

Reconnect

developing social prescribing pathways

Final Report

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ROTHSCHILD
FOUNDATION

Gardens,
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Executive Summary

From 2021-2024, the Rothschild Foundation generously supported new work at the Gardens, Libraries and Museums at the University of Oxford to further its work exploring the delivery of cultural social prescribing (hereafter referred to as CSP) at local level.

This report identifies key cohorts for locally based CSP and interventions that work to alleviate symptoms or lead to positive health outcomes for these clients. This report is structured across two key strands: **Cultural Social Prescriptions in Practice** and **Sharing Knowledge: movement and capacity building**. It outlines 6 key challenges and 14 specific recommendations related to developing cross-sectoral CSP programmes in Oxford and the county, and how social prescribing practice and capacity has both actual and potential benefits but must be better supported through collective endeavour and network building to reach maturity.

What is Social Prescribing?

Social prescribing is a non-clinical approach to addressing social, environmental and economic factors that can affect people's health and wellbeing. ¹ Cultural Social Prescribing makes use of creative and cultural resources for positive health and wellbeing outcomes, such as art and making, music, poetry and literature, nature, museums and local amenities. The National Academy of Social Prescribing identifies the most common reasons for people accessing social prescribing as: ²

- symptoms related to anxiety and depression
- isolation and loneliness
- other social needs
- exercise-related referrals
- referrals related to specific physical health complaints
- issues relating to work or finances
- struggling with life changes
- being frequent attenders at primary or care services

"It's like I was disconnected. But now the switch has been turned on."

Joan, participant, the Box Project



¹ Gorenberg, J., Tierney, S., Wong, G., Turk, A., Libert, S., Potter, C., Eccles, K., Forster, S., Husk, K., Chatterjee, H. J., Webster, E., McDougall, B., Warburton, H., Shaw, L., & Mahtani, K. R. (2023). Understanding and Improving Older People's Well-Being through Social Prescribing Involving the Cultural Sector: Interviews from a Realist Evaluation. *Journal of Applied Gerontology*, 42(7), 1466-1476. <https://doi.org/10.1177/07334648231154043>

² Evidence briefing: Who is and isn't being referred to social prescribing? <https://socialprescribingacademy.org.uk/media/4nri3i5s/nasp-briefing-who-is-accessing-social-prescribing.pdf>

What did we set out to do?

The project set out to prototype a CSP model in practice, assess the application of CSP in terms of both efficacy and the capacity and resources required, and to build networks of practice.

The table below summarises the project's performance in relation to stated output aims:

Aim	Review
<i>100 CSPs</i>	The project delivered 70 individual CSPs over 7 CSPs
<i>Involve 150 people in network activity</i>	The project engaged 160 arts and health practitioners and those with professional interest in CSPs.
<i>A scalable and replicable framework and supporting toolkit for culture-based social prescribing.</i>	The recommendation in this report is to build a cross-sectoral local network between health, culture, third sector and research organisations at an institutional and local government level.
<i>Workshops and online events to share insights, understanding and case studies.</i>	8 sessions took place – see Challenge E: Accessing Relevant Sector Training
<i>A thought-leadership event with healthcare and cultural professionals and stakeholders.</i>	1 took place – Marmalade Festival Event

Summary of Spend

Cost heading	Covers	£
Evaluation	Training and licenses, academic researchers, videography	3,078
Knowledge Event	Logistics, marketing	1,558
Advocacy	Case studies	1,200
Project: Grow (SEND)	Materials, facilitators, space hire, etc.	9,608
Project: Older People	Materials, facilitators, etc.	10,268
Project: Young People	Materials, facilitators, etc.	3,651
Project: Music	Materials, facilitators, etc.	3,255
Project Management	Dedicated project staff	52,050
Miscellaneous	Honoraria, refreshments for events	1,218
Contingency	Maternity and project recharges	10,114
	TOTAL	96,000

Key Learnings: Challenges and Recommendations

Strand	Challenge	Recommendation
Strand 1: Cultural Social Prescription Prototypes in Practice	<i>A. Building Person Centred Cultural Social Prescriptions – responding and matching to Locality based health and social needs</i>	<ol style="list-style-type: none"> 1. Designing programmes that match local need and are appropriate to levels of need and scale 2. Working Small – Developing Bespoke Cultural Social Prescriptions co designed with social prescribers
	<i>B. Access to Social Prescribing and Cultural Prescriptions for Minoritised Communities</i>	<ol style="list-style-type: none"> 3. Cohort-specific Social Prescribing research programmes 4. Co-developing bespoke and participatory programmes in partnership with minoritised communities
	<i>C. Participatory Models – The ability of the cultural sector to respond to needs and support iterative programme (Knowledge and Skills)</i>	<ol style="list-style-type: none"> 5. Building cultural sector knowledge: expertise in Social Prescribing and designing participatory, iterative models 6. Building cultural sector capacity: working in collaboration across cultural organisations and health settings with freelance creatives
Strand 2: Sharing Knowledge – movement and capacity building	<i>D. Capacity and Cross Sectoral Connectivity</i>	<ol style="list-style-type: none"> 7. Connecting into existing local networks 8. Building the Oxford(shire) Cultural Social Prescribing Network – working big 9. Embedding Social Prescribers in cultural organisations
	<i>E. Accessing relevant Cross Sectoral Training</i>	<ol style="list-style-type: none"> 10. Locality Based Cross-sectoral Training Sessions 11. CSP modules within Social Prescriber training and Health Sector Placements
	<i>F. Building the Evidence Base</i>	<ol style="list-style-type: none"> 12. Testing Evaluation Methodologies 13. Connecting to relevant research programmes 14. Commissioning case studies from Social Prescribing Knowledge Holders

Strand 1 - Cultural Social Prescription Prototypes in Practice

An important outcome of this project has been recognising the need to flex the type of offer as the external situation – and therefore need - shifts.

The Reconnect Project plan recognised that successful CSP needed to be place-based and delivered with specific cohorts allied to their local health and social needs. We tested this concept through a series of CSP prototypes that were responsive to current local need and could iterate across a two-year delivery period.

In December 2020 the Social Prescribing Observatory reported that the uptake of social prescriptions was highest amongst people aged 45-64, with 1.5 times more referrals for women than men. Older adults have also been identified as at a high risk of experiencing physical and psychosocial impacts of by social isolation and are therefore thought to be most likely to benefit from social prescribing programmes.³ Accordingly, in Year 1 distinct cohorts identified for programme development were older people, children and young people, and an intergenerational approach.

However, young people's ill mental health emerged as a key post-COVID issue, leading to higher referral rates to services such as Child and Adolescent Mental Health Services (CAMHS) and, in some areas, a period on the waiting list of three years to access this service. One of Reconnect's key third sector partners, [Response](#), further advocated for the development of young people's interventions based on their research with Oxford Health that identifies a need for timely and high-quality mental health support for children and young people at both national and local level, with an estimated 1 in 6 children and young people having a probable mental health disorder.⁴ This has led to more young people being prescribed social prescriptions as interventions to support and reduce their symptoms.

These factors therefore led us to shift the focus of the CSP to younger people to support this increased local need. One thing that became clear was the lack of appetite from both social prescribers and cultural partners around intergenerational opportunities. This could have been a lack of evidence to support intergenerational approaches, [risk based] or systems based, as both the cultural and health sector often separate interventions and programmes for these age groups.

³ *Systematic review of social prescribing and older adults: where to from here?* Family Medicine and Community Health Journal, October 2022 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9557282/>

⁴ Evaluation Report: Getting Help, Getting More Help, September 2023, Prepared by Research Oxford for Response and Oxford Health. https://www.response.org.uk/media/21qm5ssp/getting-help_getting-more-help-social-prescribers-evaluation-report_final.pdf

CSPs Commissioned and Developed through Reconnect

Outside the Box 1 & 2

A collaboration with Oxford Playhouse, Museum of Oxford, GLAM and four freelance artists to deliver a creative project for older people with mild cognitive impairment in partnership with UO Department of Psychiatry Brain Health Centre.

Grow! 1 & 2

Co-designed with staff at Iffley Academy, young people taking part were selected as a whole class referral. The young people have SEMH needs and were chosen to help mitigate post pandemic mental health issues and to support communication and interaction needs. Delivered with GLAM staff, an outdoor learning specialist and freelance artist.



Reconnect Young People and Discover and Create

A social prescription supporting young people (14-18) experiencing mental health challenges delivered with Response team Link Workers by GLAM staff at the Pitt Rivers Museum and Museum of Natural History. The prototype was aimed at young people currently not attending school and designed to build confidence and self-esteem.

Monday Morning Music

Delivered by Laura Spencer, an HCPC registered Music Therapist from Chiltern Music Therapy, with referrals from staff at the Oxford Community Support Service (OCSS) for adults. The OCSS day centre is dedicated to supporting adults with physical and learning disabilities, mental health challenges and dementia. The prototype focused on improving individual wellbeing, and led to improved social skills including connection, communication and speech, attention and listening, as well as physical motor skills and memory.

Details on these four programmes are available in the appendix to this report.

Challenge A: Building Person Centred Cultural Social Prescriptions – responding and matching to locality-based health and social needs

Central to successful social prescriptions is ensuring the programme developed supports the needs of the individual patient/ participant. These needs can be specific to a person's health and/or social need, the acuteness of this need, their life stage or locality. This impacts the size and scale that a social prescription programme can develop at, from large scale to bespoke programmes.

