

Now



Thrive in South West Durham/NOW Final Evaluation Report

Written by Emily Diamand on behalf of Northern Heartlands, Jack Drum Arts, Upper Teesdale Agricultural Support Services and TCR Hub



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1. Introduction

'NOW' is one of 36 Thriving Communities projects in England, funded by the National Academy for Social Prescribing (NASP) and Arts Council England (ACE). Originally named Thrive in South West Durham, the project's name was changed to avoid confusion with Durham County Council's health discount card.

The Thriving Communities Fund was a single national programme that supported place-based cross-sector partnerships to improve and increase the range and reach of social prescribing community activities, especially for people most impacted by COVID-19 and health inequalities. It aimed to:

- strengthen the range of social prescribing activities offered locally
- enhance collaboration and networking between local organisations
- enable social prescribing link workers to connect people to more creative community activities and services.

What is Social Prescribing?

Social Prescribing is part of the NHS's Universal Personalised Care strategy and aims to connect people with practical and emotional support in their community that could help to improve their mental and physical health.

GPs refer patients to a Social Prescribing Link Worker, who spends time with the person and tries to match them with support and activities for their needs and interests. The Thriving Communities national programme aimed to strengthen links with local community organisations to help with this process.

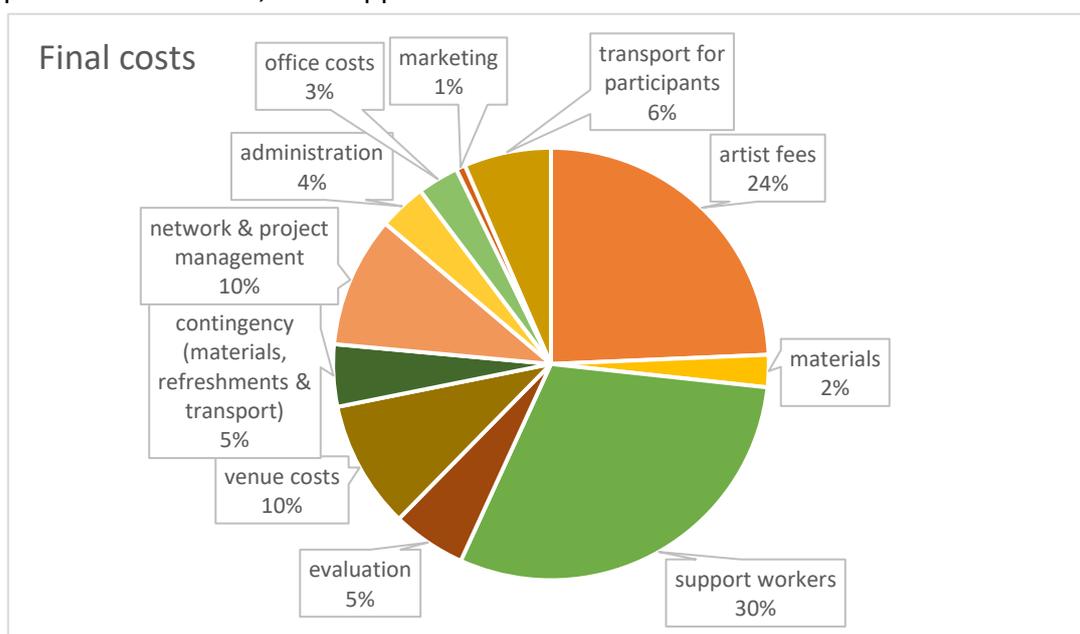
NOW was awarded £50,000 from the Thriving Communities Fund, with an additional £20,000 from Durham County Council (DCC) and £5000 from County Durham Community Foundation (CDCF). It was delivered as pilot programme by four partner organisations in southwest County Durham: Northern Heartlands, based in Barnard Castle; Jack Drum Arts,

based in Crook; TCR Hub, based in Barnard Castle; Upper Teesdale Agricultural Support Services (UTASS), based in Middleton-in-Teesdale.

Between May 2021 and June 2022, the partners:

- delivered 131 activity sessions at three venues, available to people living in the rural communities of Teesdale and Weardale, and people in and around the towns of Crook and Bishop Auckland;
- established a new working partnership with Social Prescribing Link Workers (SPLW) from Durham Dales Health Federation, who were able to refer patients into the programme;
- established a broader network across the area linking community organisations, health sector organisations and Durham County Council;
- hosted a new Reading Scheme worker for Tow Law, funded by Anne Cleeves and Durham County Council (separately evaluated);
- extended the programme to a new site in Bishop Auckland, funded by Believe Housing (separately evaluated);
- raised funds to continue activities at UTASS and Jack Drum Arts after the end of the funded period, and a trial of self-funded sessions at TCR Hub.

The budget was divided between the three delivery partners (venues) and one coordinating partner, all of whom are community-based charities. The three delivery partners – Jack Drum Arts, UTASS and TCR Hub - are established and well-known community hubs, with premises in which to run sessions. Northern Heartlands took the role of developing and coordinating the new network, project management, financial administration and marketing. 78% of the final costs went to directly to delivering wellbeing activities (support worker wages, session leader fees, materials, refreshments, transport costs for participants, venue costs, marketing), 17% of the budget went to project management, administration and network development, and 5% to monitoring and evaluation. As former Head of Learning for the £1.8 million Northern Heartlands Great Place Scheme, and acting as an independent consultant, I was appointed to conduct the evaluation.





2. Evaluation Methodology

While there is growing evidence of the positive impacts of engaging in arts, physical and environmental activities on individual wellbeing¹, there has also been criticism that the evidence relating to social prescribing is poor and potentially biased, with small sample sizes, high rates of loss to follow up and lack of randomised controlled trials². The NOW project was not funded to be a randomised trial of social prescribing, and this evaluation cannot match the evidence requirements for clinical findings. That said, and within the resources available, I worked with delivery partners to develop as much rigour in the data capture as possible, using both quantitative and qualitative methods.

In addition to the national aims, the NOW project partners set their own targets for what they hoped to achieve, and these were also considered in this evaluation. National aims and partner targets informed the logic model and data framework, which were developed in consultation with key stakeholders, including social prescribing link workers.

Category	Delivery Partner Targets
Delivery	<ul style="list-style-type: none"> • weekly sessions of arts, sports, outdoor activities, advice, support and social contact over 46 weeks • additional activities - landscape exploration/wellbeing in nature, trips to cultural venues/sports facilities • access to the Ann Cleaves supported regional reading programme for families
Recruitment	<ul style="list-style-type: none"> • Recruit 750 individuals • 2000 engagements delivered by project delivery partners • 2000 engagements delivered by non-project partners
Reach	<p>Support participants from specific target groups:</p> <ul style="list-style-type: none"> • adults aged 25+ and furthest from the labour market; • unpaid and family carers; • older single person households;

¹ See: Polley M, Chatterjee H, Asthana S, Cartwright L, Husk K, Burns L, Tierney S. (2022). *Measuring outcomes for individuals receiving support through social prescribing*. London: National Academy for Social Prescribing

² Bickerdike L. et al (2016) Social prescribing: less rhetoric and more reality. A systematic review of the evidence. *British Medical Journal Open* 2017;7: e013384. doi:10.1136/bmjopen-2016- 013384

	<ul style="list-style-type: none"> vulnerable young people, particularly those disconnected from services due to pandemic restrictions; parents with young children neuro-diverse adults
Engagement	Participants continue beyond the initial 12 free sessions (% not specified)
Referral	Increase in the number of GP referrals to social prescribing activities
Funding	<ul style="list-style-type: none"> Durham Dales Health Federation increases number of link workers Additional funding to continue the programme

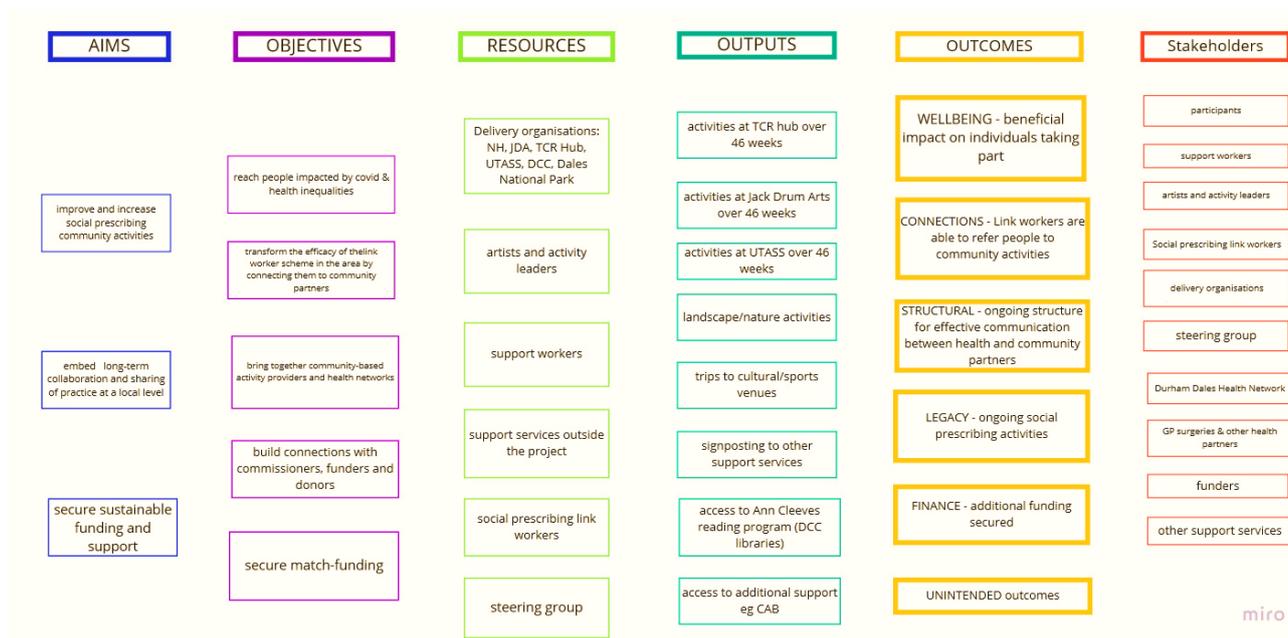


Figure 1 Logic model

With partners and stakeholders, it was agreed that quantitative data would include participant numbers, personal circumstances and demographics, attendance, self-reported wellbeing, number of referrals, activities delivered, and finance secured. Qualitative data included interviews with stakeholders and participants, participant observation of sessions, and written feedback from participants and artists. The support workers’ role included supporting participants to fill in monitoring forms, gathering case studies and reporting any verbal feedback from participants. In the early stages of the project, I met with support workers to go through the data collection forms, gather feedback and revise where necessary.

