25 people engaged in life skills support following interventions

Lewisham Thriving Communities is part of a wider Lewisham Creative Futures project.

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participating organisations

Projects ranged from arts-based activities to cooking, walking and career advice and support.

12 organisations

6 orgs had an existing referral process*

- **four** used an **existing** project for the Lewisham Thriving Communities;
- **two** introduced a **new** project

  two hybrid projects

  five in-person

6 orgs were new to social prescribing**

- **five** used an **existing** project
- **one** introduced a **new** project for Lewisham Thriving Communities

  one hybrid project
  four in-person

- Arts Network
- Enable
- Horniman Museum and Gardens
- Hummingbird Senior Citizens Club
- IRIE!
- Kinship Carers Hub
- Lewisham Local
- Meet Me at The Albany
- Poetry Translation Centre
- Quaggy Children's Centre
- Sydenham Arts
- Sydenham Garden

25% *NEW projects*

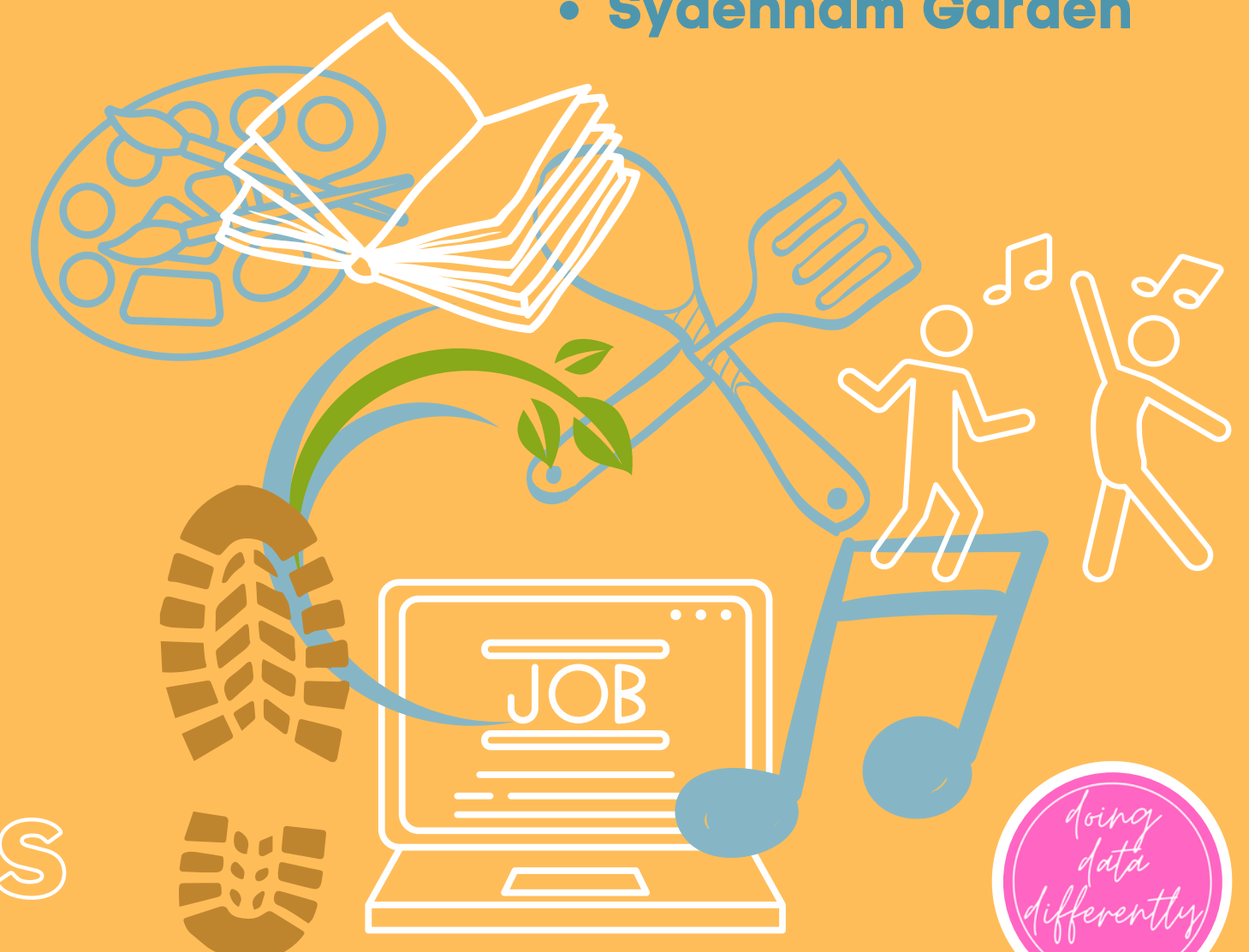## 75% IN-PERSON DELIVERY

75% DIVERSE COMMUNITIES

Project duration ranged 8 weeks to 12 months
- 50% of projects lasted 8 weeks

Session duration ranged 60 - 300 minutes
- 33% = 90 mins; 25% = 120 mins

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***18** referrals to organisations with existing referral process
****15** referrals to organisations who were new to social prescribing

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33 people referred to projects

72 people in total participated

58% of patients referred **completed** the project

70% signposted to next steps

Non-completion was due to:

- personal circumstances
- physical health challenges
- late referral
- time spent processing referral
- short time-frame from referral process opening to project starting

Referral challenges:

- overall, the **main challenge** was the short time from the referral process opening to project starting **(30%)**
- knowledge of the referral process (20%) - more for organisations new to social prescribing
- capacity: time supporting patients with referral process (16.7%) - more for organisations with existing referral process
- one organisation received **no referrals** (despite having an existing referral process)
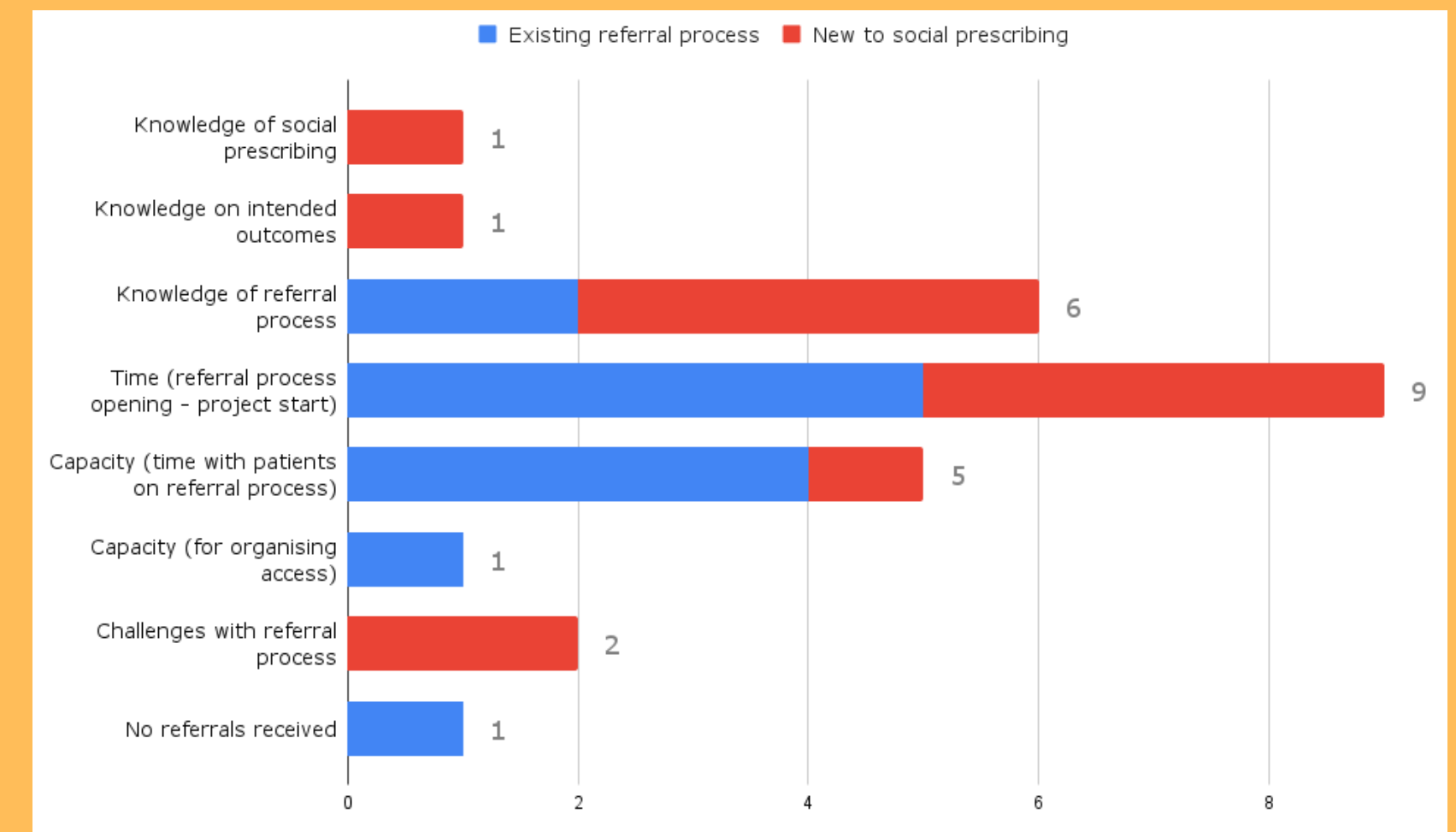- one referral was under 18 years old (so could not be formally referred)

Figure: responses from organisation end of project questionnaires.

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Anonymised data from Participant Enrolment Forms (part of the wider Lewisham Creative Futures programme) were provided for inclusion in this report and presented below. See Appendix for full data-set on these categories.
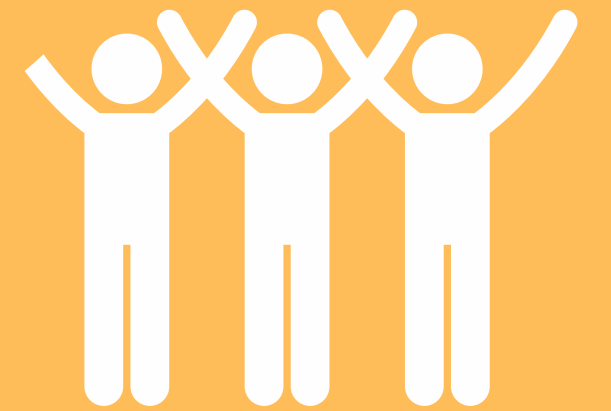
- **35** participant enrolment forms were completed for Thriving Communities projects
  - **2** participants enrolled for two separate projects, data from each participant has only been included once in the data analysis (and in Appendix)
- **33** referrals received by participating organisations

58% female
42% male

21.9% 18 - 24
21.9% 65+

AGE

range **18 - 83**
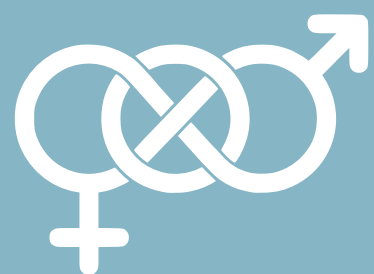
39.4% no disability or learning difficulty