Recommendation 1:

Designing programmes that match local need and are appropriate to levels of need and scale

The following examples demonstrate a mixed-scale approach in Oxfordshire:

1. ***Move Together*** is a county-wide pathway into physical activity, designed to provide support, advice and guidance to people living with long-term health conditions, helping them to move more and improve their physical and mental health and wellbeing. By working at scale, across locally based physical activity programmes, *Move Together* offers varied opportunities to participants that match their needs and interests. In 2023/24 the programme supported 2052 referrals with 77% of participants identified as initially inactive. This included 54% of referrals made by healthcare professionals and 30% self-referrals.⁵
2. ***Time for a Cuppa***, is a continuous provision for older people, open to all that can be socially prescribed to. Organised and delivered by GLAM Community Engagement and Ashmolean Staff, older people can drop in to the museum for a cup of tea and cake. It supports up to 30 people in each session. This low-risk activity enables access to older people to socialise and connect without an expectation that people interact with the museum collections.
3. ***Reconnect: Young People***, now known as ***Discover and Create***, is a bespoke 6-8 session programme for young people experiencing mental health challenges who may be at risk of school avoidance and are currently on the Children and Adolescent Mental Health Service (CAMHS) waiting list. Participants are identified and referred to the programme by their [Response social prescriber](#). Each programme is co-designed by the Response and GLAM Community Engagement team taking account of individual interests and specific needs. Over this time the programme continuously iterates to match the group needs. The programme uses low-risk activities that enable individuals to determine how much they wish to interact with each other and the museum collections. Core to this programme, is that family adults can access peer support through vouchers for the Museum café.

Recommendation 2:

Working Small – Developing Bespoke Cultural Social Prescriptions co-designed with Social Prescribers

Co-design and cross-sectoral sharing of expertise ensures that programmes match participant need and lead to well-targeted referrals.

⁵ Move Together End of Year Report, Active Oxfordshire (May, 2024) accessed at: [https://www.activeoxfordshire.org/uploads/read-our-move-together-1-year-report-\(april-2023-march-2024\).pdf?v=1718009540](https://www.activeoxfordshire.org/uploads/read-our-move-together-1-year-report-(april-2023-march-2024).pdf?v=1718009540)

Successful Reconnect supported Cultural Social Prescriptions have been scoped with and delivered in partnership directly with social prescriber/ link workers and organisations responsible for the participants engaging in the activities. This ensures that the participating cohort is selected at an appropriate level and type of need and age, which gives the best chance of a creating a supportive interpersonal dynamic between the participants themselves and the team delivering the creative intervention.

This is demonstrated by two Reconnect Pilots; *Grow! 1 & 2* the *Reconnect Young People/* subsequently known as the *Discover and Create* Programme. Both programmes have been shaped with staff who had pastoral or supervisory roles to identify individual needs, cohort dynamics and shape activity plans.

Equally important has been co-delivery of these bespoke programmes with the link worker staff and cultural programme leads. This high staff ratio ensures that safeguarding and individual support are available from a trained partner with a strong pastoral relationship and that cultural staff can adapt activities for individual needs. This combination of practitioners alleviates the requirement for untrained cultural sector staff to take on this safeguarding and pastoral responsibility and ensures constant risk management. This high staff ratio is particularly important for young people's programmes where trusted relationships with Social Prescriber helps participants feel supported and confident in accessing the provision.

Sessions are well planned with all practitioners and shared in advance to participants, particularly attending young people's programmes, to ensure participants are well equipped to join sessions and any individual risk factors/ triggers are mitigated.

Challenge B: Access to Social Prescribing and Cultural Prescriptions for Minoritised Communities

The UO (University of Oxford) Observatory for Social Prescribing, the UO Centre for Evidence Based Medicine (CEBM) and Age UK Oxfordshire reported the lack of access for minoritised communities to both social prescribing referrals and cultural activities.

The UO Social Prescribing Observatory reported that data collected by the RCGP Research & Surveillance Centre between 2011 – 2019, showed that of 29,000 health interventions made, 16,000 (55%) identified as White. Although, this was not benchmarked against population size for each ethnicity. Rates of referral to social prescriptions between January and September 2020 remained highest amongst White people, and lowest for people identifying as having a mixed ethnicity. The paper questioned whether levels of referrals for people from minority ethnic backgrounds was in line with needs, given that people from these backgrounds were worst impacted by the pandemic due existing health inequalities.⁶

The Social Prescribing Academy in their evidence review [*Who is and isn't being referred to social prescribing?*](#) (2022) identified that there is a sector wide knowledge gap around access to social prescriptions by minoritised communities. This is due to the lack of reporting more generally around activity participant's ethnicities. Most referral routes that did report on this characteristic reported that majority of attendees were "White, White British or White/Other" and that there was an over representation of these ethnicities in comparison with an area's population size and ethnic mix.

The Reconnect Project team identified this challenge in our logic model and have seen this challenge played out in early project prototypes. Acknowledging this challenge early has enabled us to advocate for research into this area, helping to shape CEBM's new TOUS study (Tailoring Cultural Offers with and for diverse older users of social prescribing: A Realist Evaluation).⁸

As demonstrated the challenge sits both in who is accessing social prescribing offers in Health Settings and then the lack of accessible and appropriate provision in cultural organisations for minoritised communities.

⁶ Jani, A. et al, *Social Prescribing Observatory: a learning health system approach for using data to improve practice* (December 2020). Accessed at: https://allcatsrgrey.org.uk/wp/download/public_health/social_prescribing/FINAL-Social-prescribing-observatory-report.pdf

⁷ Cartwright L, Burns L, Akinyemi O, Carder-Gilbert H, Tierney S, Elston J, Chatterjee H. [On behalf of the NASP Academic Partners Collaborative]. (2022). 'Who is and isn't being referred to social prescribing?'. London: National Academy for Social Prescribing. Accessed at: <https://socialprescribingacademy.org.uk/media/jaibqf4q/evidence-review-who-is-accessing-social-prescribing.pdf>

⁸ Tailoring cultural offers with and for diverse older users of social prescribing (TOUS): A realist evaluation. Accessed at: <https://socialprescribing.phc.ox.ac.uk/research/projects/tailoring-cultural-offers-with-and-for-diverse-older-users-of-social-prescribing>

Recommendation 3:

Taking Part in Cohort-Specific Social Prescribing Research Programmes

To better connect academic research with community provision, and to help shape practical applications of research, the Reconnect and GLAM Community Engagement Team are taking part as co-applicants in research projects. To better understand the approaches required to build intersectional and bespoke projects for minoritised communities the team are currently taking part in the TOUS study funded by [UKRI](#), which builds on earlier research on Cultural Social Prescribing with Older People in 2021.⁹ It focuses on cultural offers and opportunities that have been developed for or with people who may not have English as a first language and/ or do not identify as White British.



Recommendation 4: Developing Bespoke Programmes in partnership with Minoritised Communities - Co-production led Participatory Programmes

GLAM's experience prior to, and during, the Reconnect programme has shown that participatory and co-design led cultural activities with people from minoritised communities can deliver an accessible and appropriate offer. Co-design ensures programmes align with members' interests, values and goals, as well as matching to local health and social needs reported by social prescribers.

⁹ Social prescribing for older people in the time of COVID drawing on the cultural sector. See: <https://socialprescribing.phc.ox.ac.uk/research/projects/social-prescribing-for-older-people-in-the-time-of-covid-drawing-on-the-cultural-sector>

Challenge C: Participatory Models – The ability of the cultural sector to respond to needs and support iterative programmes (Knowledge and Skills)

Participatory and equitably designed cultural programmes require knowledge and skills allied to co-productive and iterative programme design. The number of participatory-led cultural organisations varies widely across artforms and institutional size. The skills and knowledges required to deliver co-designed programmes often resides with specific teams and individuals, described as public or community engagement professionals.

In smaller organisations responsibility for formal (schools, Further and Higher Education) and informal public engagement (families and communities) can be held by one person. This can mean relying on project funding to commission and deliver programmes with freelance professionals.

There is currently a small freelance workforce in Oxfordshire who have these creative and community practice skills base allied with a knowledge of the health and social care sector.

Although, there is much appetite from the freelance workforce to engage in social prescribing.

Cultural programmes are often shaped around audience development plans that segment audiences into broad groups, based around core motivations, values and interaction preferences. Services are designed around participation models that rely on knowing the outcomes a cohort requires from the initiation of the project, for example school-based programmes develop around curricula. Health cohorts are also identified by broad symptoms and needs. These broad approaches traditionally help to shape programmes and scale treatment offers. This segmentation approach and health cohorts rely on data sets at scale, in opposition to Social Prescribing programmes which are often most successful when co-designed with participants and based around person-centred care.

Recommendation 5: Building Cultural Sector Knowledge and Expertise in Social Prescribing and Participatory/ co-design and Iterative models

Co-design and person-centred care require specific skills which are often learnt through long-term practice, peer to peer knowledge sharing, programme specific reflections and anecdotal evidence. Practitioners need to have excellent relational practice, with an ability to connect with individuals through deep listening, curiosity, empathy and responsiveness to participant needs and goals. This responsiveness leads to constant programme iteration developed through session-by-session reflections.

This responsive programming is further shaped in collaboration with participants' link workers who are present during activities to listen and respond to participant needs in the session. These interventions can then be shared by the team during post session reflection time, enabling the team to iterate and change activities to match these needs and goals.

The Reconnect programme has successfully developed iterative CSPs with social prescribers to ensure that participant needs and goals are supported. This model of responsive programming through reflection, iteration and change is demonstrated by the three prototypes of *The Reconnect: Young People* programme, now known as *Discover and Create* and the *Monday Morning Music* sessions.

See attached reports for further details.