Reporting from health partners on numbers of referrals was not possible because of the way in which this information is collected, and so we have relied on information from participants about their referral route.

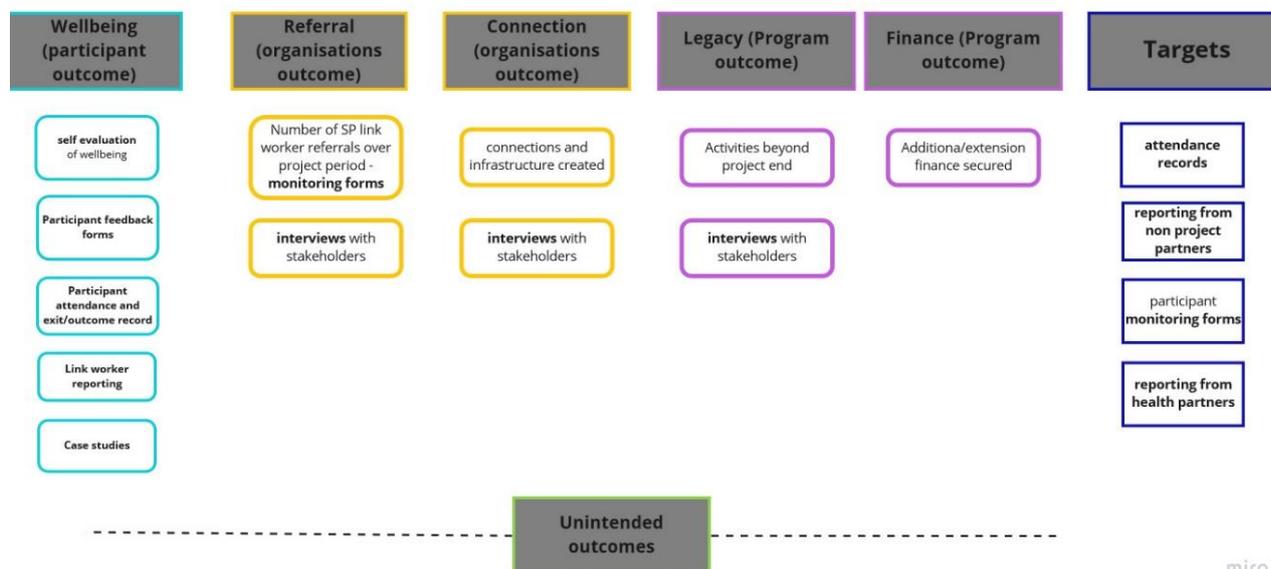


Figure 2 Data framework

Participants

To protect participants, the delivery partners retained all personal information and allocated each participant a code [year of birth + initials], which was the only identifier attached to information about attendance, personal circumstances, wellbeing and feedback. Participant involvement in the evaluation was voluntary, and this was clearly marked on forms and explained by support workers. At the beginning of the programme, the aim was for participants to complete a wellbeing assessment on their first session and another after 8 sessions, or at the end of a shorter course. This decision was informed by the prior social prescribing experience of one of the delivery partners. Partners opted to use the ONS4 wellbeing questions, which they felt were simple and accessible, as well as being comparable to a national and county baseline.

In practice, it was not straightforward for support workers to collect all the information from participants during their first session, particularly if several people started at the same time. This was complicated by the vulnerability of some participants, literacy issues and a general distrust of forms. While recognising that it would impact on the data, it was agreed that wellbeing forms could also be filled in on the second session if this was more appropriate. It wasn't always straightforward for support workers to track the number of sessions a participant had been to, because people dipped in and out depending on their health, with breaks of several weeks. The second wellbeing form was completed at eight sessions where possible, but varied between 4 and 12 sessions, with some participants also repeating the forms if they went beyond 12 weeks.

Wellbeing is variable, subjective, and affected by many factors outside of the project, so collecting statistically valid data is a challenge for all evaluations. Because of this, we also asked participants about their own perception of whether anything had changed for them, and why, trusting them to be competent evaluators of their own lived experience³. In addition, support workers recorded verbal feedback, provided case studies and their own assessments of impact. In September 2021 and April 2022, I took part in sessions at two of the venues, conducting informal interviews with those participants who wanted to, which allowed me to capture to their experiences in more depth.

Stakeholders

Throughout the project I conducted interviews with stakeholders, including support workers, delivery partner staff, social prescribing link workers and artists. Session leaders were asked to provide feedback about their experience of working on the project, and I attended delivery partner meetings and steering group meetings as an observer.

³ Leanne M. Kelly (2021): A clash of values: Deep-rooted discord between empowering, participatory, community-driven development and results-focused, evidence-based evaluation, *Community Development*, DOI: 10.1080/15575330.2021.1936101



3. Delivery of the NOW activity sessions

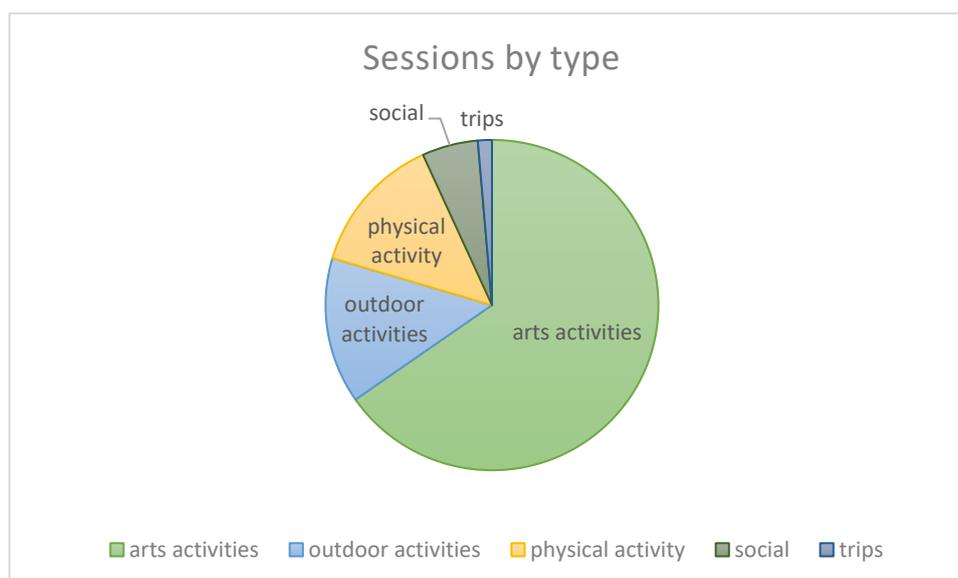
Over 13 months, the partners delivered 131 sessions to 158 participants, with 1066 engagements. In addition, participants were assisted to attend the pantomime at The Witham Theatre with their families, the Moon exhibition at Durham Cathedral, and Lumière Festival in Durham.

Responsibility for the NOW programme was split between the four partner organisations, with UTASS, Jack Drum Arts and TCR Hub (delivery partners) all delivering sessions at their existing sites. All three are established and well-known hubs, already delivering other community activities at their venues, so support workers were employed by delivery partners and based at their venues. Northern Heartlands (coordinating partner) does not have premises accessible to the public, but does work across a much wider area, and so they took responsibility for management of the overall programme, financial administration, marketing, network development and coordination, and fundraising for additional sites.

TCR Hub is the sole partner with on-site facilities for outdoor activities, which partly explains the balance towards arts activities, but many participants also had mobility, health and access issues, making physical and outdoor activities difficult or impossible to attend. Participants were also asked what they would like to do as part of programming, and so the balance of activities reflects their choices. The original programme included more trips, for example to the Yorkshire Dales National Park, but early on it was obvious that vulnerable participants needed assistance getting to venues, and so this budget was reallocated to transport costs (see: Transport Provision).

Another decision taken early in the programme was for all sessions to be in person. South West County Durham is very rural, with areas of severe economic deprivation, both of which cause digital exclusion. UTASS had trialled digital provision during lockdown and encountered problems with connectivity and access to computers (UTASS Sept 2021). Link workers also commented that patients would prefer face-to-face activities, and that

the most vulnerable "don't have access to digital. They don't have a phone, or if they do they don't have any credit" (SPLW, Oct 2021).



Covid

The NOW programme delivered sessions for very vulnerable members of the community during continuing waves of covid. In the spring and summer of 2021, and during the omicron wave in winter 2021/22, delivery partners found that many people were unwilling to attend indoor activities. In the summer, partners programmed outdoor activities, including mindful walks, nature journaling, kayaking and forest school. In the winter, outdoor activities weren't practical and so there was lower attendance, with participants returning to isolation at home, as well as staff absences due to covid. Participants' ongoing anxieties around covid is one of the reasons for the lower recruitment numbers than in the original targets. Session numbers were kept low, at least until Spring 2022, to reassure participants that covid precautions were in place. Covid also made it harder to market the programme because health providers had restricted appointments and many venues weren't allowing leaflets, and it added difficulties for Social Prescribing Link Workers because GP practices allowed fewer patients into their buildings.

Development of the Programme

Social Prescribing Link Workers from Durham Dales Health Federation were involved from the outset in planning and design of the sessions. They advised that many of their patients found getting out and meeting people very challenging, and might be overwhelmed by the idea of arts or physical activity. The delivery partners felt this was also an issue for people who were self-referring, and so they adopted a 'tea and chat' approach, taking time to talk to participants and letting them decide whether to take part in activities. UTASS identified older members of their local community as particularly affected by covid but felt that the

idea of creative activities would put them off attending: “that’s not for me” (UTASS, Sept 2021). Instead, UTASS started with purely social sessions for this group, which they called ‘Brew Crew’ sessions, providing reassurance and removing barriers for people who were just emerging from the prolonged isolation of lockdown. The support worker talked with participants about activities they were interested in, then programmed sessions that included creative activities and gentle exercise. This low-key approach was taken by all the venues, and supported in participant feedback:

“I was a bit uncertain about this at first...I ended up having a great time, I really appreciate this opportunity” (Participant, Jan 2022).

In discussions before the programme started, social prescribing link workers had explained that it was difficult for them to find information about courses and activities in the community, and they often didn’t know where to refer patients⁴. An added problem was that activities were often structured courses, so patients could only take part if they were referred before it started. Link workers needed an ongoing schedule of activities because they had a rolling caseload of clients, and so this was the approach taken by all delivery partners; each activity was programmed for four to six weeks. The close attention paid by the delivery partners to the needs of SPLWs meant that, at the end of the project⁵, link workers praised the NOW programme as a resource:

“It’s been my go-to offer for patients” (SPLW, May 2022);

“Having something to signpost to has been a massive thing” (SPLW, May 2022).