21.2% mental health difficulty

21.2% disability affecting mobility

76% unemployed / economically inactive

JOB

33.3% white
18.2% black African

9% have a learning difficulty assessment
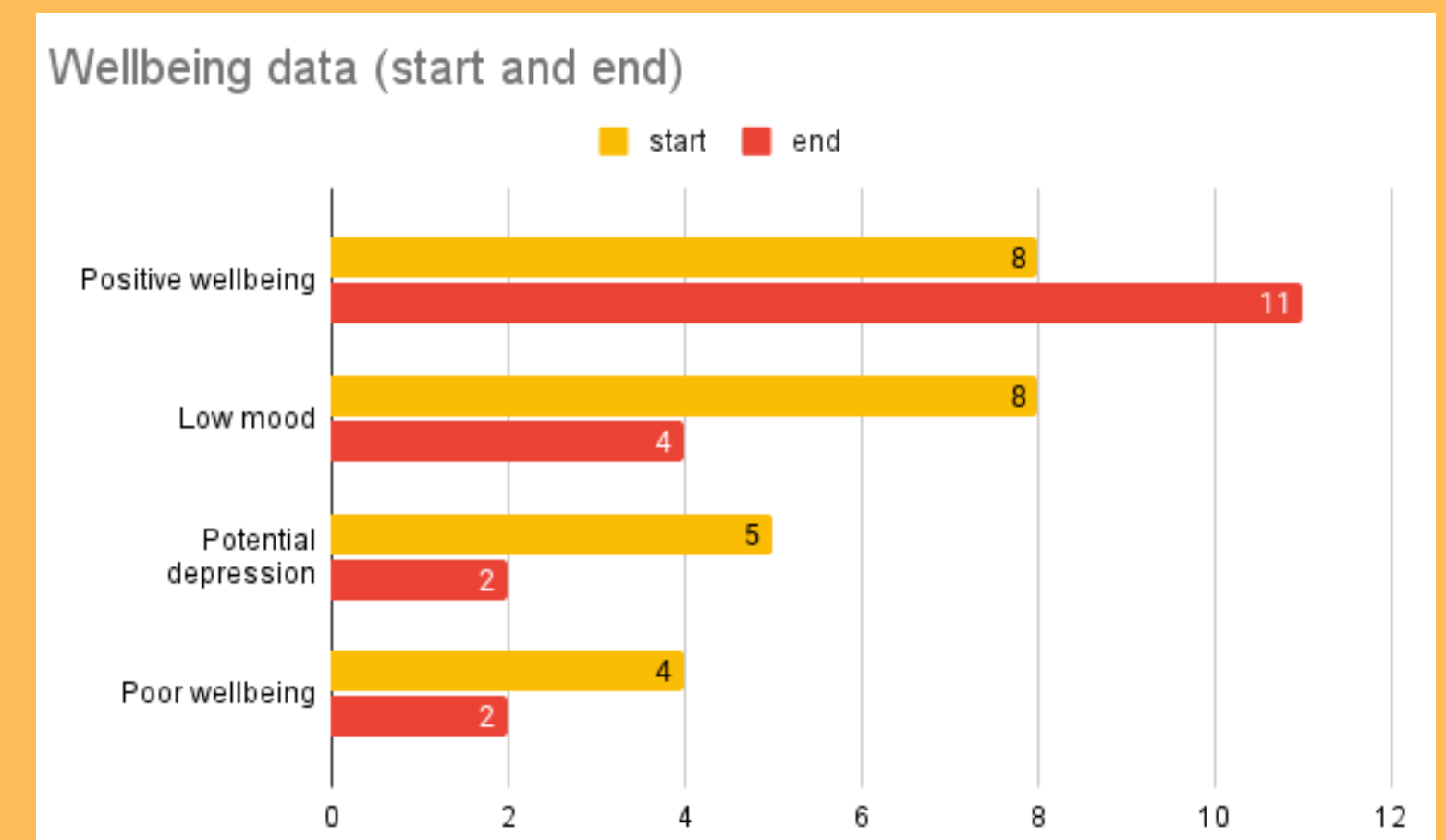
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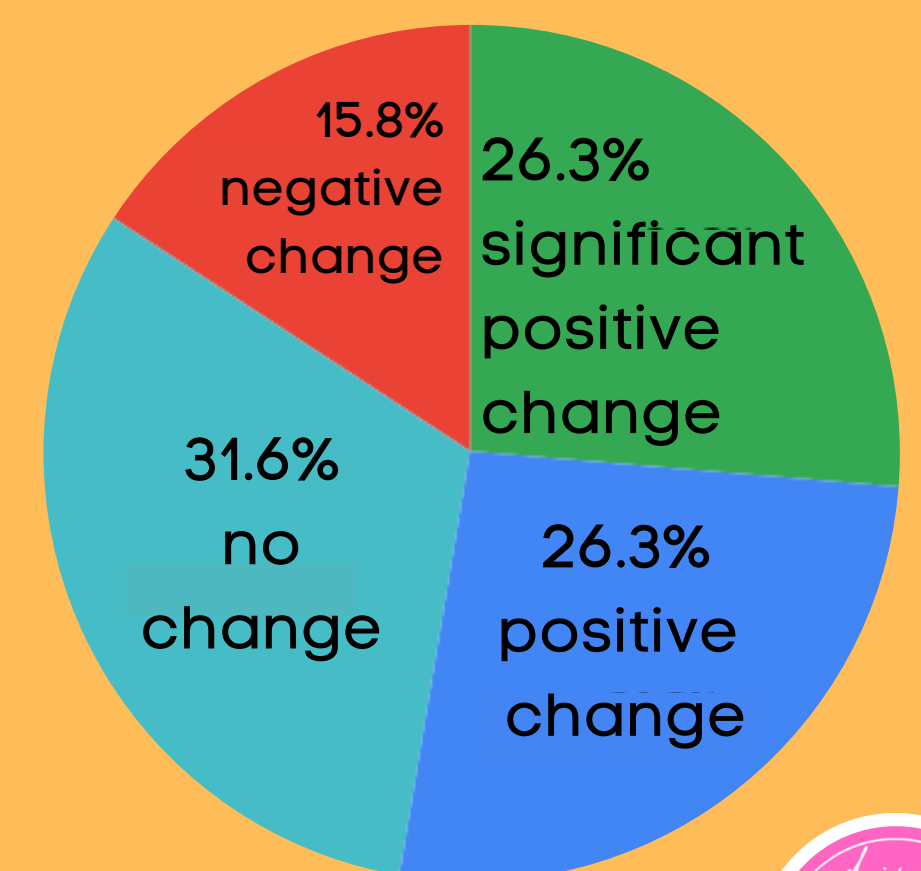# 25 participants completed the wellbeing survey at the start of the project *

76% of them completed the survey again at the end. Reasons for non-completion included participants not completing the project, or not being present on the last day.

Results:

- **68%** of participant scores at the **start** indicated low mood, potential depression or poor wellbeing
  - **42%** at the **end** (58% indicating positive wellbeing)
- Mean wellbeing score at the **start** was **37.6**
  - increased to **47.1** at the **end**
    - **52.6%** of scores showed a **positive** change in wellbeing
      - **26.3%** with a **clinically significant** positive change
    - **15.8%** showed a **negative** change in wellbeing, i.e. their wellbeing was lower at the end, than the start
    - **31.6%** reported **no change** in wellbeing

Wellbeing data (start and end)

start · end

Positive wellbeing — start 8, end 11
Low mood — start 8, end 4
Potential depression — start 5, end 2
Poor wellbeing — start 4, end 2

15.8% negative change
26.3% significant positive change
31.6% no change
26.3% positive change

*76% of participants referred

participant outcomes

The project aimed to see participants moving into specific areas of education, training, job searching and engaging in life skills support following the interventions. Whilst it may be too early for participants to be moving on to employment, education or training, the next steps listed here and the case studies below demonstrate clear progression routes some of the participants have taken following their engagement.

signposting:

54 people* have been signposted to next steps:

- **mentoring support** (host organisation has secured additional funding for this)
  - support to build pathways
  - participants received resources
  - some participants already gained further opportunities
- **volunteering opportunities**
  - museum-specific voluntary roles
  - participant has joined Access Advisory Group as an expert volunteer
  - participant holding a Locals Exchange session to share skills / knowledge
- **ambassador**
  - participants potentially referring other people to the host organisation
- **placement**
  - three participants joining one-year placement with host organisation

other participant outcomes:

in addition to improved wellbeing, participants experienced the following outcomes, which may empower them to move on to new opportunities.

new **skills developed (creative and life skills)**

new **social connections**

improved **confidence**

"I am not suffering with depression as much as I was, that has definitely gone down. Today I feel grumpy and miserable but I still feel relaxed which is a huge difference from how I would feel before."

participant quote

*Number of referrals signposted to next steps was not reported separately from total number who participated

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referral process reflections

participating organisations provided feedback on the referral process and their involvement in the project, which has been analysed and presented under themes of: **celebrations and recommendations** and **challenges**

celebrations and recommendations

relationships

- high **level of engagement** from participants
- supported participant with their **first public exhibition**
- additional **mentoring** alongside workshops
- **good connections** with social prescribers
- hold more group sessions in future, having witnessing the benefits of **social interaction** of participants with one another

referral process

- **opportunity to reflect together** on how to maximise referrals in the future
- understanding the referral process better now, would **design co-production** element differently
- try again with a **longer lead-time**!