Recommendation 6: Building Cultural Sector Capacity: Working in collaboration across Cultural Organisations and Health Settings with Freelance Creatives

Interacting with Social Prescribing practice can be out of reach for freelance creatives. This is due to the fluidity of the sectors involved, the low capacity of both freelancers and core staff involved in this practice and a lack of a consistent engagement framework between culture and health sectors. To build freelance capacity to take part in Social Prescribing practice, the Reconnect Prototype Programmes prioritised engaging freelance creatives in the programme delivery. This enabled freelancers and core staff teams to share practice and learning with the support of a funded cultural organisation and collaborating health partners.

These programmes included *Grow 1 & 2* and [Outside the Box](#) that commissioned local cultural organisations and freelance creatives to develop and deliver activities.

See attached reports for further details.

Strand 2: Sharing Knowledge

Challenge D: Capacity and Cross Sectoral Connectivity

Capacity is stretched across all sectors (health, third sector and local government, research and culture) engaged in Social Prescribing Practice. What is consistent is the continuous change in systems and approach led by strategic and systems change, connectivity between sectors, and organisational capacity.

This shifting landscape makes it challenging to engage with social prescribers across localities and replicate activities in a meaningful and impactful way.

Organisational structures and staffing across NHS Primary Care is complex and directly impacts on the delivery of Social Prescribing Link Worker roles. This may change as Integrated Care Board (ICB) start to add further shape and detail to their Integrated Care Strategy.

Link workers and prescribers are commissioned and employed across third sector organisations and Primary Care settings. During the period of this grant (2022-2024), the NHS has shifted to Primary Care Networks (PCNs) and Integrated Care Systems (ICSs) which has impacted how frontline NHS services are configured.¹⁰ PCNs bring together General Practices most often with areas supported by Clinical Commissioning Groups (CCGs). This system is delivered by the Integrated Care Board (ICB) and covers Oxfordshire, Buckinghamshire and Berkshire West, known as BOB (Buckinghamshire, Oxfordshire and Berkshire). This partnership is responsible for setting and delivering an Integrated Care Strategy. This strategy includes Social Prescribing practice and affects how Oxfordshire's Social Prescribing provision is delivered.¹¹



¹⁰ For more about how Integrated Care Systems work, see <https://www.youtube.com/watch?v=XC3q6RZX6AI>

¹¹ BOB Integrated Care Strategy (2023). Accessed at: <https://www.bucksoxonberksw.icb.nhs.uk/media/2933/integrated-care-strategy.pdf>

Alongside the development of the local ICS (integrated care systems), as part of the NHS Long Term Plan, the Additional Roles Reimbursement Scheme (ARRS) has been made available to Primary Care Networks. This identifies 17 roles which includes Social Prescribing Link Workers, Health and Wellbeing Coaches, Occupational Therapist, Clinical Pharmacists and Care Co-ordinators.¹² These roles, like Social Prescribers are designed to help frontline services to build capacity and to support preventative approaches that reduce the need for people to access hospital services and promote community-based care.

Recruiting across these jobs is ad hoc across PCNs and Surgeries, which makes it challenging for wider sectors to interact with and deliver with preventative programmes. Through the ARRS scheme most social prescribing roles now sit in GP led practices. However, they can also be outsourced to third sector organisations dependent on locality need. This means the length of service contract and purpose vary widely.

Although this enables services to develop around hyper local or specific cohort needs it can also make the prescribing role challenging. There is currently no systematic or agreed approach to service contract lengths which results in short term or rolling employment contracts, and differing approaches to in-role training and delivery of social prescribing activities. This leads to a disparity in approach, a level of service precarity and staff turnover.

Caseloads

As social prescribing has evolved based on local need, patient support and caseload management varies. Some services offering fixed six-week interventions to continuous support until symptoms are alleviated. Although this can give social prescribers flexibility of approach that supports person-centred care and often better outcomes and job satisfaction, it can also cause burnout and staff turnover.

This can make relationship building and programme development between cultural sector teams and individual social prescribers tricky as there is low capacity for developing new programmes and this may need to be repeated when role holders change.

Recommendation 7: Connecting into Existing Local Networks...or replicate them.

Oxfordshire has extant meetings and networks connected to health, culture, research and the third sector. These sit at local government, institutional and grass roots level. The Reconnect team has prioritised attendance at local networks and grass roots level meetings to tap into and strengthen knowledge sharing. These are not limited to Oxfordshire and could be emulated in other localities:

- **Social Prescriber Meeting** Existing local Social Prescribing meeting and networking provision currently needs to restrict the membership to make space for role-holders to connect and share with peers. Although this meeting is well attended, many Social Prescribers caseloads

¹² Additional roles: A quick reference summary, NHS, updated May 2023. Accessed at: <https://www.england.nhs.uk/long-read/additional-roles-a-quick-reference-summary/>

are so high they cannot prioritise attending. This group can invite third sector organisations to share practice on an ad hoc basis through the Lead Social Prescriber.

- **OCVA Oxfordshire CoPs in Adult Social Care - Adult Focused** The Oxfordshire Community and Voluntary Action (OCVA) team have devised area-based Communities of Practice (CoPs). The Oxfordshire [CoPs in Adult Social Care](#) bring together people supporting adults across the statutory, health and community and volunteer sectors. CoP members are people with hands on experience in providing care and support to adults in the community.^[2] These currently sit across Abingdon, Banbury, Bicester, Didcot, Oxford City and Witney.
- **Oxford City Council - Health and Wellbeing Partnerships** Oxford City Council deliver Health and Wellbeing Partnerships in Rose Hill and Littlemore and Barton. These are connected to the delivery of the Oxfordshire County Council led Health and Wellbeing Board strategy.
- **Oxford Social Prescribing Research Network - Research focused** The connections between research, health settings and third sector organisations are well established, through the Oxford Social Prescribing Research Network Meeting (known as OxSoP). This group is a reporting space for social prescribing interventions and research opportunities and helps ensure strong links between our practice and research.

Recommendation 8: Building the Oxford(shire) Cultural Social Prescribing Network – Working Big

Currently networks between Health Settings and Third Sector organisations are forming at a delivery level. Although this creates opportunities for small scale bespoke interventions, it has made capacity, funding and building a continuity of service challenging.

Reconnect and the Oxford Hub have both initiated networking opportunities to build capacity and advocate for programmes and interventions supporting social prescribing. In both cases the network has been unsuccessful, due to low organisational capacity and the amount of time required to build a network that reflects the moving staffing and local needs of social prescribing.

Central to this issue is parallel development of networks and meetings that are often focused on localities, specific job roles, and cohorts of need often identified through a health condition or life stage.

Further to this, cultural organisations are often not identified part of the membership of strategic meetings, making it difficult for cultural organisations to navigate which meetings will have the most impact on their service delivery. This is made even more acute when freelance and low-capacity organisations engage in the delivery of strategic programmes – making it almost impossible for these individuals to participate in cultural health and wellbeing activities.

To invest more fully in Cultural Social Prescribing, and Social Prescribing interventions more widely, networks need to be held at a strategic **and** delivery level.

A strategic level example could be the University/ies, acting as cornerstone Institutions to develop a Social Prescribing research and practice hub. At a strategic level, the hub would interact with the

Oxfordshire County Council Health and Wellbeing Board and the Integrated Care Board to synthesise core principles and needs, fund social prescribing interventions and identify areas for research. This would then work with cultural, green and third sector organisations to respond to commissions for locality based bespoke or large-scale social prescribing interventions.

At a delivery level, the hub would have shared working space for front line third sector, culture and health colleagues. This would enable fluid, cross-sector conversations that result in responsive, locality-based interventions that improve the wellbeing and health of local people.

Recommendation 9: Embedding Social Prescribers in Cultural Organisations

To build relevant CSPs Cultural Institutions should test a hub model where Social Prescriber/ Link Workers are embedded in cultural organisations. This hub model, where cross sectoral staff sit in one building has been shown to work in the local government/ community centre model, fostering a place for sharing knowledge and connecting needs to outputs that can be delivered together.

The Reconnect funded *Discover and Create* Team, brings together link workers and culture-based staff and has identified this aim as a next step for their work together. As pointed out by Paul Wilson, leading research into the roll out of social prescribing link workers in primary care at the University of Manchester:

Better integration of VCSE organisations into [Primary Care] is essential in both helping link workers to map the assets available to them, and in creating a communication pathway for these organisations to raise concerns around their capacity and sustainability.¹³

¹³ Wilson, P. 'Joining the dots: assessing the roll out of social prescribing link workers in primary care', policy blog for University of Manchester, March 2024. Accessed at: <https://blog.policy.manchester.ac.uk/health/2024/03/joining-the-dots-assessing-the-roll-out-of-social-prescribing-link-workers-in-primary-care/>

Challenge E: Accessing relevant Cross-Sectoral Training

There are many national sector support organisations sharing creative health initiatives and developing research connected to Social Prescribing. This is often shared through conferences, in-person training, toolkits and framework development. These include the [Creative Health and Wellbeing Alliance](#) (CHWA), the [National Academy for Social Prescribing](#) (NASP) and the [National Centre for Creative Health](#). These are fantastic resources for practitioners for all backgrounds to engage with. However, due to the complex landscape associated with Social Prescribing, that requires practitioners to deliver to local need in a time sensitive way that matches available cultural services, these support organisations are not always best placed to share models or frameworks that can fully inform local needs.

Further to this existing sector training is often siloed to support specific professional development needs or is pitched at an inaccessible level for non-specialists to attend.

Specific to the Social Prescriber role, professional backgrounds and training levels vary across localities and employers. In early 2022 the [National Association of Link Workers](#) (NALW) conducted Career Pathways research which identified that many social prescribers brought their experience, skills and knowledge from a variety of client-facing jobs including in health and social care, local councils, charities and private sector care roles and hold Masters, Degree, NVQ and Diplomas allied to these roles.¹⁴ Training is agreed within the setting, which can vary from statutory and required training to deeper training on specific needs. One aspect that is not included in social prescriber training is how to interact with cultural sector programmes and the impact this can have on alleviating patient needs.