A negative impact was that the rolling schedule led to peaks and dips in attendance, with some activities more popular than others. For example, UTASS programmed four pottery sessions which were attended by more than 30 people, but seven of the participants did not go to anything else. One of the support workers explained that they try to encourage people to keep attending, phoning people who haven’t been for a while to see if they need support, but if someone takes a break because they don’t like an activity it can be hard to get them to return (Support worker, March 2022)⁶. However, all the partners, including social prescribing link workers, felt that this approach to activities was the best balance they could achieve.

Both Jack Drum Arts and UTASS aimed to build a cohesive group of regular attendees, involving participants in the selection of activities and trying to match their interests. Jack Drum Arts had an additional aim:

“we’re trying to equip participants with new skills to express themselves” (JDA, Sept 2021)⁷.

In contrast, TCR Hub generally enrolled new cohorts for each activity, perhaps because the activities they can offer are more diverse, although a group of TCR participants continued on

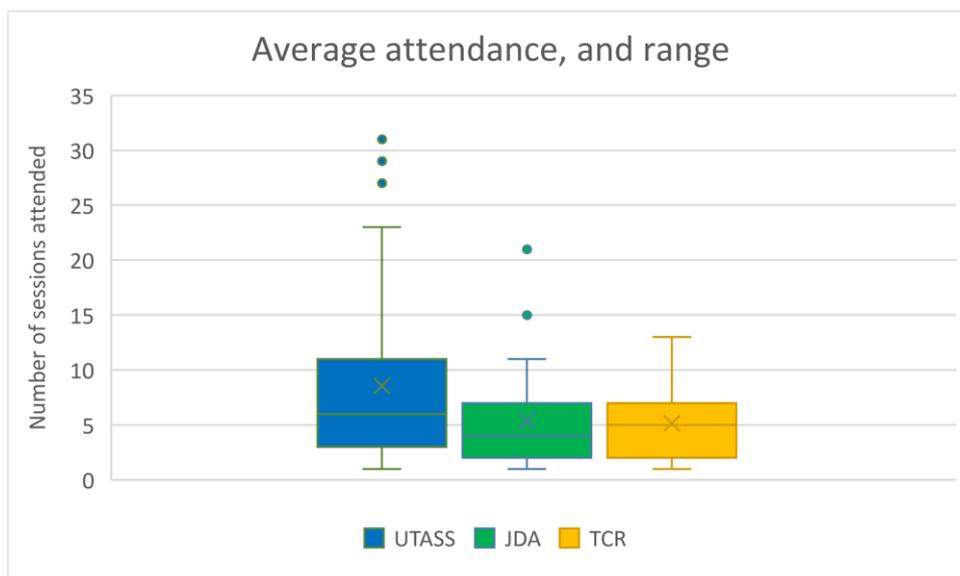
⁴ Interview with Social Prescribing Link Workers, 29/06/2021

⁵ Interview with Social Prescribing Link Workers, 27/05/2022

⁶ Delivery Partners Meeting, 02/03/2022

⁷ Wider Network Meeting, 17/09/2021

to different activities towards the end of the programme. The different approaches taken by venues did not cause significant difference in the average (median) of 5 sessions attended by participants, but both Jack Drum Arts and UTASS had a subset of participants who attended well beyond 10 weeks. For these people, the sessions seem to have taken on a larger role in their lives; while many participants mentioned meeting people in their feedback, only long-term participants wrote of new friendships and two referred to the sessions as a “lifeline” (Participant Feedback).



Towards the end of the programme, Jack Drum Arts changed the day of the week for their sessions, to avoid a clash with another wellbeing activity, and also moved the start time to later in the morning. This change came about from conversations with participants, who said that, on poor health days, they struggled to get up and get going⁸. In addition, Jack Drum Arts began providing lunch for participants, being aware of food poverty that participants face.

Support Workers

The support workers have played a crucial role in the programme: organising sessions, recruiting artists and session leaders, making and providing refreshments, organising transport, contacting participants between sessions, liaising with SPLWs, meeting participants before the first session to reassure them and understand their needs, data collection and monitoring, and delivering sessions. In addition, as support workers got to know participants, they began taking on extra support tasks including helping with applications for welfare support, arranging out health appointments, laminating covid

⁸ Delivery Partners Meeting 06/04/2022

vaccination cards. Other staff commented that support workers often did more hours than paid for⁹ and went ‘above and beyond’.

As well as creating one-to-one relationships, the support workers also monitored group dynamics and progress of participants¹⁰. A support worker described how they’d realised that some participants struggled with physical dexterity, which led them to change the way activities were delivered. Another support worker commented that

“individuals already know each other but not necessarily as friends, they may even have longstanding differences to overcome” (Support Worker, August 2021)¹¹.

And mentioned that a safeguarding issue had been raised by a participant which would not have happened without the relationships created through the programme:

“They wouldn’t have just come into our building and said *I’ve got a problem*” (Support Worker March 2022)¹².

Participants, session leaders and SPLWs all praised the support workers.

“Staff are amazing, friendly and easy to talk to; [I] feel welcome and safe” (Participant Feedback, May 2022);

“[The support worker] helps me with stuff at home too...I can talk to her” (Participant Feedback, June 2022)

“They make my partner feel so welcome too – he sits with us and has a cuppa” (Participant feedback, June 2022)

“Very supportive team, nothing [was] too much trouble.” (Session leader Feedback, March 2022)

Support worker wages accounted for almost 30% of the project budget, but their value is highlighted by the fact that some participants listed the support workers as a reason for their improved wellbeing. Support workers should be considered a key role for any wellbeing project.

Artists and session leaders

Social prescribing programmes rely for their impact on the work of artists and activity leaders (See: Participant Wellbeing), and almost a quarter of the project budget went on fees for session leaders, most of whom were artists. From their written feedback, and from discussion, the activity leaders demonstrated their experience and specialist knowledge in supportive and participatory practice. This specialism was also highlighted by the way in which artists were appointed: at the start of the programme, Northern Heartlands advertised a general call out to artists and session leaders, with the aim of creating a bank of

⁹ Interview with staff from Jack Drum Arts, 27/04/2022.

¹⁰ Interview with Support Worker, 27/04/2022.

¹¹ Delivery Partners Meeting, 04/08/2022

¹² Delivery Partners Meeting, 02/03/2022

activity leaders, but venue staff were more likely to choose known and trusted activity leaders, out of concern for the vulnerability of participants¹³. Of the artists who completed feedback, only 3 out of 10 had applied through the call out, with the rest contacted directly by venues.

Session leaders were asked to complete feedback forms, and I also observed three sessions and talked with two artists. The feedback from sessions leaders was very positive about the organisation and support provided by the venues, and swift payment of fees, with an average rating of 4.7 out of 5. However, activity leaders did raise some issues, including participants being asked to fill in paperwork during the session rather than in breaks; lack of information about numbers of participants and their needs, which made preparation more difficult; access to hand and utensil washing facilities; erratic participation making it difficult to plan progression¹⁴. One respondent felt the fee (£250/day) was too low, although another was happy with this rate. One person commented on the relatively small allowance for materials costs, and this budget category was underspent by the end of the programme, which suggests there could have been more flexibility in its allocation. Four out of ten respondents said their involvement had led to other opportunities and work.

In conversation, an artist explained that delivering wellbeing sessions for vulnerable participants is physically and emotionally demanding, and can become exhausting if too many people take part¹⁵. Staff at one venue felt that having more participants can remove the safe and supportive atmosphere that vulnerable people need¹⁶, and make it harder to keep an eye on personal dynamics or individual requirements. This was also raised in conversation around fees; in some creative forms, the artists do additional work between sessions (eg firing, digitising, collating) and if there are significantly more people than agreed, this extra ends up being unpaid work¹⁷. Those organising sessions need to be aware of issues around increasing the number of people able to attend.

Improvements in wellbeing are not just a side effect of creative or physical activity, they result from the understanding, practiced empathy and ways of working delivered by artists and session leaders:

"I have delivered similar art sessions to participants with mental health issues and with the emphasis of well-being many times over the past 7-8 years. My planning and preparation is always very thorough and aimed to suit folk of all ages and abilities. As the sessions progressed and I got to know everyone, I could adapt the different activities presented to match an individual's needs, skills and preferences. The session room was arranged to encourage positive interaction between participants. With these sessions I always factored in time to listen and talk. The tea break was always very important part of the afternoon." (Session Leader Feedback, June 2022).

¹³ Conversations with NH & JDA staff, 02/08/2021 & 27/04/2022

¹⁴ Conversation with artist, 14/9/2021

¹⁵ Conversation with artist, 27/04/2022

¹⁶ Interview with JDA, 27/04/2022

¹⁷ Conversation with artist, 27/04/2022

Social prescribing programmes, such as NOW, rely upon this expertise and the practitioners should be recognised, nurtured and supported by funders, a view supported by other reviews of creative wellbeing programmes¹⁸.

"What is really beneficial is the money to bring artists in. Now [the participants] are telling us they don't want to go back to coffee mornings." (Support Worker, Nov 2021)¹⁹.

Awareness

The Thriving Communities Fund did not provide for a development period, so while the delivery partners hit the ground running with activities in May 2021, recruiting through their own contacts, there was a lag in the production of marketing materials and the development of the health and community network. While SPLWs had good awareness of the programme, and cascaded this to colleagues, they also said they needed information in advance about activities across all the sites, but this wasn't initially provided by venue partners. As a result, generic marketing materials were available by summer 2021, but flyers with information about upcoming activities were not available until September. One delivery partner commented that the marketing materials would have been better if tailored for each venue.

All the partners made efforts to promote NOW through different channels but, as an entirely new programme, awareness grew over the year, both for health professionals and target participants. Marketing through leaflets was hampered by covid restrictions, as GP and community health services restricted face-to-face appointments, health workers were not making visits and service providers removed flyers from waiting rooms. Many of the target groups were not active online, so social media promotion couldn't reach them.