legacy

- **further funding** secured, as a result of this opportunity
- taking learning forward to develop a **regular social prescribing offer**
- huge potential for arts activities to play a role in **supporting mental and emotional wellbeing**

development and collaboration

- people from **nearby boroughs** entitled to join (bringing more people into Lewisham)
- chance to remain involved in **network** of participating organisations
- ongoing work to **raise awareness** of projects available
- adapt activities (with greater flexibility) and support to encourage participant engagement

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referral process reflections
challenges

extensive form-filling / admin

- too personal
- too many forms / repetitive information required from participants
- managing access budgets was time consuming (and had to create new systems)

wellbeing questionnaires

- hard to gather (both start and end)
  - participants not completing
  - missed last session
- doesn't necessarily track true impact of attending the programme
  - feelings on the day
  - external factors (unrelated to session)

- Covid-related setbacks (illness in delivery team; transition to online delivery)
- other external factors (sickness, heatwave, train strikes

additional support required

- working with target demographic
- helping participants complete forms (in person)
- under-estimated need of the young people (aged 18-25) to feel immediate support and need for flexible delivery
- co-production element

- patients unable to make contact with organisations (and subsequently becoming disengaged)
- commitment to set times/dates was problematic for the age group
- having to stop referrals at halfway point
- short duration meant it was hard to establish a relationship with participants

longer lead time and more co-ordinated approach locally may have attracted more participants

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Participant referrals:

- **33** patients were referred to the project (58% completed)
  - **58%** of referrals self-identified as female
  - **22%** aged 18-24, **22%** were 65+ (age range 18 - 83 years)
  - **33%** of participants were white
- **Four** organisations received **five or more** participant referrals*
  - **76%** of referred patients were unemployed or economically inactive**

employment status	target	actual	%
unemployed	25	6	24
economically inactive	15	18	120
employed	5	9	180

**based on enrolment data

- The main challenge for organisations was the limited time between the referral process opening and the start of the project:
  - organisations **new** to social prescribing highlighted a **lack of knowledge** of the referral process, intended outcomes and social prescribing more generally
  - for those with an **existing** referral process the second most frequent challenge was **capacity** (time required in supporting patients through the referral process)

Participant outcomes:

- Participants had **low** levels of wellbeing at the start (mean = **37.6**), compared to the general population in the UK (mean = **59**) (ONS, 2017)
  - **50%** of referrals showed a **positive** change in wellbeing after engaging in the project (**38.9% clinically significant** positive change)
  - **16.7%** showed a **negative** change in wellbeing (some organisations reported this was due to participants' low mood on the day of completing end survey, relating to external factors)
- participants developed new skills, social connections and improved confidence
- **54** people were signposted to next steps and several are already engaging in new activities in their local community

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*based referral numbers reported by organisations

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Key learning points from the Lewisham Thriving Communities pilot have been developed into three key themes: **time**; **expertise** and **collaboration**. These concepts are presented below and explored in more detail on the following pages, providing recommendations for developing future social prescribing projects locally, and also for the wider sector.

time

social prescribing projects take time to build **relationships**, process **referrals** and enable participant **engagement**

Effective social prescribing initiatives require adequate funding to enable time to be spent with patients to understand their needs, develop flexible programmes, build relationships and consider follow-up needs.

expertise

organisations need **knowledge, expertise & experience** to deliver quality social prescribing projects

Raising awareness of social prescribing needs to be complimented and suppported by relevant training for voluntary sector organisations working with people at-risk who wish to deliver social prescribing programmes.

collaboration

social prescribing projects require **collaboration, partnership** working & clear **communication** to function well

Social prescribing involves a range of stakeholders and it is essential to develop a collaborative operating system with clear channels of communication throughout the referral process.

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Lewisham Thriving Communities evaluative feedback (through end of project questionnaires) showed that **75%** of participating organisations found the short time-frame of the project a challenge - from referral process opening to the projects starting. The limited time period meant that number of referrals received were restricted, it was hard to establish relationships with participants and extensive form-filling added additional burden in terms of time and capacity of organisations.

Some organisations reported challenges in working with the target demographic and had under-estimated the needs of the participants in terms of support and issues in regular attendance, due to the mental health and physical health challenges participants were living with. This highlighted the need for organisations to be flexible and adaptive in programme delivery as well as the need for opportunities for participants to 'catch-up' or have alternative options for participation, as well as having conversations on their individual needs.

Funding for social prescribing projects needs to factor in development time for organisations and other stakeholders to develop relationships, plan projects and process referrals. The duration and adaptability of social prescribing programmes should also be considered, to enable meaningful participant engagement, as well as providing ongoing support beyond the project.

The duration of Lewisham Thriving Communities projects in this pilot was relatively short (8 weeks), in comparison to more well established social prescribing programmes which last 10 - 12 weeks (Camic et al., 2018; Dowlen, 2020).

"Overall the extremely short time between the project being 'live' for social prescribers and the activity needing to start was the biggest barrier to matching our project with social prescribing."

quote from participating organisation

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A number of organisations reported the challenges of working with people living with long-term conditions, including both mental health and mobility issues. For organisations new to social prescribing, this presented a challenge, as they were less experienced in knowing how to adapt programmes or find alternative opportunities for participants to engage. However, lack of continued or regular engagement in the projects is likely to be related to health-related issues and / or unanticipated external factors (Wildman et al., 2019), rather than the quality of the activities themselves. Aside from lack of knowledge of social prescribing more broadly, Covid-related illness and needing to adapt to hybrid or online delivery, as well as other external factors effecting delivery added additional pressure on participating organisations.

Organisations with less experience of collecting wellbeing data from participants found it difficult, especially when capturing end of project wellbeing data. 25 participants completed the WHO-5 wellbeing survey at the start of the programme, with only 76% completing the survey again at the end.

Incomplete data (e.g. participants completing both pre- and post-wellbeing surveys) was reported by organisations as due to participants not completing the programme or those who were not feeling particularly well at the last session. Some forms were incomplete in the way the were completed, providing insufficient data for analysis. For organisations coming in to social prescribing, it is essential to make time to build knowledge, expertise and experience in order to deliver quality social prescribing projects and to work in collaboration with other local stakeholders, including social prescribers.

"Working with the social prescriber was helpful to understand any barriers individuals faced and how we can work with them in our project, however the amount of paperwork required was another barrier and divide to us ..."