Recommendation 10: Locality Based Cross Sectoral Training Sessions

Training that results in programme development needs to foster local sector collaboration. This could be structured through identifying key challenges together to build approaches and mechanism together through context mapping, skills sharing and peer-to-peer learning.

As identified in this report, capacity and staff burnout is a further challenge for all sectors engaged in CSPs. As such, training should combine knowledge and/ or skills development with opportunities for practitioner wellbeing.

The Reconnect Project tested this approach through the [Marmalade Festival: Social Friday: Creative Social Prescribing event](#) in April 2024.¹⁵ This training set the context with presentations of social prescribing research and creative health practice. The presentations were then followed up by time for attendees to take part in wellbeing activities delivered in live CSPs. By making space for mindful activity, the training enabled conversations to flourish around the challenges people faced, possible solutions to be shared and networks to be established for future working.

¹⁴ <https://www.england.nhs.uk/long-read/workforce-development-framework-social-prescribing-link-workers/>

¹⁵ <https://socialprescribing.phc.ox.ac.uk/news-views/views/friday-afternoon-wind-down-2013-talking-to-the-public-about-social-prescribing-and-cultural-provision>



Dr Stephanie Tierney, Marmalade Festival: Social Friday: Creative Social prescribing Event

We have also led further cross sectoral meetings, detailed below:

Date	Title/ Content	Led by/ Speakers
2 nd March 2022	Reconnect Partnership: Kick of Meeting	Beth McDougall – GLAM Reconnect Project
6 th April 2022	Reconnect Partnership Meeting: Next Steps	Beth McDougall – GLAM Reconnect Project
23 rd June 2022	Social Prescribing and the Cultural Sector: Fostering Understanding and Problem Solving	OxSoP/ Centre for Evidence Based Medicine
December 2022	What does Good Look Like?	Sarah Levet
20 th March 2023	GLAM Community of Practice Social Prescribing	Beth McDougall
19 th April 2023	Barber Institute, University of Birmingham and GLAM	Jen Riddings/ Harriet Warburton
12 th June 2023	OxSoP – Reconnect Programme Presentation	Delivered by Beth McDougall
3 rd August 2023	Oxford Hub Social Prescribing in Oxfordshire	Suzy Donald – Oxford Hub
12 th April 2024	Marmalade Festival: Social Friday: Creative Social Prescribing	Beth McDougall and Dr. Stephanie Tierney (CEBM)



Reconnect Team: Kick Off Meeting – Partnership Dreams

Recommendation 11: Cultural Social Prescribing modules and Health Placements in Cultural Settings

Is important to support social prescribers to have the confidence to suggest cultural or creative options as part of their conversations with clients. For this to happen social prescribers need to understand the value of cultural social prescribing themselves – often through first-hand experience -and they need to have an awareness of what creative programmes and activities are being offered.¹⁶

Networks and communications are useful here, but a more pro-active approach is to ensure cultural social prescribing features in social prescribers' professional development. There are Social Prescribing modules starting to be included in degree level Healthcare programmes. GLAM and our wider cultural partners could help to shape and support this module delivery to guide new social prescribers to CSPs through experiential learning and healthcare course study placements.

GLAM is currently working with Oxford Brookes Placement Staff to support Degree level Occupational Therapists in cultural placements with the division and our cultural partners.

¹⁶ Flora Faith-Kelly, 'An interview with the first South East London Creative Health Lead', *We Are London* (March 2024). Accessed at: <https://www.london.gov.uk/who-we-are/city-hall-blog/power-cultural-social-prescribing-health>

Challenge F: Building the Evidence Base

The evidence based for CSPs is limited. Most existing research is into green social prescribing and physical programme interventions. Where evidence for CSPs exists, either as research papers or as grey literature it is often patchy and doesn't match to the cohort (health need, participant demographics, socio economic factors) or cultural landscape (access to cultural provision, types of cultural practice available).

Much of the evaluation or evidence used for referrals by Social Prescribers to determine suitability of a referral has grown organically. This varies from health services having very specific, agreed measurement tools to analyse impact of referrals, or, more often referrals made based on anecdotal evidence through self- reporting and patient observations.

When used in CSPs many of the existing evaluation models developed to analyse wellbeing are either accessible to participants and result in high-level outcomes that can't establish deep rooted impacts or are too complex for participant's but can establish the deeper impacts needed for research purposes.

This leads to much of the existing cultural sector created grey literature, rather than research-based evaluation methodologies found in research papers, not reporting the detail required for use in research. This mismatch in reporting requirements across sectors, makes it harder for researchers to help draw conclusions that can be used to inform policy and practice recommendations.

To think through the above issues, Reconnect delivered the online training session *What does Good Look Like?* This included presentations on [Storytelling](#) method developed and used at the Old Fire Station, [SIGNAL Outcome Stars](#) shared by Triangle Consulting and the bespoke evaluation built for the *Outside the Box* project with the Department of Psychiatry and Centre for Evidence Based Medicine.



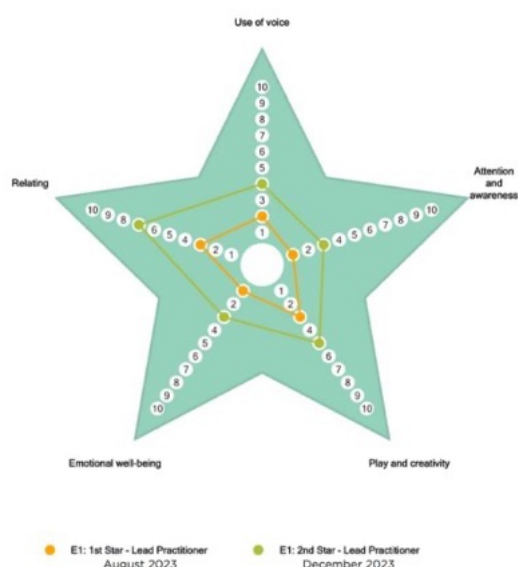
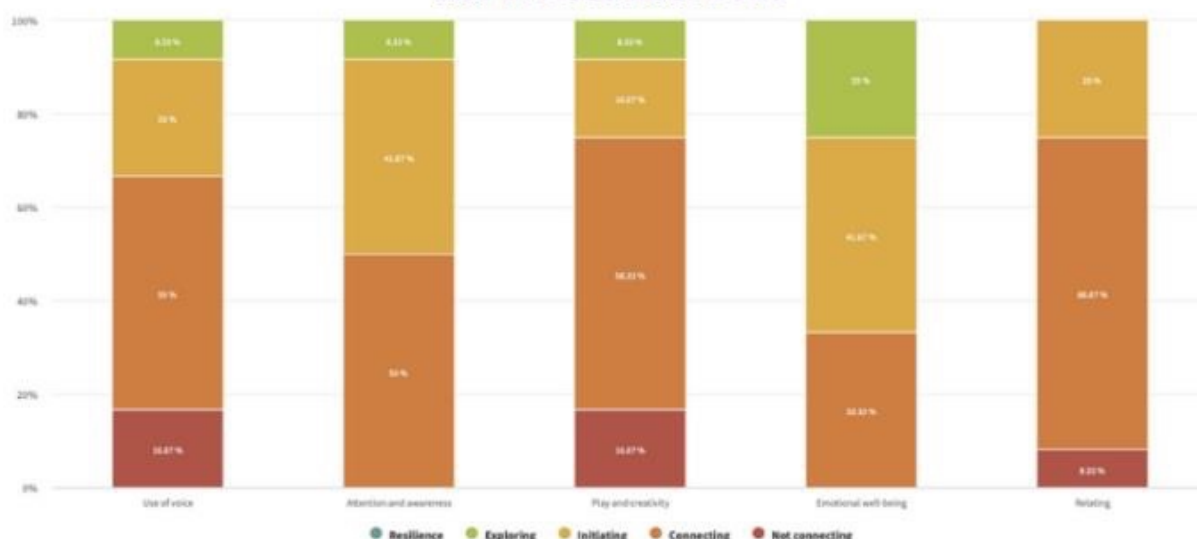
Storytelling Methodology © Arts at the Old Fire Station

Recommendation 12: Testing Evaluation Methodologies

Evaluation requirements should be discussed by the cross sectoral team researching and delivering on the CSP's. These conversations should inform: the benchmarking and demographic information required for the programme; the level of complexity that the evaluation can take based on the cohort taking part; and the level of information to be collected dependant on each sector needs – whether this is decision making for future referrals or programme design or to inform policy and practice recommendations.

Reconnect tested a range of evaluation methods including bespoke researcher designed evaluations, to existing methodologies used in the health and wellbeing sector. This allowed us to match the right evaluation method to the interventions and cohorts present in the Reconnect CSPs. The two methods that were most used were [Outcome Stars](#) and simplified [Wellbeing Scales](#).

Percentage of people at each increment of the five outcome areas on the star in December 2023



*Music Therapy Star and Incremental change in outcomes, December 2023, Monday Morning Music
©Triangle Consulting/ Chiltern Music Therapy*

Recommendation 13: Connecting to relevant research programmes

The Reconnect Project connected directly with research led by the University of Oxford Centre for Evidence Based Medicine, based in Primary Health Care Sciences and the Department of Psychiatry. This research both informed the Reconnect Project proposal and helped to shape the CSPs programme design through knowledge sharing and research recommendations.