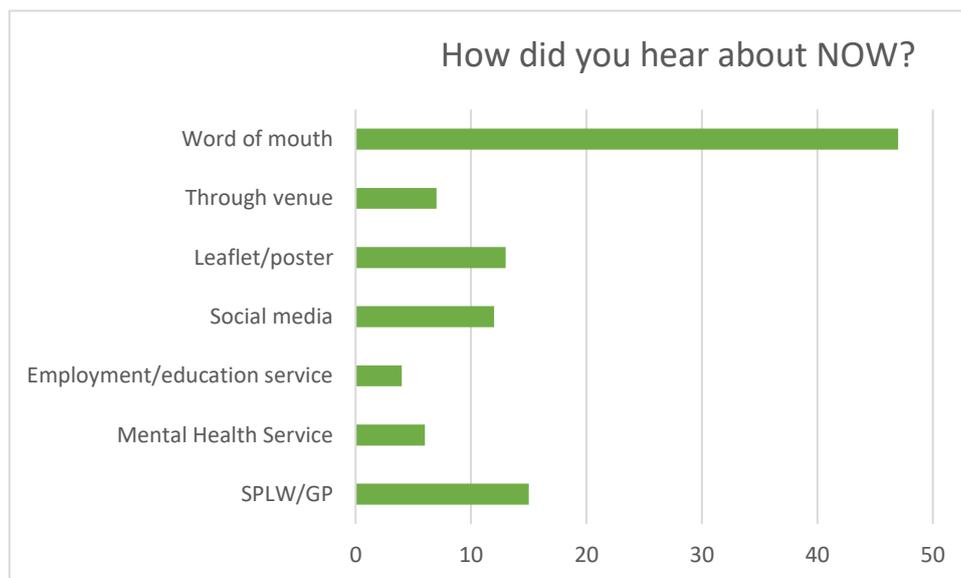
The delivery partners were able to reach out directly to some of their target communities, for example UTASS did this with parents with young children, and older people who had been isolated during lockdown. However, lack of awareness about the programme was mentioned by participants in feedback, and word-of-mouth was the most important route for people hearing about NOW sessions:

"without word of mouth [I] would not have known" (Participant Feedback, May 2022).

This suggests people valued the programme and recommended it, but also highlights the difficulties of raising awareness about an entirely new community programme within a short time and ongoing covid restrictions. It is likely that this contributed to the lower than anticipated participation.

¹⁸ Eg, Recommendation 6 of *A Social Glue. Greater Manchester: A Creative Health City Region* Manchester Institute for Arts, Health & Social Change (2021). <https://www.miahsc.com/a-social-glue>

¹⁹ Delivery Partners Meeting 03/11/2021



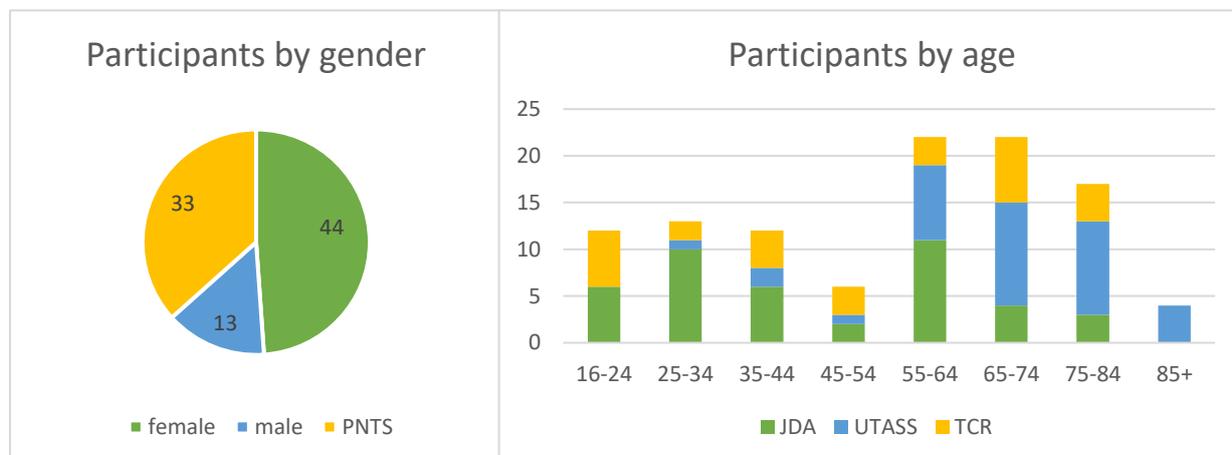
There were very few negative comments about the NOW programme from stakeholders, but something that cropped up throughout was poor communication. All stakeholders commented on this at different times, whether it was communication between delivery partners, or SPLWs trying to contact partner organisations. There did not appear to be one reason for the problems, and partly it was due to support workers having multiple roles and only being employed one day a week on NOW, multiple organisations attempting to coordinate decision-making, email not always being the most effective communication channel and inevitable technology issues. Nevertheless, this did cause difficulties on occasion, and it would be worth considering communication structures for any similar network projects in future.

One step the project team took was to host all the partner meetings and wider network meetings on zoom, due to covid and the distances between venue locations, which would have meant people making long journeys to in-person meetings. This approach worked very well and is a model for future network activities, especially in rural areas. It saved time, costs, and had environmental benefit by avoiding approximately 2000 miles of car journeys (estimated 130 miles average per meeting). One delivery partner felt that meeting each month was too frequent, and meant they didn't have anything new to share, but stakeholders also want quarterly network meetings to continue beyond the project so that the connections between community organisations and health sector services can be maintained.

Reach

A key aim of both the national Thriving Communities Programme, and the delivery partners, was to reach vulnerable members of the community and those most affected by covid and health inequality. The delivery partners also identified key groups they wanted to engage

and largely succeeded in doing so²⁰, although it has not been possible to evaluate engagement with certain groups.



Overall, there were more female than male participants. All partners were aware of the difficulty of recruiting men:

“We are trying to make sure the activities are appealing to men and that we have male artists as role models” (JDA, August 2021)²¹

However, the gender balance remained a problem, even for activities that it was thought would appeal to men, such as kayaking (TCR, Aug 2021)²², and the SPLWs noted that male patients were more reluctant to join group activities, which they felt was due to male patients having less social confidence, paraphrased as: “I wouldn’t know what to say if I met people” (SPLW Oct 2021)²³.

There was a wide spread of ages, with the youngest participant aged 20 and the oldest aged 90. Overall, 60% of participants were over 55, and the lowest participation rate was for adults in their forties to fifties. The age spread varied across venues, partly because UTASS set out to reach older people, and Jack Drum Arts has existing programs for young people. Only 2 participants listed non-white ethnicity, which is in line with ethnicity in the area (98% white). 9 people identified as LGBTQ+.

²⁰ Findings based on data volunteered by participants. 95 out of 158 participants (60%) provided some level of information.

²¹ Delivery Partners Meeting, 04/08/2022

²² Delivery Partners Meeting, 04/08/2022

²³ Meeting with NH & SPLWs, 21/10/2021

A map showing the geographical spread of participants²⁴ is a reminder of the very large area that the NOW programme covered, with a diameter of around 30 miles. Mapping against the Index of Multiple Deprivation demonstrates that the programme was accessible to people living in areas of highest deprivation (top 10% – 30% nationally).

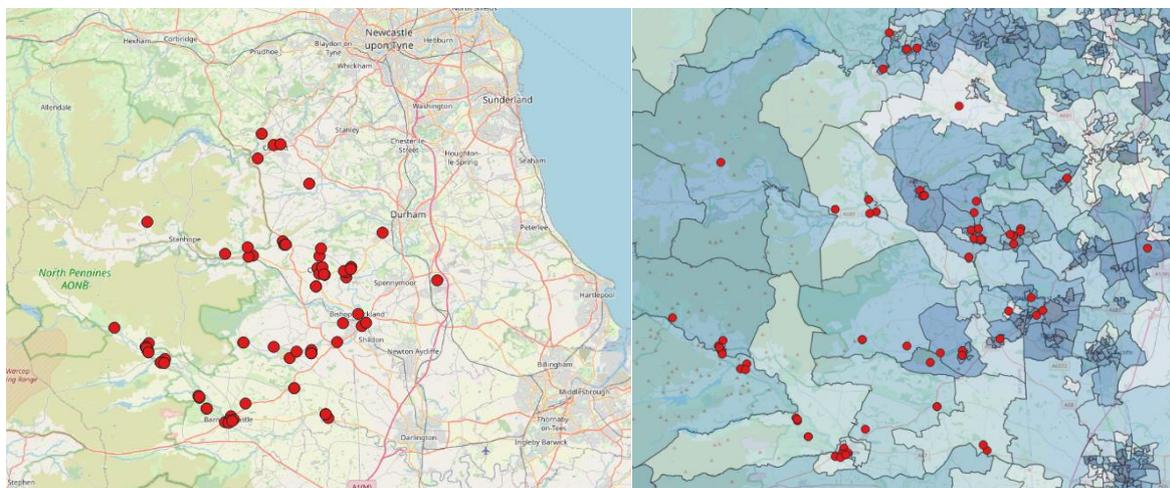
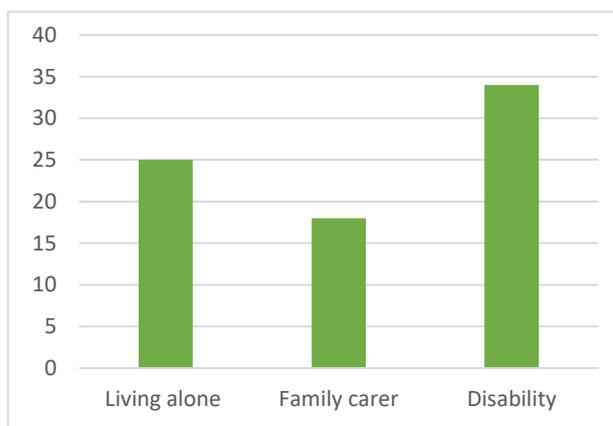


Figure 3 Geographical Spread of Participants (left) and Index of Multiple Deprivation 2019 (right). Darker blue indicates areas of greater deprivation.

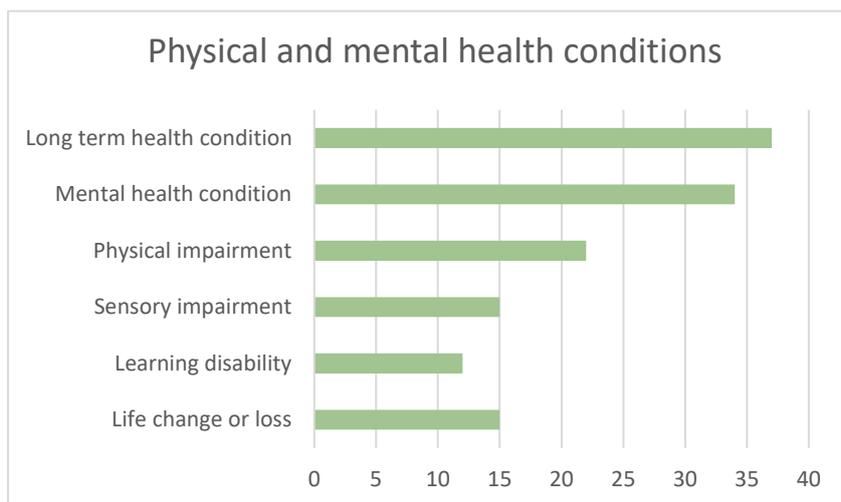


Of those who provided information about their personal circumstances, 29% stated they were living with a disability, higher than the rate for County Durham (23.7%)²⁵. 15.5% stated they provide unpaid family care, again higher than the 11.7% average rate for County Durham²⁶, and 21.5% stated they were living alone.