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quote from participating organisation

key themes: collaboration

There are a range of stakeholders involved in developing and delivering social prescribing initiatives and it is really important for time to be spent on developing collaborative partnerships, supported by clear communication between key stakeholders and wider networks. While data were not collected directly from social prescribers as part of the project evaluation, at a sharing and discussion event hosted by Entelechy Arts in October 2022, social prescribers from Community Connections Lewisham shared reflections of their involvement in the project:

- incredible to see the range of organisations participating and the funding available to both the organisations and to support the participants themselves (e.g. for travel, childcare costs), but limited experience meant some organisations were not clear on how to facilitate this support
- organisations were very quick in responding to patients which is very important, especially for those who are socially isolated
- time buliding relationships with patients was hard, due to time-frame
- communication is key - there is so much happening in Lewisham but it needs to be communicated and shared better
- single point of contact for questions would be useful in future

Social prescribers can play a central role in participant's engagement by developing non-judgemental, trusting relationships and introducing patients to new activities which they may not have been aware of. However, the social prescriber's knowledge of local opportunities is key - emphasising the need for local awareness through clear communication and collaborative working (Wildman et al., 2019).

"The key lesson we have learnt is that for socially prescribed programmes we need to design content and co-produced elements which are fully accommodating and empowering for people either joining later, only attending some weeks or dropping in and out."

quote from participating organisation

Project limitations

The main limitation of the Lewisham Thriving Communities pilot was its short duration. The short time-frame from the referral process opening to the projects needing to start led to low referral rates; and the short duration of projects meant it was difficult to build relationships and trust with participants. 50% of the projects lasted 8 weeks, compared to 10 - 12 weeks in established social prescribing programmes. In addition, half the participating organisations had not previously run social prescribing projects and therefore had limited knowledge on how to manage and deliver such initiatives, including processing referrals. The process of participants being required to complete both enrolment forms (as part of the wider Lewisham Creative Futures project), in addition to referral forms was viewed as cumbersome, intrusive and often repetitive.

Evaluation limitations

Another limitation of the project was the finite amount of data collected. Whilst it was a conscious decision to keep the evaluation process as simple as possible, to avoid over-burdening the participating organisations, this meant that the range of voices included was restricted. Participant and social prescriber voices were not well represented in the data. Moreover, data on the project / session format and facilitation were not collected.

- short time frame from the referral process opening to the projects starting
- duration of projects and capacity for time required in supporting participants

- limited knowledge of the referral process and social prescribing more generally
- uncertainty around the intended outcomes of the project

- limited voices and perspectives represented in the data
- programme design and facilitation were not considered in the evaluation

Lewisham Thriving Communities engaged 12 local organisations in a social prescribing pilot, which received 33 patient referrals. Overall, the project saw a positive meaningful change in participant wellbeing as a result of engaging in a range of arts-based initiatives. However, the short-time frame of the project and limited knowledge of social prescribing of some organisations presented challenges. Evaluation of the project highlighted 3 key recommendations for future initiatives: **time**; **expertise**; and **collaboration**.

The VCSE sector plays an integral role in social prescribing, but limited capacity, resources and expertise can present challenges, as seen in Lewisham Thriving Communities. Opportunities for training are essential to maintain the momentum and energy in Lewisham and to better equip local organisations in the skills required to deliver social prescribing. Moreover, links between primary health care services and the VCSE sector need strengthening (Chatterjee et al. 2018).

While social prescribing is new to some, it should be recognised that it is not a new concept, with initiatives being delivered in the UK for over two decades. As the local appetite for delivering social prescribing increases, it is important to learn from existing models of practice, research and evaluation. The National Social Prescribing Network (2016) produced a framework of factors associated with successful social prescribing schemes which highlighted the need for clear referral pathways ; patient-centred care, including time spent with patients to understand their needs and concerns; and good social prescribing infrastructure to support collaboration. Healthy London Partnerships (2017) highlighted the benefits of social prescribing identified by key stakeholders, which may provide a useful starting point for local discussions to continue further development of social prescribing initiatives in Lewisham.

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a collaborative project to design a billboard with a message about mental health from the perspective of the participants

In the first session, the participant spoke very little in the group discussions, preferring to speak with the facilitators. When asked if they had done any art before, the participant replied "I can't make art" and "I'm not an artist". They said that they had done drawings at home, but what they'd made "weren't any good".

As the weeks went on, their confidence grew. Still only talking to facilitators, they were encouraged to express what they wanted to achieve in the sessions. In the weeks that followed, they spoke to others, made jokes and really came out of their shell!

The participant shared that they were interested in learning how to mosaic. The lesson plans were changed to make space for all participants to focus on learning a new skill.

Image credit: Arts Network

Image credit: Arts Network

THE IDEA JUST CAME TO ME!

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> improved confidence within the group

> changed attitude towards their work, from "it's not very good" to "it's quite good", to "I like it!"

> personality blossomed!

> workshops became the highlight of their week

"I have really enjoyed learning how to do mosaic and I'm really pleased with myself now it's finished. I didn't think I could do it!"

Participant is interested in becoming a member of Arts Network

DIVERSE COMMUNITIES

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RAGS TO DISHCLOTH

upcycled fashion project: arts and social club, where you can do as much or as little as you like

Thomas (not his real name) was referred to the project as he struggles with anxiety, depression and was feeling isolated. He is waiting for an autism assessment as he struggles to understand social cues which leads to feelings of exclusion. He was also having issues with his benefits and finances and finding affordable things to do is very tricky.

Once upon a time Thomas enjoyed playing his guitar, so he thought creative groups might be the place to inspire him once again. Working closely with the social prescriber meant that we were able to plan in advance how to support him best, and be up front about the difficulties he is facing.

The groups give Thomas a boost before he goes out into all the negative things in the world.

Image credit: Christine Bone

> designed and hand-sewed a silk bow tie and a matching cape & head piece

> displayed creations during a fashion show and walked on the runway

> made new friends

[Thomas smiles into the camera with grey hair and a moustache wearing a white shirt. Over his shoulders is a silky green and blue cape, being fitted and pinned together by an artist who is also laughing]

Thomas was relieved to hear that the groups run 50 weeks a year and he's welcome to join them

Image credit: Meet Me

"I'm nimble with a thimble!"

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arts and crafts community for people whose mental health & wellbeing benefit from gentle group activities

Charlie (not their real name) was unemployed and wasn't going out much and spent most of their time at home. They had done creative activities before, but not for a long time. They were hoping to do more creative activities and wanted to have more interaction with others.

Coming to the group has given Charlie something to do in the week. They want to find employment and coming to the group has helped them build a routine. Getting up and leaving the house will help them get into the mindset of working.

"I was referred to improve my mental health and it has been great to know that there are others in the group that have the same challenges. I felt safe to talk to people."

Image credit: Sydenham Garden

FINDING A ROUTINE

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Image credit: Sydenham Garden

> enjoyed being in the group and learning new skills

> taking part in the group has allowed them to build confidence and routine

> felt safe in the group allowing them to participate and try new things

> more chatty with people

Building confidence & routine could have a long-lasting impact, contributing to Charlie potentially finding work

NATURE CONNECTEDNESS

CASE STUDIES: HORNIMAN MUSEUM AND GARDENS

to increase the confidence & skills of socially isolated people through spending time in nature, empowering them to continue after the project

Fred (not his real name) found it hard to speak to people at first and join in with activities. He was worried about access issues and had experienced depression and isolation since an accident and a family bereavement.