The Reconnect Team are co-applicants on the below research studies:



[Social Prescribing for Older People in the time of COVID drawing on the cultural Sector](#)



[Tailoring Cultural Offers with and for diverse older Users of Social Prescribing](#)

We have also worked with independent and PhD researchers build their research:

- Sophie de Chardon, *Emotional and Affective Labour: a framework for organisational support*, University of Leicester
- Amisha Karia, [Culture-Led Wellbeing: Investigating the Skills of the Cultural Workforce](#), University of Leicester

Finally, the Reconnect Team has been part of the Oxford Social Prescribing Research Network's Community of Practice. This network brings together social prescribers, researchers and cultural practitioners to share research updates and creative practice. We have shared Reconnect Project updates through this network.

Recommendation 14: Commissioning case studies from Social Prescribing Knowledge Holders

The Reconnect Team worked closely with [Helen Shearn](#) to develop and steer the Reconnect Project. Helen specialises in interdisciplinary projects that bring together knowledge and practice across the NHS, arts & Heritage, voluntary and research sectors. Her unique perspective ensured that Reconnect identified and tested programmes that helped to build on and bring new knowledges to the CSP sphere.

These case studies acknowledge the current gaps and emerging themes in social prescribing and have been published on the GLAM website:



[Provision of support for creative practitioners and museum professionals in the Culture, Health and Wellbeing sector in the UK \(February 2023\)](#)



[A Participatory Budgeting project to tackle social isolation and loneliness in West Lancashire \(November 2022\)](#)

We hope to further act on and develop the recommendations raised in these case studies in Oxfordshire in the next CSP based programmes delivered by GLAM and our Reconnect Partners.

Reconnect

developing social prescribing pathways

Appendix: Programme reports



ROTHSCHILD
FOUNDATION

Gardens,
Libraries
& Museums





Programme 1

GROW



Children 12–14 with
SEND





GROW evaluation report

September 2023

Miranda Millward and Helen Pooley

CONTENTS

About this project

Who is this for and what are their needs?

Practitioners, venues and session outlines

Student case studies

Feedback and Evaluation

Costs and Barriers

Appendices - measurement

'We feel Grow has had a huge impact for all our students- we have noticed changes in all of them and the staff have loved it as well.'

Teachers and Teaching Assistants at Iffley Academy

Building on the legacy of previous GROW programme

GROW 2 built on the legacy of the first GROW programme. From this initial pilot in 2022 we learnt a lot about how to structure an outdoor learning programme for students with SEND (Special Educational Needs and Disability). Our primary focus was young people with complex special needs.

About Iffley Academy

The Iffley Academy is a community special academy for children and young people up to the age of 18 with complex special educational needs and disabilities. The school takes pride in seeing all students as individuals and adopts a personalised approach to learning.

All students have Education, Health and Care Plans (EHCP) with a range of needs but primarily students who attend Iffley Academy have moderate cognition and learning difficulties, Autistic Spectrum Conditions and/or Social, Emotional and Mental Health needs (SEMH). The school is within the top 4% nationally for pupils in receipt of Pupil Premium – additional funding given to schools to support students from the most disadvantaged backgrounds.

GLAM has been working in partnership with Iffley Academy since late 2016 on a range of projects that support learning needs of the students and contribute to the SEND-adapted curriculum. The GROW programmes were the first-time students had worked in an extensive way with the Oxford University Botanic Gardens and Harcourt Arboretum and also the first time we had primarily looked at wellbeing outcomes rather than curriculum based ones, although much of the wider programme with Iffley has significant wellbeing benefits in addition to a curriculum focus.

Within the partnership we understand that students are able to give their best when their needs are met, when they feel safe and when they understand their relationships with others.

The post pandemic context for young people's school attendance and mental health (please note this is the national picture and does not refer specifically to Iffley Academy)

- Pupils in receipt of pupil premium and SEND are three times more likely to be severely absent than peers whose families are on higher incomes.
- 50% of disadvantaged pupils in Year 10 were persistently absent in Autumn 2022.¹

¹ Department of Education statistics reported in the Guardian in August 2023 [I'm a teacher – and I see through Tory scare stories on the 'ghost children' missing from school | Lola Okolosie | The Guardian](#)

- Persistent absence is more concentrated among children affected by food poverty, high levels of psychological distress and special needs.²
- Local community mental health services as well as local infrastructure (e.g. youth groups) have been eroded by budget cuts at a time of increased demand. 1 in 4 children meeting the threshold of support for mental health services compared to 1 in 8 before the pandemic
- Poverty means that children are far more likely to experience Mental Health challenges, 4.3million children were living in poverty in 2019; the cost of living crisis will have seen an increase in this number.
- There is an absence of early intervention as waiting times increase to access mental health support.³

Who the group were:

We worked with Kandinsky Class – a class of 12 students aged 11 -14 years old. The class teacher observed that many students in the class exhibited anxiety when outdoors, or at the thought of having to be outdoors. This appeared to be a legacy of lockdown where these students spent much of two years either indoors at home or kept in strict 'bubbles' within school. Any new experience provoked raised anxiety. Many of the class spent little or no time outdoors when at home with family / carers. One child whose family have a dog reported that he never went on dog walks with his family. Nicola Maycock the class teacher was keen to see if a programme designed to introduce students to creative and fun activities outdoors could improve students' wellbeing, confidence, attendance and more importantly that they could enjoy spending time outdoors.

One student who had been in a mainstream primary school remarked that Year 6 has been all about reading and writing. He said at his primary school they never really did learning activities outside.

What were their needs?

Kandinsky Class were a lovely group to work with. There was a range of needs within the group: Autistic Spectrum Conditions, ADHD (Attention Deficit Hyperactivity Disorder), PDA (Pathological Demand Avoidance), Verbal

² Blogpost from Centre for Education Policy and Equalising Opportunities, University College London, based on an analysis of attendance rates of Year 13 pupils affected by the Covid-era lockdowns. [Persistent absenteeism: Who is missing school since the pandemic? | UCL Centre for Education Policy and Equalising Opportunities \(CEPEO\)](#)

³ News Agents Podcast with Benjamin Fry, – What is behind our Mental Health Pandemic 11th September 2023 <https://podcasts.apple.com/gb/podcast/what-is-behind-our-mental-health-pandemic/id1640878689?i=1000627495062>

Dyspraxia and learning difficulties. Communication needs were a clear strand that we needed to allow for and support within our planning. Of the 12 students in Kandinsky Class two presented as non-verbal or non-speaking. A number of students had very specific anxieties that could escalate quickly. One male student needed continual reminders and gentle refocussing on tasks and also had to be watched in case of trying to eat, drink or swallow certain art and craft materials. Two students also needed very careful observation at all times so as not to wander off and become separated from the group whilst at the Arboretum.

We needed to ensure students felt safe working in new surroundings and with new adults. To do this we developed a scaffolded approach where students firstly worked in their classroom; then moved to working in the courtyard outside their classroom; to next working at the Arboretum and finally to staying and having a picnic lunch at the Arboretum at the end of the final two workshops.

Practitioner – who and why? Why we needed a practitioner ...

We needed specialist practitioners because Miranda and Helen did not have outdoor learning experience.

We worked with outdoor learning specialist **Rhiannon Lee** and artist **Laura De Moxon**. Both practitioners worked on the previous GROW programme and developed and ran successful sessions. We wanted to use less facilitators in GROW 2 in order to build strong and robust relationships with the group. Rhiannon lead five of the workshop sessions and Laura ran one session because Rhiannon was not available. This substitution in the third workshop session worked well as Laura had a discreet activity to run – cyanotype printing. Students had got to know Helen and I as trusted adults so could accommodate Laura. Laura had sent a photograph of herself for students to see in advance of the session.

Both practitioners have excellent creative and practical skills that can be appropriately adapted to share with SEND students. Both Laura and Rhiannon can provide all of the equipment and materials to run their workshops and risk assess them appropriately. This was a huge benefit to myself and Helen because it freed us up to concentrate on other areas of the programme such as evaluation and managing the group to offer maximum support to the facilitators.

Rhiannon is a trained primary school teacher and Forest School leader. Rhiannon has been developing expertise around working with young people with SEND who are currently not able to attend their school placement at all or are struggling to be in school full time. Her ability to plan

in detail for a range of abilities and scenarios was key to the success of this project.

The Venues Harcourt Arboretum and Iffley Academy

Harcourt Arboretum is a site of 130 acres that has a collection of the world's rare and endangered trees. It is 5 miles from Oxford City Centre and three miles away from the school. None of the students in the group had visited the Arboretum before.

Iffley Academy is housed in a new school building, which opened in 2021. The Kandinsky Class classroom opened onto a small courtyard area with picnic benches. This allowed us to move easily between indoors and outdoors with the students.

There were eight sessions in total which included evaluation sessions at the start and end ran by Miranda and Helen.

Session outlines:

Pre-project visit – Classroom only. Students met Rhiannon, Helen and Miranda. Rhiannon noted the names of all students and adults so she could create wooden name medallions using a pyrography pen for each person to

wear each session. Helen and Miranda also introduced the Shooting Star evaluation tool to the students so they could fill in their baseline numbers.

Session 1 – half session inside other half outdoors (wool and worms)

- Trying 3 different types of weaving (making key rings/bracelets through twisting the wood, plate weaving and weaving through willow stars).
- Creating wormeries.

Session 2 – outdoors in courtyard (natural paint and elder)

- Experimenting making paints out of different coloured chalk and other ingredients, then using the paint mixtures to paint fabric pencil cases.
- Making elder wood bead bracelets or poseable figures using pipe cleaners.

Session 3 – outdoors in courtyard (cyanotype photography)

- Using sunlight to create photographs on pre-prepared paper and collaboratively on large pieces of fabric.

Half term

Session 4 – at HA in barn (sensory walk and natural treasure plaques)

- Collecting natural treasures from the ground around the Arboretum to create plaques using plaster of Paris.
- Using senses to identify mystery objects hidden in a box and identify different smells in jars.