²⁴ Usable postcode data provided by 78 participants

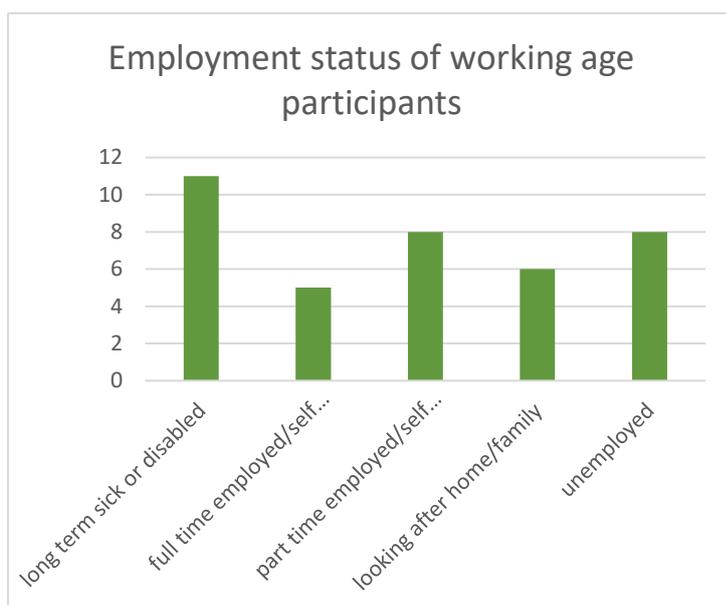
²⁵ Durham Insight: Health and Wellbeing. Based on 2011 census. <https://www.durhaminsight.info/>

²⁶ Durham Insight: Geography Profiles. Based on 2011 census. <https://www.durhaminsight.info/>



More than half (57%) of participants who provided personal information stated they were living with one or more physical or mental health condition. 40 % were living with multiple conditions.

In May and 2021, before monitoring procedures were in place, UTASS reached out to a target group of parents with young children. All activities took place outdoors and this intervention was very effective, with UTASS reporting that the group soon organised their own activities and left the programme. By September, UTASS staff reported that former participants were "getting out and doing things themselves" (UTASS, Sep 21)²⁷.



It is less clear whether the partners were able to reach neurodiverse adults, unemployed adults furthest from the labour market, and vulnerable young people disconnected from services. It would have been intrusive to ask people about some of this information, and while participants were asked about their employment status, the response rates were very low.

Transport Provision

Early in the programme it became clear that participants needed support getting to sessions due mobility issues, anxiety about using public transport, poor transport connections or not being able to afford bus fares. These issues were highlighted by support workers and SPLWs, and so funds were redirected to pay for participants' transport needs, eventually

²⁷ Wider Network Meeting, 17/09/2021

accounting for £4950 of the budget, plus contingency. The importance of this decision is shown by the fact that transport provision was listed by 3 participants as the main reason for their improved wellbeing:

"the ability to be picked up is important to me as I have no ability to access transport" (Participant Feedback, March 2022).

A wheelchair-bound participant had struggled to access any other community activities but was able to attend NOW because of the transport budget:

"I don't know where I would have sent him otherwise" (SPLW, March 2022)²⁸.

A wellbeing programme which does not include transport costs is not meeting accessibility requirements for vulnerable participants, particularly in rural areas or places with high economic deprivations. While partners have been able to raise additional funds, the transport budget is (so far) unique to the Thriving Communities Fund:

"One of the fantastic things of this project has been the ability to draw on transport budget" (UTASS, April 2022)²⁹.

"We have 8 people who I am dreading telling that we can't support their transport when this ends" (Support Worker, April 2022)³⁰.

Transport costs can be as important for accessibility as provisions such as wheelchair access. The finding from this evaluation is that participant transport costs should be recognised by funders as having a direct benefit for wellbeing, particularly as the cost-of-living crisis deepens.

²⁸ Delivery Partners Meeting, 02/03/2022

²⁹ Wider Network Meeting, 21/04/2022

³⁰ Interview with support worker, 27/04/2022



4. Participant Wellbeing

Wellbeing is complex and affected by far more than participation in the program. Aside from participants' personal circumstances, and the variations in their own physical or mental health, there were other pressures on people involved in the project. These included the continuing waves of the covid pandemic, Storm Arwen, which left some communities in the area without electricity for weeks, and the deepening cost-of-living crisis. The ONS wellbeing questions ask people to make overall judgements about their life and state of mind, so provide a conservative measure of change. On the other hand, this reduces impact of any lift that participants get on the day. All self-evaluated wellbeing scores only provide a snapshot of people's state of mind, so qualitative feedback is essential to allow participants to analyse their own experiences. To understand the mechanisms of change, we need to listen to participants, who are the true experts in the impacts of taking part³¹.

Wellbeing Scores

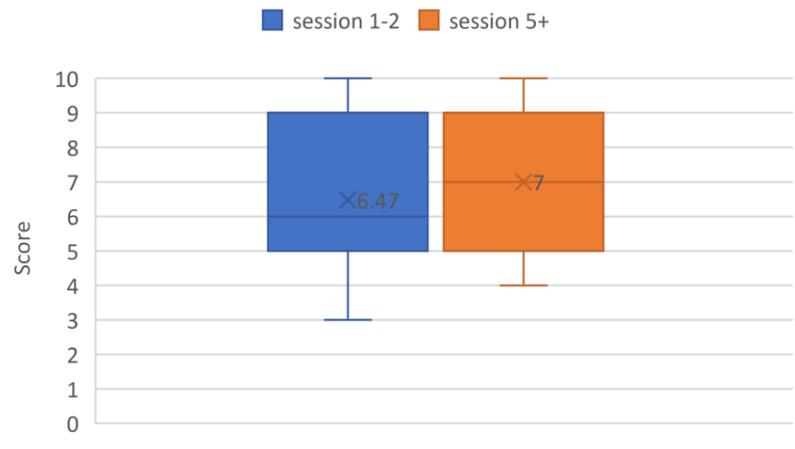
Due to the difficulties encountered by support workers in collecting wellbeing assessments, many participants completed only one wellbeing form, or didn't complete one in their first or second session. However, a subgroup of 18 participants did complete wellbeing scores in the first sessions and later, and these were analysed using Student's T-test, with results confirmed using Wilcoxon Signed Rank Test due to the small sample size.

There was a statistically significant improvement in ONS 1 and ONS 2 scores, and an increase in happiness that was not statistically significant. There was also a reduction in the very lowest scores. These findings are backed up by observations of social prescribing link workers, who said that patients who attended seemed happier, had something to focus on, were more likely to leave the house and try new things³².

³¹ Leanne M. Kelly (2021): A clash of values: Deep-rooted discord between empowering, participatory, community-driven development and results-focused, evidence-based evaluation, Community Development, DOI: 10.1080/15575330.2021.1936101

³² Interview with Social Prescribing Link Workers, 27/05/2022

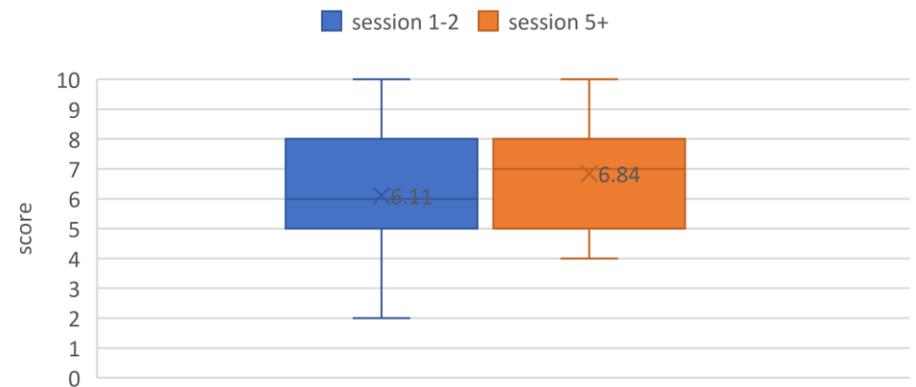
ONS 1: How satisfied are you with your life nowadays?
not at all 0 - 10 completely

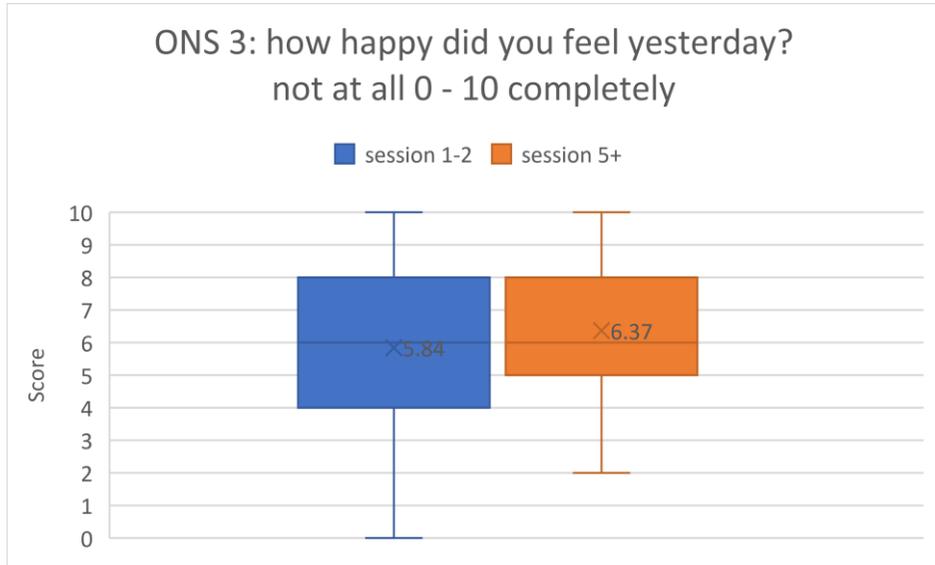


Participants recorded a statistically significant improvement in their assessment of life satisfaction ($T = 2.6$; $p 0.008$), and the lowest scores moved up from 3 to 4.