Fred had tried other community courses, but never managed to complete one before...

"I've opened up a lot. Other courses can come on so strong; they're quite patronising, like they know everything about you. This was much more calm, more fun, interactive, less patronising [...] I felt like I was listened to."

Image credit: Coneflowers Grassland Garden C Churcher

Image credit: Horniman Museum and Gardens

> more comfortable talking to new people

> improved mental health and feeling happier

> increased confidence – wrote & recorded his own voice for audio resource

> new skills in noticing & looking more closely at things, especially in nature

> regained practice in photography

Fred has joined the museum's Access Advisory Group as an expert volunteer

CLIMATE EMERGENCY

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BUILDING A CREATIVE CAREER

supporting individuals to build positive pathways, understand how they can use creativity to shape a career in the arts and improve wellbeing

G is a refugee who came to the UK during their family's escape from ISIS, and has faced significant upheaval over many years.

G has always been a keen artist, but unable to access much of the resources, help or support before coming to the UK to help them develop their skills.

Now studying A-Level art here in the UK, they were looking to pursue their career more fully, but had very little experience and were anxious and apprehensive about the possibilities that were open to them.

G had not participated in this kind of support before. They were matched with a mentor who has significant experience as an artist and working in the sector.

Image credit: Sydenham Arts

Canar Hekmut
The Exhibitor & Tea Bag
Image credit: Sydenham Arts

> better understanding of the creative sector

> improved confidence, including meeting and networking with others

> gained new application writing skills

> experienced new opportunities to exhibit

G has held their first public exhibition; had work selected for the Royal Academy's Summer Open Exhibition; gained an interview for an exhibition programme; and set up their own online shop.

DIVERSE COMMUNITIES

## Participant Enrolment Form data

entelechy arts

employment status:

- 🟢 I have been unemployed / retired / economically inactive, I am not looking for work
- 🔵 I am unemployed and looking for work
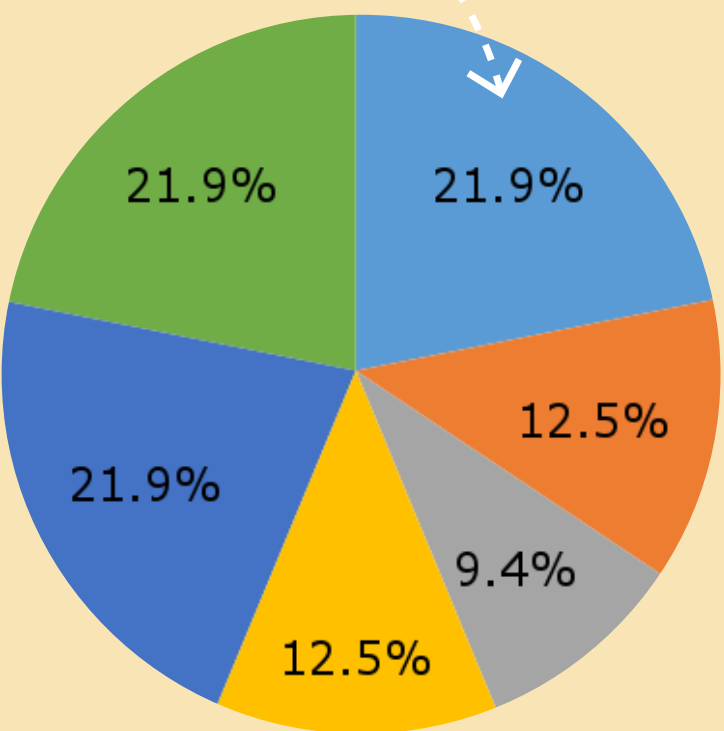- ⚪ I am self-employed
- 🔵 I am employed
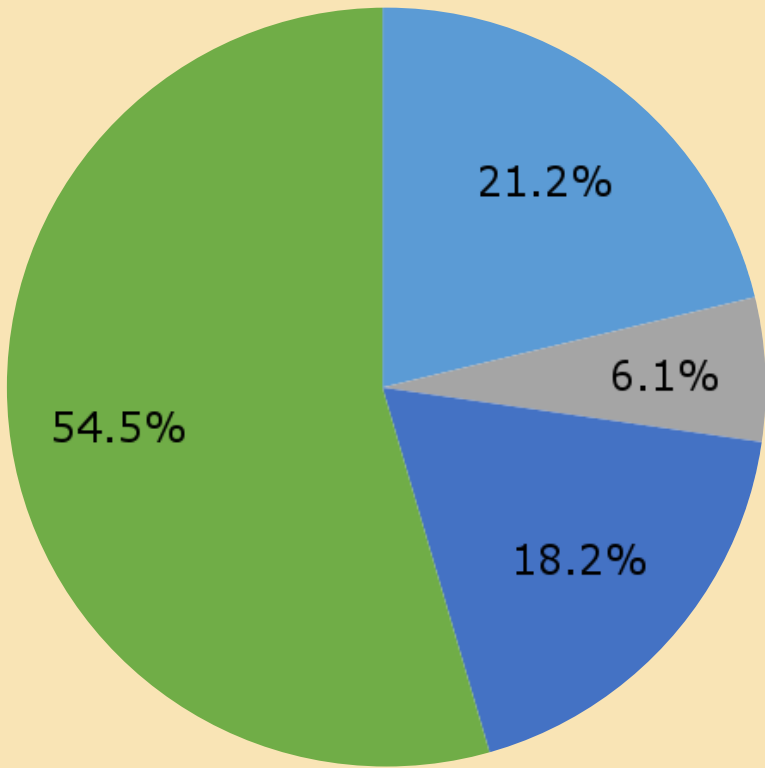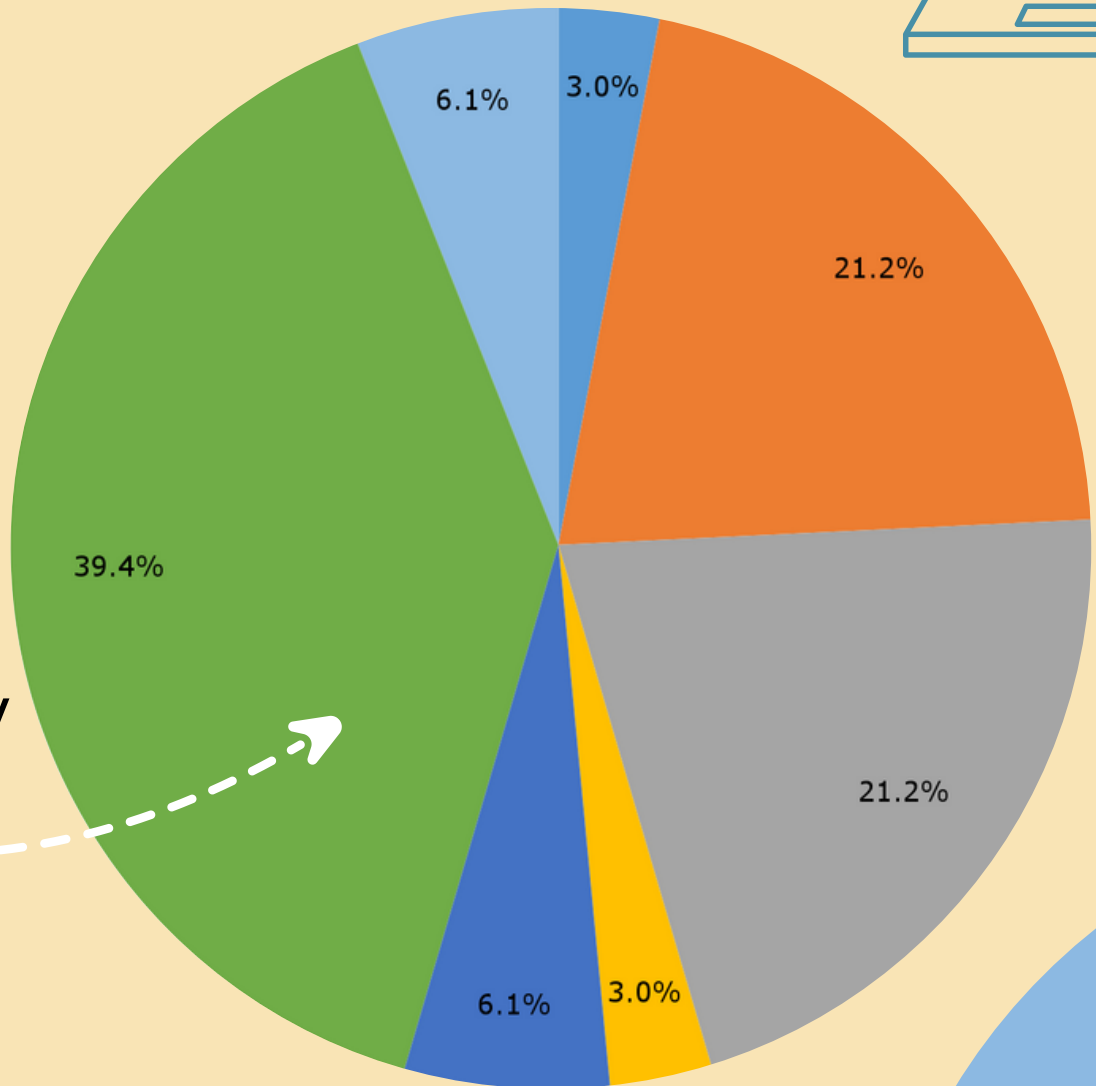
health challenges / conditions:

- 🔵 Autism spectrum disorder
- 🟠 Disability affecting mobility
- ⚪ Mental health difficulty
- 🟡 Hearing impairment
- 🔵 Other learning difficulty
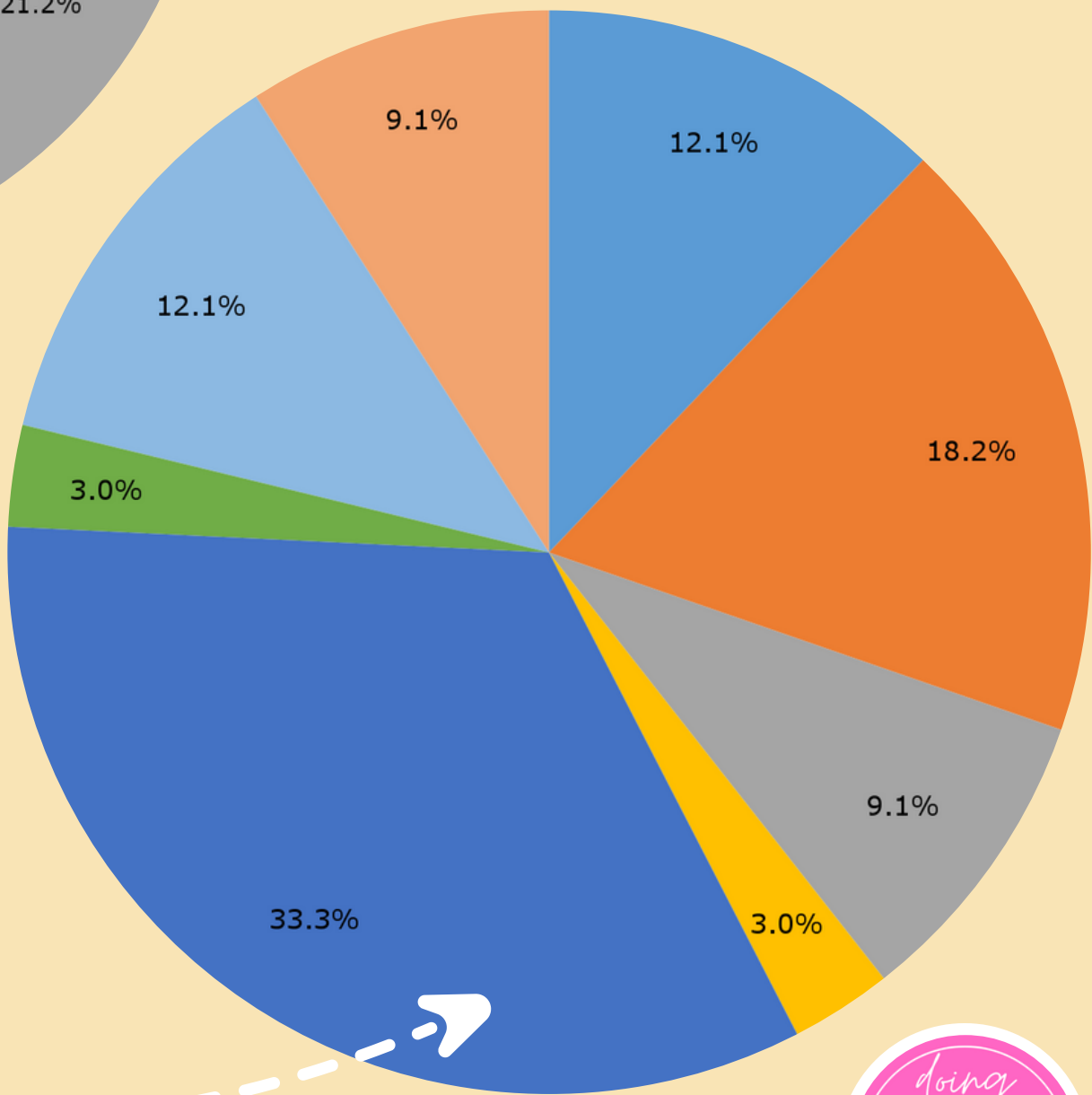- 🟢 No disability or learning difficulty
- 🔵 Prefer not to say
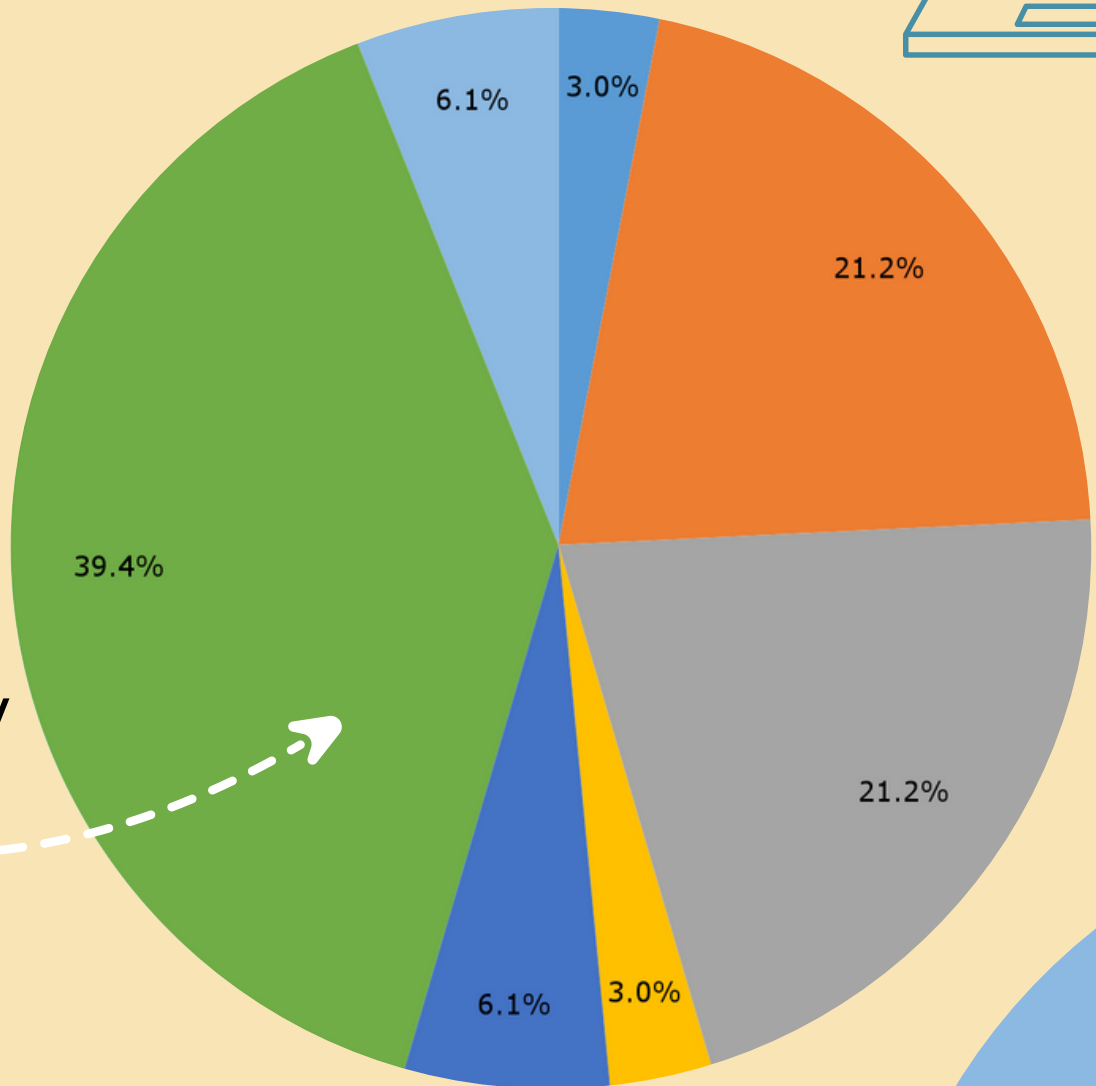
participant ages:

- 🔵 18-24
- 🟠 25-34
- ⚪ 35-44
- 🟡 45-54
- 🔵 55-64
- 🟢 65+

ethnicity:

- 🔵 Arab
- 🟠 African
- ⚪ Black/African/Caribbean/Black British
- 🟡 Caribbean
- 🔵 White - English/Welsh/Scottish/Northern Irish/British
- 🟢 Any other Asian background
- 🔵 Any other background
- 🔴 Any other white background

Employment status pie chart: 21.2%, 54.5%, 6.1%, 18.2%

Health challenges pie chart: 3.0%, 21.2%, 21.2%, 3.0%, 6.1%, 39.4%, 6.1%

Participant ages pie chart: 21.9%, 21.9%, 12.5%, 9.4%, 12.5%, 21.9%

Ethnicity pie chart: 12.1%, 18.2%, 9.1%, 3.0%, 33.3%, 3.0%, 12.1%, 9.1%

Chatterjee, H., Camic, P., Lockyer, B. and Thomson, L. (2018) Non-clinical community interventions: a systematised review of social prescribing schemes. Arts & Health, 10:2, 97-123.

Dowlen, R. 2020. Research Digest: Culture on Referral. Version 1, September 2020. Leeds: Centre for Cultural Value.

Healthy London Partnership (2017). Social prescribing: Steps towards implementing self-care - a focus on social prescribing. [PDF] Available at: https://www.healthylondon.org/wp-content/uploads/2017/10/Social-prescribing-Steps-towards-implementing-self-care-January-2017.pdf

Kings Fund (2020). What is social prescribing? [online] Available at: https://www.kingsfund.org.uk/publications/social-prescribing

National Social Prescribing Network (2016) Report of the annual social prescribing network conference, 20th Jan 2016, University of Westminster, Wellcome Trust, and Fit for Work UK Coalition with the support of the College of Medicine.

NHS (2022). Social prescribing link worker [online] Available at: https://www.healthcareers.nhs.uk/explore-roles/wider-healthcare-team/roles-wider-healthcare-team/clinical-support-staff/social-prescribing-link-worker/social-prescribing-link-worker

Office for National Statistics (2017) Measuring national well-being in the UK: international comparisons, 2017. [PDF] Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/internationalcomparisons2017/pdf.

Topp C.W., Østergaard S.D., Søndergaard S., & Bech P. (2015). The WHO-5 Well-Being Index: A Systematic Review of the Literature. Psychotherapy and Psychosomatics, 84:3, 167-176.

Wildman, J., Moffatt, S., Steer, M., Laing, K., Penn, L., and O'Brien,N. (2019) Service-users' perspectives of link worker social prescribing: a qualitative follow-up study. BMC Public Health, 19:98.

WHO (1998). Wellbeing Measures in Primary Health Care/The Depcare Project. WHO Regional Office for Europe: Copenhagen.