Session 5 – At HA – lunchtime picnic in the barn (blobsters and leaves)

- Making blobster creatures from clay and natural materials e.g. twigs
- Leaf scavenger hunt followed by hapazome printing and making leaf-pressed clay tiles.

Session 6 – At HA lunchtime picnic in barn (birds)

- Identifying birds and carousel including creating a willow bird feeder, making bird seed cakes, creating a weighted paper bird and making a bird's nest with decorated wooden eggs.

Evaluation session – using a range of methods such as sticky dot voting, guided discussions and hands up voting students feedback on what they had enjoyed. Students also completed their final scores on their Shooting Star.

Issues to overcome at Harcourt Arboretum

We were incredibly lucky with the weather and had no rain or wind, and dry, moderately warm weather. In terms of planning however, we needed to have alternate plans in place should the Arboretum be closed due to

adverse weather, including high winds. We therefore ensured that all the activities could be delivered in school as an alternative to the gardens.

Harcourt Arboretum has very limited facilities for visitors. We were able to use the 'outdoor classroom' (a barn with no sides) located a 15-20 minute walk from the main entrance and car park. There are some compost toilets near the barn but there is no access to running water. The barn has a long wooden table and benches. In order to facilitate the sessions Rhiannon had to factor in bringing with her every single element we needed for the project such as water pre-measured accurately into containers so we could mix plaster of Paris. This lack of facilities presents an extra area of planning and resourcing that Rhiannon needed to undertake and indicates an additional cost in terms of planning this type of programme at HA.

The Arboretum is a beautiful site but it is next to a very busy 'A' road. Traffic passes the site at 50-60 mph. Although there is a wall at the border of the site it is a low one and the main gates are left open during operating hours. This does present an extra risk when working with groups of young people who have additional needs and whose behaviour may deregulate quickly. We deliberately walked a route to the barn that took us as far as possible from the road rather than use an established path that is a more direct route.

Staff from the Arboretum Learning Team supported the visits – Catherine twice and Lauren once. This was a huge help in having adults who knew the site well. The Learning Team largely deliver very curriculum focussed work to students in mainstream settings and are much less used to working students with SEND and SEMH needs. The Arboretum staff do not usually run hands-on creative activities.

The Arboretum contains a number of additional hazards for SEND students – such as poisonous berries, flowers, mushrooms etc. We had to remind students every session not to eat anything they found and only touch the plants they were told to or specifically shown. One student was particularly prone to forgetting instructions very quickly so adults had to ensure extra focus on him.

The ground at the Arboretum is uneven in places and the barn is a relatively long walk from the car park. One student found the walk hard physical work and needed to hold the hand of an adult. We also needed to ensure the group stayed together on the walk so we allowed for stop off points so slower walkers could catch up. The benefit of this was that we could take group photographs and also Arboretum staff Lauren or Catherine could tell us facts about certain specimens.

Unfamiliar sensory experiences can be very hard for SEND students. We were very concerned about one student who can be very anxious about contact with animals including just catching sight of an animal. One interesting feature of the Arboretum are the peacocks that wander about the site. In

advance we prepared the students for how the peacocks might look and behave and the noises they might make.

We needed a high adult to child ratio. There were 7 or 8 adults to twelve students. We needed this ratio to navigate the Arboretum site and to support the activities. We also needed to plan for instances where, say, if a student became unwell or deregulated they may need to return to the minibus or go back to school and this would have required one member of GLAM / OBGA staff to accompany the child and a member of Iffley staff on the walk back across the site. Nicola Maycock, the class teacher, made a particular point of thanking us for realising that we needed such a high number of adults to support the needs of her students.

Evaluation

This group needed to use evaluation strategies that were adapted to their needs.

We decided to use a mix of multi modal strategies to elicit information.

1. We once again used the [Outcome Star](#) system to enable students to measure their progress during the project. We used the Shooting Star again as we felt familiar with it and were more confident in using it. We developed better resources to help explain the star and the scoring system. We developed an Easy Read ppt to explain each aptitude and used coloured numbered cards to support students in scoring themselves. Asked students to score themselves on the star in the first and last sessions.
2. We held facilitated small group discussion sessions to draw out students' feedback at the end of the project.
3. We used sticker voting with an example / photograph of each activity. Each child was given 3 sticky dots = three votes. They could stick all three on one activity or place one sticker on three different activities
4. We did a 'hands up' to vote of 'yes', 'no', 'maybe' to set questions.

Results are compiled at the end of this document and include students' Outcome Stars as well as other evaluation measures.

Student case studies

This section focuses on **five students** whose wellbeing improved the most in terms of scoring on the Shooting Star. These were also four of the students who presented with the highest levels of need at the start of the programme. Students names have been concealed for privacy reasons and they are called by the first letter of their names. We have also included notes on one

student whose Outcome Star score did not increase as much but who overcame some personal challenges and anxieties during the project.



H is a very likeable and lively male student who really struggles with focus and retaining information including information and instructions that he has just been given. H needs a visual timetable to understand what is happening 'now' and 'next'. H also finds it hard to sit or stand still. H can be like a much younger child in terms of his comprehension of what is happening around him.

H presented the most concern in terms of ensuring he stayed with the group at the Arboretum. He can become easily distracted and could, for example, end up following a butterfly because that captures his interest and find himself lost and separated from the group. H was enthusiastic about all of the activities we did although would need additional help with the sequencing of multi-step tasks and also not losing focus midway through a task and wandering away. He enjoyed the multi-sensory elements of the project best such as the immediacy of touch and smell and also visual experiences such as the bubble making. H also really enjoyed 'being in nature' at the Arboretum and the sense wonder at of exploring a new place. H was the student that adults were most concerned about eating or swallowing non-edible items. One example of this was whilst mixing plaster of Paris and water by shaking a bottle to mix it H opened his bottle and started to raise it to his lips as if to drink it – fortunately an adult intervened. During the bird cake making activity in the last session he did, however, show amazing restraint in remembering not to eat the seeds or any of the other ingredients.

H really benefitted from having an adult next to him during tasks. During one craft activity he proudly told Miranda he was writing his name on the back of his work and said he was going to write an 'apostrophe s' to show it was his. Miranda wanted to show Ms Maycock this but H scribbled it out but several minutes later he again showed how he could write his name and use an apostrophe correctly which we did manage to show Ms Maycock and she was delighted because it showed he had retained some past information and embedded it. H was excited each week to see the key adults involved in the project. H also showed his like and trust for new adults by on occasion hugging them briefly or holding their hands.



K is a quiet male student. K needs support to follow tasks and processes where there are several steps. K will also need refocusing on tasks quite often. K loves and is very interested in animals, nature and natural history. K will often need a break to stim, which is a way to self-regulate by using repetitive movements.

K really began to enjoy the project once we began the sessions at the Arboretum. K was another child we worried about wandering off at the Arboretum and becoming lost so was often walking with an adult very close by. K enjoyed walking in nature and began to talk to adults more during these walks. K would talk about facts he knew relating to animals but also wanted to talk to Catherine about what habitats foxes and zebras live in. K loved seeing the peacocks at the arboretum especially as they would come quite close to the group. K said he would like to bring his brother to the Arboretum. In session six K very carefully decorated his balancing bird with the feather colours and patterns of an eagle – he wanted to get it exactly right. In session six K told Lauren 'it would be nice to come back here [the arboretum] again next year and do this again' he also said 'I'm living a life and it's good. This is good'.



A is a female student who has some complex learning and communication needs. A can struggle with speaking and communicating and understanding what others say. A can become overwhelmed easily. A's favourite colour is pink and she is interested in hair, nail polish and make up and likes to know what lipstick people wear. A goes to the local park with her family. A was reluctant at first to make eye contact or conversation with new adults. A also struggles with exertions such as

walking and is often hungry due to medication she is on. A has a one-to-one TA to support her.

A's participation grew throughout the project. At first, she was withdrawn and reluctant to engage without a lot of support but over the course of the project A was able to attempt almost all of the tasks with an adult supporting her as and when she needed. It was breakthrough for A to attend the cyanotype workshop. The pink crochet doilies, we using as patterns for some

of our prints, were attractive to her and the way the immediacy of the cyanotype process gave her the satisfaction of seeing results quickly.

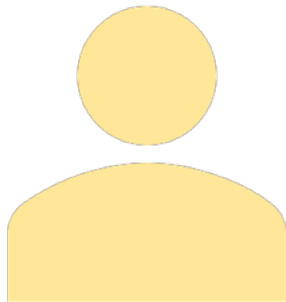
A learned to trust new adults, for example A needed to hold hands with an adult walking to and from the outdoor classroom. This is partly for physical support and reassurance but also to ensure she is not left behind as she walks more slowly than others – A often chose to hold hands with Miranda. Although A often remarked she was tired on the walks or that it was hard she was always determined to make it to the barn. A has a particular fear of animals and finds loud noises overwhelming so we were concerned that she might be frightened by a peacock squawking or coming near to her and that this could be enough to trigger in her a need to return to school immediately. Fortunately, as we had prepared the group for peacocks by watching some short films and because she felt secure by holding an adult's hands she wasn't scared when this happened. A told her teacher on the morning of the fifth workshop that she was 'excited and happy' to be going to the Arboretum that day.

.....



C is a very likeable and happy male pupil who has verbal dyspraxia and presents as non-speaking. C can speak but is very anxious about how his speech will sound as he struggles to know how and where to make the sounds in his voice box. C communicates by smiling and using gestures such thumbs up and thumbs down also by pointing to key words on an ipad. C has a number of supportive good friends in the class who he is able to work with.