Participants recorded a statistically significant improvement in how worthwhile they find their lives ($T = 2.06$, $p 0.027$), and the lowest scores moved up from 2 to 4.

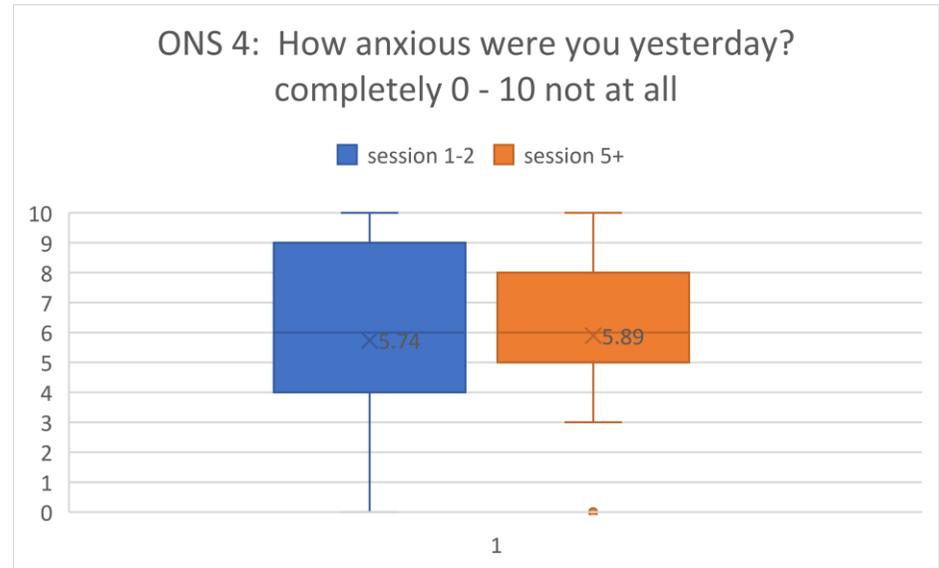
ONS 2: To what extent do you feel that the things you are doing in your life are worthwhile?
not at all 0 - 10 completely

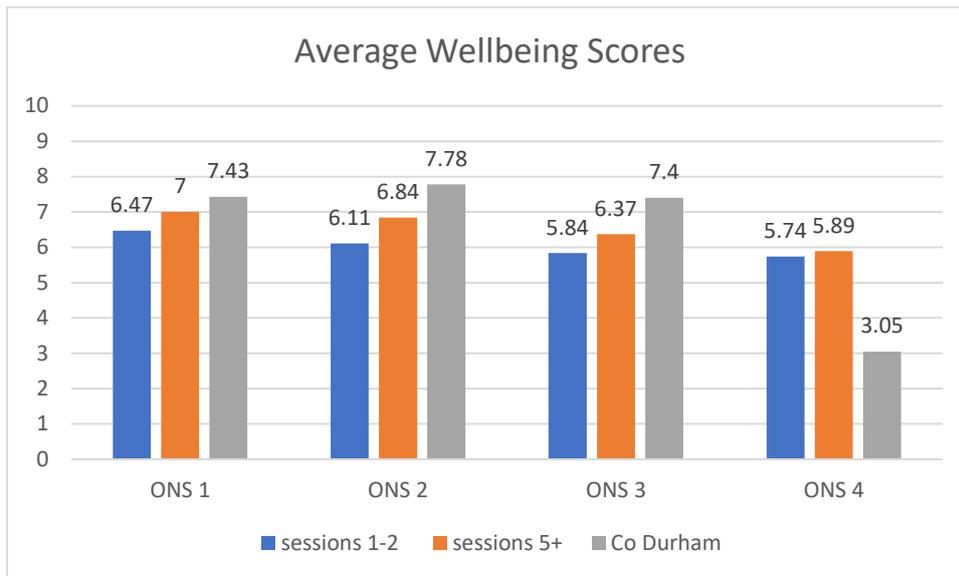




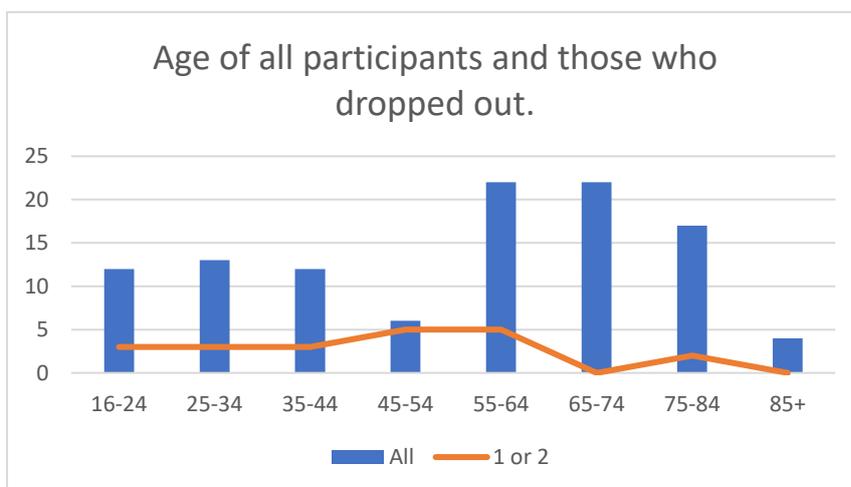
Participants recorded improvements in general happiness scores, but this was not statistically significant ($T = 0.97$, $p 0.17$). However, lowest scores moved from 0 to 2.

There was no difference in participants' general anxiety scores.





There are caveats to these findings, in that the participation in the evaluation was voluntary, so those who did were self-selecting, and although there were improvements in participants' wellbeing scores, the average (mean) remained below the County Durham average.

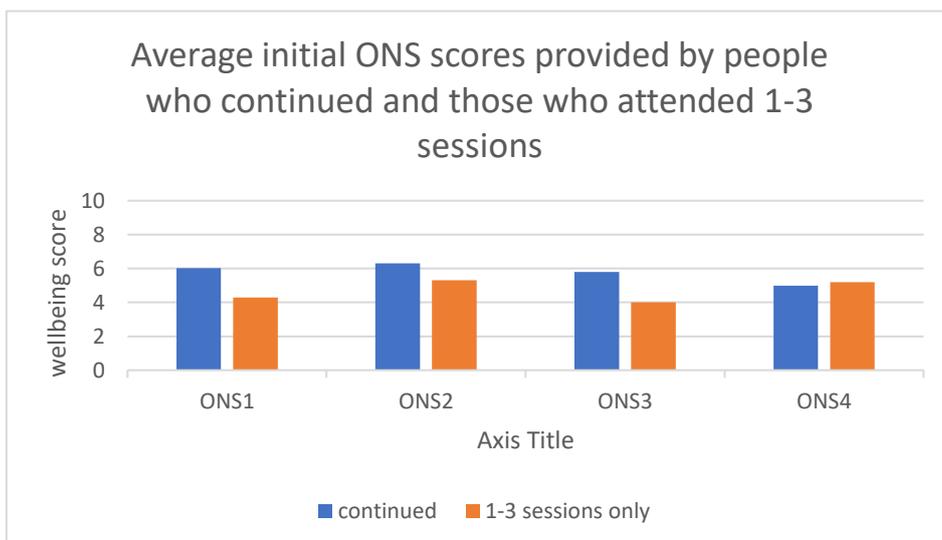


It wasn't possible to establish why people dropped out, due to confidentiality issues. SPLWs reported that some patients said they hadn't enjoyed a particular activity³³, and another possibility is that there is an existing difference between those who continued

and those who did not. From the data, the only difference is that all but 2 of the participants who dropped out were of working age, although most did not provide information on their working status.

There is also a small, but statistically significant, difference in the life satisfaction and happiness scores of those people who didn't continue, and the initial scores of those who did. Again, the numbers are too small to draw firm conclusions, especially without commentary from participants. However, low wellbeing scores could be used by support workers as a warning flag that people might need more support to keep attending.

³³ Interview with SPLWs, 29/06/2021



Participants' own analysis of wellbeing

As well as filling in wellbeing scores, participants were able to provide their own analyses of change if they wanted to. They could give a free response to two questions, which was coded for analysis. No one identified any negative changes as a result of taking part, and the most commonly identified outcomes were improved confidence (both in social settings and their own abilities), improved wellbeing or feeling happier, a sense of achievement or worth, and having something enjoyable in their life. Other outcomes included friendship,



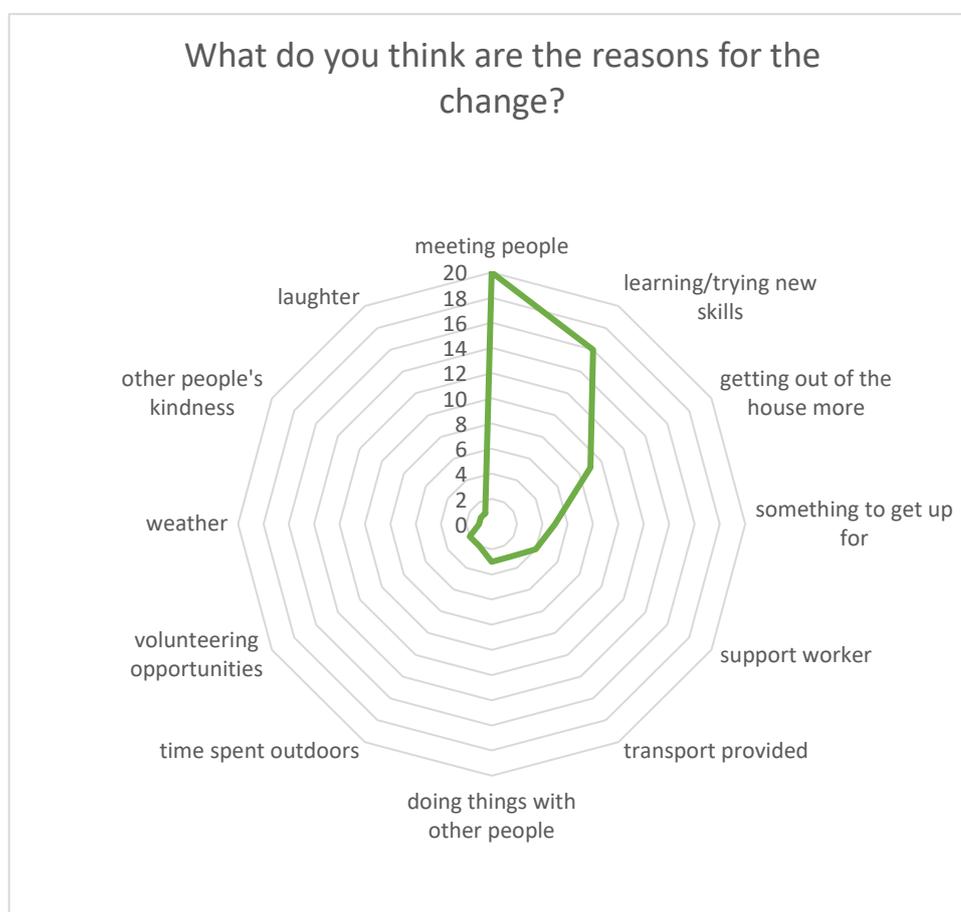
having a better routine and feeling more artistic. The responses from participants were echoed by SPLWs, who reported that their patients had been very positive about the sessions, even if they were sometimes dubious to begin with³⁴.