C showed visible enjoyment during many of the project tasks and was always focussed and engaged. C was very sad on the day students let the worms in their wormeries go into the compost at school. C was so upset about letting his worms go Mrs Maycock phoned his mother and asked if she was happy for him to bring his wormery home which she was and he continued to care for them there. During session five on being asked if he was 'OK' C replied to Miranda and said the word 'yes' aloud. This was a huge achievement and one the Mrs Maycock said she would tell C's mum about and that C's mum would be delighted. In the sixth session he again said the word 'yes' to an adult and also the word 'bubbles' when he was watching another student have a go with Rhiannon's giant bubble maker.



G is a female student who overcame a lot of anxiety issues to really enjoy the programme. G's cuddly Tigger toy came with her and 'watched' all of the sessions from nearby. G is a very articulate and chatty student who is able to tell adults how she feels.

G has a lot of anxiety about touching things made from plastic. G would initially say she couldn't or wouldn't be able to participate in any part of the activity that involved plastic. She was, however, quickly able to overcome this anxiety each time after having a bit of time to observe and also being reassured she wouldn't be made to touch anything she didn't want to. G has some anxiety around eating particularly eating in front of other people. During the first picnic lunch in session 5 she asked if she could save her lunch and eat back at school sitting on her own. During the session six picnic G ate her lunch with the rest of the group without issue. G loves craft activities and has good fine motor skills. G particularly enjoyed making elder wood beads and making necklaces and bracelets. G made several items of jewellery including gifts for friends in different classes. G proudly told Miranda that all of the small things she had made in the project were kept in the pencil case she had decorated in session two which showed huge pride in her work.

One week G was offered the chance to stay off school on Friday and have a day out with her family, but she told an adult 'I wanted to come into school today to do the project'. G loved the Arboretum and said she wanted to come back with her family and maybe bring her American relatives when they visited in the summer. In session six G initially found one of the activities difficult but then told the adult running that activity 'I knew I could do it. I just needed some, a bit of, faith in me' this shows a growing sense of resilience in not giving up on tasks that are challenging.

Supporting feedback from class teacher Nicola Maycock

Has the project changed your teaching or approach to teaching? What ideas, themes, skills might you use again?

- The arts and crafts activities explored were so easy to follow yet provided powerful and detailed feedback about student's

understanding that sat outside of our regular curriculum planning. They were quick to complete and so held the attention of all the students with a range of needs appropriately

- The outdoors offered an open space for students and seemed to hold a calming space for students. It was a sensory experience for students, working outside allowed students to feel more confident away from a formal classroom environment. Students were able to expand on skills that they wouldn't be able to explore in a formal context which they are often keener to use (e.g. rather than reading or writing)

What could we (Miranda, Helen, Rhiannon, the Arboretum) have done better?

- Everything was very well planned, organised and resourced.
- Due to the organised manner of the project with resources ready made and or measured out, dyslexia font used on worksheets, symbols and pictures used allowed all students to access it from whatever level they could. Students were constantly engaged, behaviour needed little to no management and students felt less anxious as they were busy with structured activities.

Did this project benefit your professional development?

- Greatly. I have loved observing the students in an outside setting, supported by nurturing and caring adults that offered activities and facilities that they may not have an opportunity to access outside of the project. It has made me consider different methods of making learning more engaging and build confidence in less formal ways.
- I have been involved in several Arts Projects in my teaching career at Iffley and have always taken something different from each one. This has been one of the most hands-on, well-resourced and enjoyable projects I've participated in.

Any other thoughts, reflections?

- The length of the project was perfect. It was stretched across term 5 and 6 and allowed students to get familiar with staff and explore skills before expecting them to engage in activities off site.
- The meetings prior to the project happening were imperative in ensuring the needs of students were met.

Feedback from Rhiannon Entwistle – outdoor learning specialist

I felt very privileged to be asked to be a part of the GROW project. As a team (adults and students together) it felt like we created a wonderful purposeful

community during the sessions. Everyone seemed to enjoy and get a lot out of working and learning together.

Miranda and Helen's organisation in the run up to the start of the project was efficient and effective, making it really easy to get involved and contribute my expertise. They understood the needs of the cohort of students implicitly and worked closely with the class teacher to ensure our project would be engaging, effective at facilitating learning and therefore as successful as possible. Miranda was able to devise a plan for the overall look of the project that would allow all learners to engage with and access the new activities. Together we were able to gradually build up the levels of challenge whilst making sure all activities would be achievable for all. Miranda's communication skills are excellent. All stakeholders were kept in the loop, and everyone knew what was expected of them and what was going to happen. I thoroughly enjoyed planning activities around the brief of helping the students engage more with the natural world and I felt supported by Miranda so I could plan activities that challenged, supported and nurtured the students in that environment.

We began the project by bringing elements of the natural world to Kandinsky's classroom and ended with three magical sessions in the woodland classroom at Harcourt Arboretum. Having access to such a wonderful outdoors resource meant we could open the students' eyes to the natural world in context and plan ways to offer them some autonomy in their interactions with that world. The expertise and support offered by the Arboretum staff greatly facilitated the quality of experiences the students were offered.

The sessions were able to get off to a flying start because the group had been so well prepared by Miranda, Helen and their class teacher. Prior to the start of the project there had been pre-visits arranged and much discussion in class about what to expect. The children were enthusiastic and engaged throughout each session and took the increased challenge in their stride as the project progressed. They were brilliantly supported by the school staff as well as myself, Miranda and Helen and from the very beginning it was great to hear feedback from the staff that they were observing their learners engaging in activities that they hadn't been able to before.

The levels of attendance on the Friday increased as the project progressed and Kandinsky class came to each session eager to find out what they would be discovering next. It felt like the project had a significant impact on the learners of Kandinsky class. It helped them to engage in new activities, which developed their resilience and independence as well as their understanding and respect for the natural environment. The impact of working in the wonderful setting of Harcourt Arboretum was easily seen by the calmness of the students as they interacted in a woodland environment. Their ability to cope with sensory stresses such as noise and nearby animals was much improved compared to working in a classroom. I also observed a positive impact on their ability to interact and communicate with the adults and each other about the activities in which they were taking part.

It wasn't just the students who benefited from the project. The school staff also learned from being part of the project. They engaged with all of the activities and they were keen to share the ideas and resources that I had prepared with the colleagues teaching in other areas of the school. They asked lots of questions throughout the project because they said they wanted to try the activities themselves at home.

In terms of how the project has supported my development as a practitioner; being involved in working closely with the experts from GROW and the staff at school has meant that I have been able to broaden my experience of working with children complex needs. I had time to reflect independently and also with Miranda and Helen after each session which was invaluable for planning and preparing for the subsequent sessions and for allowing my understanding of supporting of such children to grow.

The only thing that could have been better in my view is that the children would have benefitted from the project being longer in duration. I felt there was so much more that we could explore and more skills that we could develop off the back of the trust and engagement we were able to create within the six sessions.

Costs:

- Rhianon fee all planning and delivery: £1750 delivery + £625 prep = **£2375**
- Rhianon materials: **£569.78**
- Laura de Moxon fee planning and delivery: **£450**
- Laura de Moxon materials: **£35**
- Miscellaneous materials: **£35**
- Outcome Star licence: **£220 + VAT**
- Travel: **£35**
- Arts Awards: **£57**
- Arboretum staff costs: 16 hours
- Community outreach staff planning: 50 hours
- Community staff outreach delivery: 36 hrs
- Evaluation and reporting: 36 hours

Barriers to this type of work happening at Harcourt Arboretum

The GROW programme was only possible because of substantial funding from the Rothschild Foundation.

This type of work is resource intensive not only in terms of materials but also in terms of the number of adults needed to ensure safe facilitation when working with students who have complex additional needs.

The current skillset of the Arboretum Learning Team focuses heavily on mainstream academic curriculum content rather than more multi sensory

creative content. The staff have limited experience working with young people SEND or Mental Health needs. Arboretum staff would need either additional training or an external facilitator would need to be bought in – both of these have additional cost implications.

The Arboretum would need investment in practical resources to run activities. Both Laura and Rhiannon had all of the specialist 'kit' required to run their workshop activities. Currently the Arboretum has limited workshop resources and would need to invest in order to facilitate this type of work with young people.

Physical facilities are limited at the Arboretum so the weather is a potential issue. It is only really feasible and realistic to run this type of project in the late Spring and Summer months. That said wind, heavy rain and heat could all still be problematic causing disruption to the programme. It is worth noting that SEND students, even those with no obvious physical disability will often have underlying health conditions which may be triggered by heat, thunderstorms etc. Some students may also need access to toilet facilities more often and the toilet facilities at the Arboretum are very basic and depending on where you are working or located can be a long walk.

Ease of access to the main road presents a hazard and major risk that needs to be thoroughly risk assessed for each individual young person especially those with mental health needs, show unpredictable behaviours or those who may deregulate quickly. This risk assessment really has to be done in conjunction with adults who know the young person very well.

APPENDICES - MEASUREMENT

1. 'Outcome Star' shooting star scores

Maximum score = 30

Overleaf is an example of a participant's completed Shooting Star card with measurements before and after the sessions across the domains of **Aspiration, Contribution, Confidence, Communicating, People and Support**.