³⁴ Interview with SPLWs, 27/05/2022

In their analyses of the reasons behind the changes in their lives, participants identified meeting people as the most important factor, but trying or learning something new was equally so. Participants talked about doing things with people, and not just being with people, as a reason for their improved wellbeing, summed up by one person as:

“it’s not just a coffee morning” [Participant Feedback, Oct 2021].

Participant feedback also demonstrates that gaining skills can have wider wellbeing benefits. After attending photography sessions, one participant reported they could now take pictures when they were able to get outside, which they could look at when feeling less well (Support Worker, Sept 2021)³⁵. The participants’ evaluation shows that funding for activities is as important for positive outcomes as providing opportunities for people to meet.



A sense of safety was also mentioned outside these two questions, both reassurance around covid measures and the small group size. Older participants valued physical safety and covid precautions, while a younger participant described the sessions as “sanctuary” because

“No one will be horrible to you here; we’re all together and help each other”³⁶.

³⁵ Delivery Partners Meeting, 01/09/2022

³⁶ Participant interview, 27/04/2022.

Three people identified being provided with transport as the reason for their improved wellbeing, which supports the decision made by partners to reallocate funding to cover people's transport costs. [See: Transport Provision]

In 2020, researchers from the University of Westminster proposed categories of "meaningful outcomes" for social prescribing projects³⁷, based on literature review and interviews with providers. The outcomes identified by participants in this evaluation broadly match the review's categories of social, psychological, empowerment and spiritual outcomes. Some participants also identified feeling more artistic as an important change in their lives, which might not usually be considered by health providers as a wellbeing outcome but has been linked to improvements in hope and optimism³⁸.

CASE STUDY provided by support worker

One of our participants started attending sessions after attending a Tai Chi class that she paid for individually at another venue. She joined us for 2 of 3 Tai Chi sessions and couldn't believe that we could put this on for free or a donation. She has attended 6 sessions since and wants to continue with more. "I've loved doing the window display – all of us putting our thoughts and memories into art for the whole community to see". At first, she knew some people but only to say hi, smile or wave to in the street. Now she says she has more friends and regular chats in the street, while shopping or at other social events. She has always been a sociable person but did not have the confidence to break into other social groups; she knew some people and kept with those friends. Now she will walk into a room and make a new friend or group, and she will also see someone new and make them feel at home.

She knew about UTASS and has been a member for years but was "not aware that we did things like this – I thought it was just help with paperwork." She mentioned that she loved to dance and be active, "not one for sitting around" so I referred her to another local venue for some line dancing classes. She loves them and wants me to go with her one evening; she has invited others to join her, and a couple have. She said she feels comfortable in our setting as it's not too busy, there is plenty of PPE, everything is clean, everyone is nice and we have a great laugh each week. When someone doesn't turn up for a session, we give them a call and ask if they are okay or need anything: "it's like a little community within a community has been created. Us all looking out for each other!"

"I like going to the sessions at UTASS as there is no pressure, I don't need to sign up to anything, fill in forms if I don't want to, and it's just easy going. We chat and do what we want – it's like a youth club for us oldies"

We can't overlook those participants who provided negative feedback. In general, this related to organisation and access to the activity, for example finding the location for a walking activity, and even in these comments people were positive about the activities themselves. Nevertheless, in the case of vulnerable patients such difficulties can be enough

³⁷ Polley M, Whitehouse J, Elnaschie S and Fixsen A (2019) *What does successful social prescribing look like – mapping meaningful outcomes* London, University of Westminster.

³⁸ Sayers T & Stickley T, 2018. Participatory arts, recovery and social inclusion *Journal of Mental Health and Social Inclusion* Vol. 22(3) pp. 149-156

to deter them from attending, and this was identified by a support worker as an issue with mindful walks³⁹. While problems have occurred, the support workers have always sought to resolve them quickly, and so all activities were programmed at the venues, or starting at the venues, after getting this feedback from participants.

Participants provided a nuanced analysis of benefit

When dealing with long-term, complex mental and physical health issues, it is unrealistic to assume that weekly community activities will lead to an absolute improvement in someone's health status. One participant commented that, while their confidence in social situations had improved, this wasn't consistent (Participant Feedback, May 2022). Another simply said "my moods change" (Participant Feedback, Oct 2021). In conversation, a participant who had attended throughout the programme explained that the NOW sessions weren't a solution for the long-term conditions she lives with, but she was still very positive about them because they provided an important 'lift' in the week⁴⁰. These ongoing variations in people's health were observed by all the support workers, who noted that participants attended when they felt well enough.

In conversation people explained the value of sessions in more depth, as well as the balance of decisions about different kinds of health and wellbeing. One person told me how they needed to take multiple rests on the walk to the venue but carried on because "I know it'll be worth it"⁴¹. Another described their battle with medicine-induced fatigue to get through the session, but was still enthusiastic, showing me photos on their phone of previous sessions⁴². In written feedback, a participant noted that:

"When I get home I tend to be in more pain [but] the advantages outweigh the disadvantages" (Participant Feedback, May 2022).

Social prescribing and wellbeing projects tend to be assessed in terms of absolute change, but the participants recognise that wellbeing is not a straightforward linear progression, and instead provide their own nuanced and insightful evaluations of the benefits of taking part. It isn't a matter of statistical significance, but of having something and someone to look forward to each week:

"I look forward to Tuesdays and seeing people again" (Participant Feedback, June 2022)

"If I wasn't here, I'd be in bed" (Participant, April 2022)⁴³.

³⁹ Interview with support worker, 14/10/2021

⁴⁰ Participant interview, 27/04/2022

⁴¹ Participant interview, 27/04/2022

⁴² Participant interview, 27/04/2022

⁴³ Participant interview, 27/04/2022



5. A new social prescribing network

A clear success of NOW has been the development of new network for social prescribing in the area, making connections between health and community organisations which did not exist prior to the project. Before the project began, the partner organisations didn't know how to contact the social prescribing link worker covering their area. Similarly, SPLWs reported that trying to make connections with the voluntary sector had felt like "hitting a brick wall" (SPLW, June 2022)⁴⁴. The project management team devoted time to consulting SPLWs, and they were integrated into decision-making. Delivery partner meetings were held every month, and SPLWs were always invited, listened to and involved in decision making, for example whether to divert funds to transport costs. The wider network meetings took place quarterly, and included council and public health staff, Durham Community Action, Tees Esk and Wear Valley NHS Trust, and the Yorkshire Dales National Park. Link workers were able to develop strong links with the delivery partners, and connect with Durham County Council staff responsible for community arts, sports services and public health. One SPLW commented that the new connections were hugely helpful in their job (SPLW, Sept 2021)⁴⁵.

As a result of this close integration, the project was designed with SPLW needs in mind, and by August 2021 a link worker commented:

"it's nice to be able to feed people in, as and when, because we don't get patients starting at the beginning of the month" (SPLW, Aug 2021)⁴⁶.

At the end of the project, the SPLWs picked out the collaborative approach as a particular positive, and "being asked what we think is important". They felt this had helped to create a "patient first" approach within the NOW project⁴⁷.

⁴⁴ Delivery Partners Meeting, 07/06/2022

⁴⁵ Wider Network Meeting, 17/09/2021

⁴⁶ Delivery Partners Meeting, 04/08/2021

⁴⁷ Interview with SPLWs, 27/05/2022

The network created by NOW has clear benefits

The connection between SPLWs and the delivery organisations has been beneficial for all:

"As a result of this program we now have a cracking relationship with our link worker, which is a fantastic outcome for us already" (UTASS, Sept 2021)⁴⁸

"In terms of relationships with [community organisations], I don't think we'd be where we are now if it weren't for the project" (SPLW, June 2022)⁴⁹.

One of the support workers noted that it can be challenging to meet the needs of participants whose lives are more complex and difficult than people who usually attend sessions, but the SPLWs had been supportive in this (Support Worker, April 2022)⁵⁰. Support workers have been able to ask SPLWs questions and received information about a patients' needs, which helped with necessary adjustments. Referrals worked in both directions, with SPLWs receiving patient referrals from staff at UTASS and TCR Hub, and this connection between delivery partners and SPLWs throughout a participants' engagement has been a key success of the NOW programme.

During the project, the number of SPLWs covering the area increased from three to six, and one of the newly appointed SPLWs said that the NOW programme had been important in helping her embed in the role and develop relationships quickly⁵¹. Two of the SPLWs gave a presentation about the Thriving Communities programme to colleagues working for Wellbeing for Life, a social prescribing body covering adjacent areas.

The project team had hoped to include GPs in the delivery or sharing meetings, but emails to all 18 surgeries in the area didn't receive any response. Eventually a GP joined the sharing sessions, although they were already known to the Director of Northern Heartlands. Despite this gap in the network, the involvement of GPs in social prescribing increased during the programme, with SPLWs reporting that they were getting more referrals, and from an increasing number of practices⁵². At the same time, the link workers felt that there was still a lack of understanding or awareness about the NOW programme within wider health networks, even after a year⁵³. The connection between TEWV mental health teams and the project delivery partners is also still at an early stage.

⁴⁸ Wider Network Meeting, 17/09/2021

⁴⁹ Delivery Partners Meeting, 07/06/2022

⁵⁰ Interview with support worker, 27/04/2022

⁵¹ Interview with Social Prescribing Link Workers, 27/05/2022

⁵² Meeting with NH & SPLWs, 21/10/2021

⁵³ Delivery Partners Meeting, 07/06/2022

Beyond the benefits for their work, SPLWs described other positive impacts from the project, which arguably relate to their own wellbeing. SPLWs are establishing a relatively new role, and

"it's difficult to provide a non-clinical service in a very clinical setting" (SPLW, May 2022)⁵⁴.

They appreciated the "passion" of the project delivery partners, stressing the value of having "someone believing in [social prescribing]" and acting as champions for the concept. They praised the attitude of community organisation staff, who made them feel "welcomed in and not seen as a hindrance". One comment particularly underlines the value of this project to SPLWs:

"It helped at some of our darkest times that people believed in us" (SPLW, Feb 2022)⁵⁵.

Community-based group activities are not a cure-all

The original intention of the project was to take significant referrals from link workers, but there were fewer than hoped for. This is not a reflection on the project, activity leaders or the new network created, but more a mismatch between the assumptions of the national program and the level of need locally. As highlighted by the Marmot Review in 2010, poor health is strongly linked to social inequality⁵⁶ and SPLWs identified that many patients faced poverty, debt and poor housing as a root cause of their health issues. SPLWs talked about helping their patients get basic furniture, food or electricity⁵⁷, and support workers also highlighted participants' worsening financial situation as the cost-of-living crisis deepened in 2022. SPLWs were also receiving referrals of patients with long term and complex issues:

"by the time they get to us they're too complex, there are too many [other] things to sort out before you can even think about community groups" (SPLW Oct 21)⁵⁸.

Even when they felt that community activities might be appropriate for a patient, link workers identified that simply getting to a venue and meeting other people was a huge challenge. People were reluctant to leave their homes or join in and this reluctance was a major barrier to referrals:

"I have 70 or 80 people on my books and I think not one would want to take part. I'm in the depths of despair [about getting them to take part in the project's activities]" (SPLW, Aug 2021).⁵⁹

⁵⁴ Interview with Social Prescribing Link Workers, 27/05/2022

⁵⁵ Meeting with SPLWs and Northern Heartlands, 16/02/2022

⁵⁶ Marmot, M et al. 2010. *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010*. Marmot Review, London.

⁵⁷ Meeting with NH & SPLWs, 21/10/2021

⁵⁸ Meeting with NH & SPLWs, 21/10/2021

⁵⁹ Delivery partners meeting 04/08/2021

In a group discussion in October 2021⁶⁰, link workers suggested various reasons for this reluctance, including covid anxiety, social anxiety, and fear of stigma: "In the villages, people talk". Some patients were afraid to go out and be seen doing things in case their benefits were cut. Fear of social contact was identified as a particular barrier for people who'd been isolating through the pandemic or who had poor mental health, and SPLWs said they had patients who didn't want to meet people and "have to talk to them". One possible approach would be to deliver sessions directly to people's homes, however this was outside the scope of the NOW programme. One of the SPLWs did note that:

"I've had more people attend forest school than indoors. It's in nature, you've got space and can be on your own." (SPLW Oct 21)⁶¹

There is no question that the NOW programme has been hugely beneficial, but social prescribing projects cannot be a solution to systemic issues of poverty and ill health, or make up for cuts to mental health and social care provision. All stakeholders are extremely concerned about the cost-of-living crisis, and how this will impact on participants in terms of increased isolation, food poverty and fuel poverty. The need for support is only going to increase.

Fundraising and continuation of NOW

The fund guidance states that "projects supported by the fund will also explore ways to make the resourcing of social prescribing activities more sustainable over time"⁶², but it is quite surprising that experienced funders expected partners to be able to achieve this within just one a year, while also establishing and delivering new a social prescribing programme. In the case of NOW, partners have worked hard to sustain activities beyond the end of the funded period, but have not been able to gain sufficient funds to continue in the form established through the Thriving Communities Fund:

- UTASS has additional extension funding from CDCF to cover venue costs and staff time, but without funding for activity leaders or transport costs;
- Jack Drum Arts has been able to access NHS Happiness Hub funding to continue sessions to the end of 2022, including funds for the support worker, but without transport costs for participants;
- Participants from TCR Hub will be able to attend further sessions from September 2022, either self-funded or with support from TCR Hub;
- Northern Heartlands is delivering an additional social prescribing programme in Bishop Auckland from June to December 2022, funded by Believe Housing;
- Northern Heartlands is delivering an NLHF funded heritage and wellbeing project in Willington, with SPLWs able to refer patients;
- all delivery partners will continue to take referrals from SPLWs.

⁶⁰ Meeting with NH & SPLWs, 21/10/2021

⁶¹ Meeting with NH & SPLWs, 21/10/2021

⁶² ACE & NASP (2020) *Thriving Communities Fund (Social Prescribing) Guidance for applicants* page 2.

Delivery partners, health sector partners, participants and wider stakeholders all consider that the funded period for this project was too short. Programmes in the community take time to get established, and the short funding period meant that this was just beginning to happen when the Thriving Communities funding ran out:

“It can take two years to build the right dynamic for a group... I feel like we’re just getting going, finding our feet and figuring out what works, as the funding ends” (Support Worker, April 2022)⁶³.

Participants were upset that activities they had come to rely upon would not be continuing:

“Now this funding has stopped it will be difficult, as this is a lifeline for me.” (Participant Feedback, May 2022)

“Please can it continue.” (Participant Feedback, June 2022)

As were Social Prescribing Link Workers:

“We’re devastated that it’s coming to an end.” (SPLW, June 2022)⁶⁴

“Where will we signpost people to now?” (SPLW, May 2022)⁶⁵

Of course, the delivery partners and wider stakeholders are making efforts to raise funds and continue the activities, but the fact that they have been provided with only a year’s funding has led to frustration regarding an otherwise very good project:

“We came into this saying that, for years, social prescribing comes and it goes; it’s one year, it’s three years... [and] yet again here’s another fantastic project, and it has been really positive productive in so many different ways [but] we need longer term resource to make the most of these kinds of activities.” (Delivery Partner, May 2022)⁶⁶.

“It’s not sustainable to get funding for a year... the community’s been relied upon so much now that it needs to be sustainable” (Durham Community Action, April 2022)⁶⁷

All of the delivery partners, and a number of participants, asked to make the following point through the evaluation: if government, the health sector or other funders expect social prescribing to be delivered through community organisations, then these organisations need reliable long-term funding. Anything else is unsustainable and lifts vulnerable people up, only to drop them again.

⁶³ Interview with support worker, 27/04/2022

⁶⁴ Delivery Partners Meeting, 07/06/2022

⁶⁵ Interview with Social Prescribing Link Workers, 27/05/2022

⁶⁶ Delivery Partners Meeting, 04/05/2022

⁶⁷ Wider Network Meeting, 21/04/2022



6. Conclusions

The NOW programme has been very successful, meeting all the aims of the Thriving Communities Fund, and all the partners' own targets apart from numbers of participants. While the delivery partners' participation target was not met, this was largely due to the impact of covid and changing covid restrictions over 2021 and 2022, which were almost impossible to accurately predict in late 2020.

The aims of the Thriving Communities Fund, and delivery partner targets, have been met:

- UTASS, Jack Drum Arts and TCR Hub delivered 131 activity sessions, available to people living in the rural communities of Teesdale and Weardale, and people in and around the towns of Crook and Bishop Auckland;
- NOW established a new working partnership with Social Prescribing Link Workers from Durham Dales Health Federation and Wellbeing for Life, who were able to refer patients into the programme;
- NOW established a broader network across the area linking community organisations, health sector organisations and Durham County Council;
- Northern Heartlands hosted a new Reading Scheme worker for Tow Law, funded by Anne Cleeves and Durham County Council;
- Northern Heartlands extended the programme to a new site in Bishop Auckland, funded by Believe Housing;
- The number of social prescribing link workers has increased from 3 to 6, and link workers stated that the programme benefitted their work and their own wellbeing;
- UTASS and Jack Drum Arts have raised funds to continue activities after the end of the funded period. TCR Hub will be trialling self-funded activity in September 2022.

The wellbeing outcomes achieved by the NOW programme are impressive:

- Participants who attended 5 or more sessions recorded statistically significant improvements in their assessments of life satisfaction and having worthwhile activities in their life, and non-significant increases in happiness;

- Participants listed improved confidence, wellbeing and happiness, sense of achievement and self worth, enjoyment and friendship as a result of taking part;
- Social prescribing link workers observed that patients who took part seemed happier, more willing to go out and more willing to try new things;
- Participants recognised that the sessions didn't necessarily 'cure' their mental and physical health conditions, but hugely improved their lives by providing a weekly lift.

The evidence provided by participants shows that it wasn't simply 'getting out and meeting people' that led to improved wellbeing. Better wellbeing resulted from being supported to get out of the house, take part in activities with people, learn new skills from specialist session leaders, and be in a safe and supportive environment where staff were sensitive to participants' needs.

NOW delivered a flexible and responsive programme:

The delivery partners were able to adapt to the ever-changing requirements of covid waves and covid restrictions, reassuring very vulnerable participants and helping them to step out of lockdown isolations. Partners also addressed the growing financial hardship faced by participants, providing food and transport.

NOW successfully reached out to people in the community who were most affected by covid or health inequality, including parents with young children, older people, people with disabilities and/or long term mental and physical health conditions, family and unpaid carers, and people living alone. The programme was able to reach people living with complex health conditions, in very rural areas and areas of economic deprivation, because transport was provided if required.

Social Prescribing Link Workers were listened to and involved in decision-making, which led to a patient-centred approach. The NOW programme also provided support to link workers themselves, by providing a programme that suited their patients' needs, and by providing passion and advocacy for social prescribing and the role of link workers.

Support workers were praised by participants, link workers and other staff, not just for their role in sessions, but for helping participants with transport, welfare forms, health appointments, safeguarding issues and paying attention to participants' needs and interests.

Session leaders were positive about their experiences working for the NOW programme, although there were some areas for improvement. The skills and experience of session leaders and artists is a critical ingredient for improving participant wellbeing, which needs to be recognised and supported by funders.

Social prescribing link workers, and other service providers, were able to refer patients into the programme. Marketing for self-referral was hampered by covid restrictions and a lag between sessions starting and programme information being available, however word of mouth was an important route for discovery of the programme, suggesting that that people were recommending the programme within the community.

There were some problems with internal communications, and this could be an area of improvement for similar projects in future, but the decision to hold all partnership meetings by zoom saved approximately 2000 miles of car travel during the project period.

Despite all the positive outcomes from the project, more work needs to be done raising awareness of community activities for social prescribing, particularly with health sector partners.

While the delivery partners have been able to raise funds to partially continue activity sessions, all stakeholders agreed that one year of funding is insufficient to establish a new programme. They strongly argued that short term funding (1 to 3 years) is unsustainable, and community organisations require long term funding to deliver social prescribing activities.

It is only right that this report should end with the words of a participant, who is best able to assess its value:

“I feel much calmer and life is worthwhile having these sessions to attend. It's given me a reason to get up on the mornings” (Participant Feedback, March 2022)