Name	Score 1 5/5/23	Score 2 7/7/23	Variance
K	17	23	+6
G	25	27	+2
T	26	27	+1
Ch	20	27	+7
D	27	29	+2
C	22	27	+5
AX	25	29	+4
H	19	27	+8
J	27	30	+3
A	16	21	+5
S	21	24	+3
AL	24	30	+6

Three Outcomes That For Success in Life

Sundegin

H

First,

Review

Retrospective

Degree of completion

5/5/23

Completed by _____

Worker and student

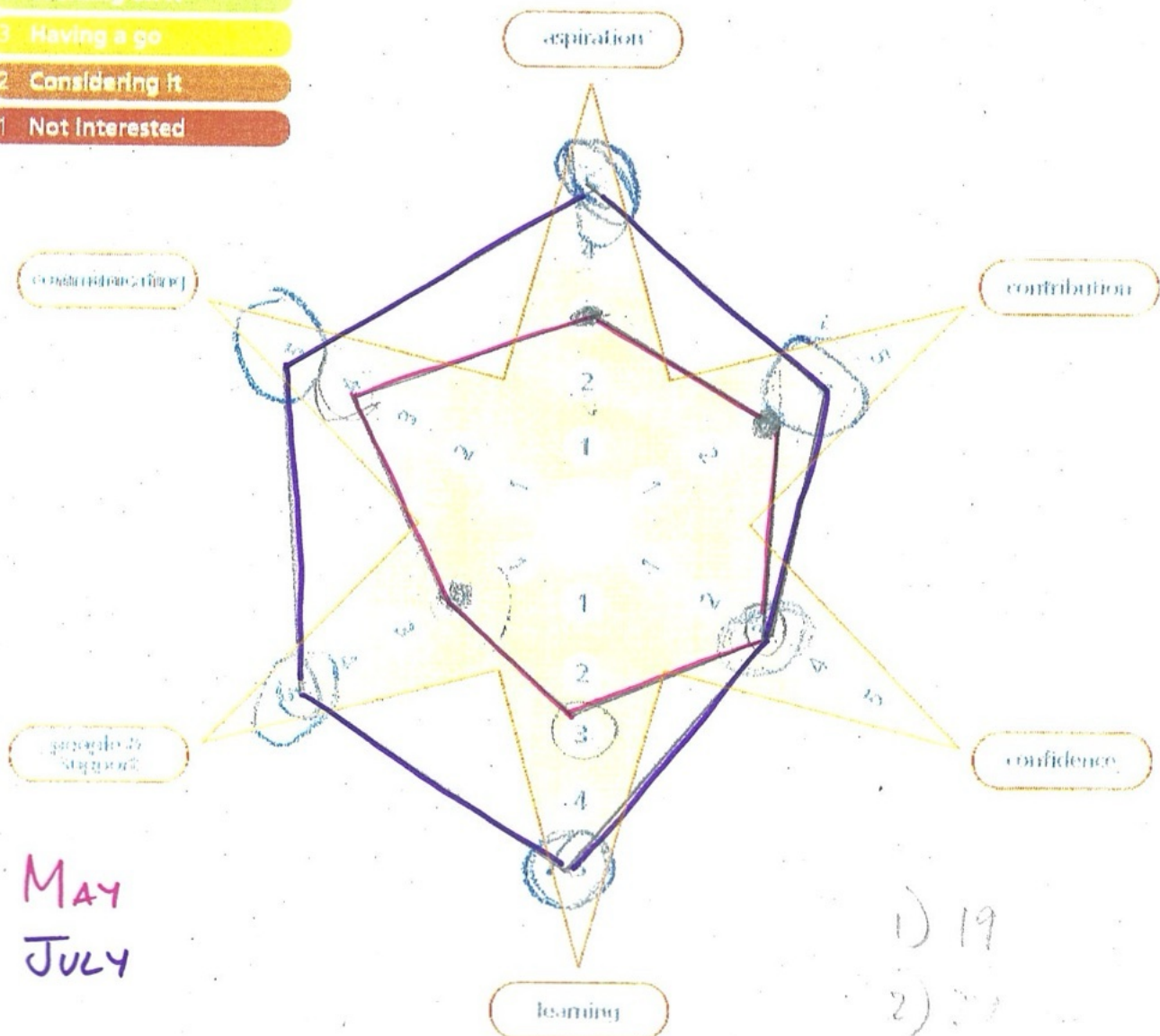
Worker alone

Student

5 Actively enjoying it

2 Considering it

1 Not interested



MAY
JULY




1) 19

2) 21

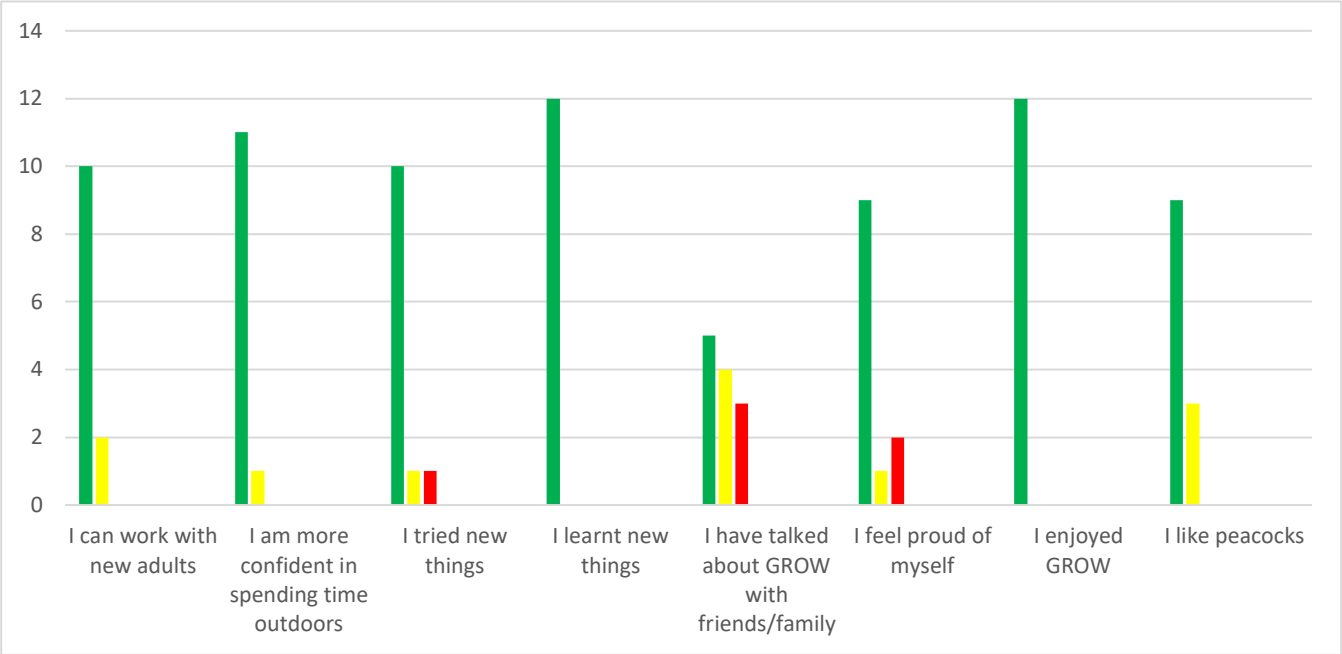
(48)

*Student: I was involved in completing this Star Chart

2. Quick vote

			
I can work with new adults	10	2	0
I am more confident spending time outdoors	11	1	0
I tried new things (inc visiting a new place, new activities, overcoming a challenge)	10	1	1
I learnt new things (this could be about birds, flowers, crafts, how to be safe outdoors)	12	0	0
I have talked about the things I have done on the GROW project with friends or family	5	4	3
I feel proud of myself This could be for taking part, trying new things, creating lovely art work	9	1	2
I enjoyed the GROW project	12	0	0
I like peacocks!	9	3	0

3. Grow student self-evaluation



4. Sticky dot voting

Activity	Votes
Birdfeeder weaving	2
Chalk Painting	7
Cyanotype	5.5
Bird cake making	5.5
Wool weaving	2
Blobster	3
Clay leaf printing	6
Plaster plaque	2
Wormery making	2
Hapazome hammering	1

Each child was given 3 sticky dots to vote for their 3 favourite activities.

1 child wanted to cut their dot in half as they were torn between 2 activities for their final vote!



Programme 2

Discover and Create

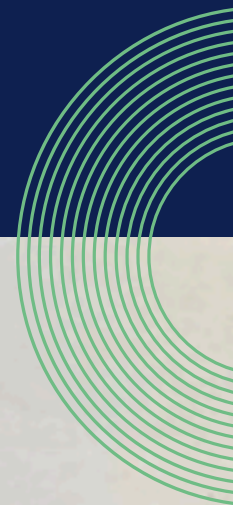
Young people 14–18
with mild mental
health issues



DISCOVER AND CREATE

EVALUATION REPORT 2023/24

INTRODUCTION



”

I feel more confident in myself now as I pushed myself to meet/interact with new people and try new arts/crafts!

Project participant

Discover and Create is an 8 week programme of creative activities inspired by and delivered in the Museum of Natural History and Pitt Rivers Museum. The programme is for young people aged 14 to 18 experiencing mild-moderate mental health issues, and supports the participants in their confidence, socialisation and wellbeing. This report covers 2 iterations of the project; the first in May/June 23 and the second in February/March 24.

PROJECT OUTLINE

RECRUITMENT

- Meetings were held with the social prescribers prior to planning to ensure they were familiar with the settings and activities.
- The social prescribers referred potential participants from their caseloads as appropriate. A maximum of 12 referrals was set with the intention of 8 – 10 people initially taking part and also anticipating a drop of 20% once the project had started.
- Flyers were given to the young people with a “menu” of potential activities, but which left space for their own ideas and suggestions.

PLANNING

- 2 members of museum staff lead and facilitate each session.
- 2 social prescribing/mental health Link Workers to be part of each session.
- GDPR/safeguarding issues were discussed, with awareness of policies from both partners, with Response taking the lead on safeguarding.
- Main activities took place in a separate room, away from the main galleries.
- A group agreement created at the start of the project to make clear that this is to be a safe space and confidential (unless there is a concern for someone's safety).
- Parents/carers who may be bringing young people will not be in the session unless there is exceptional need. They will be encouraged to visit the museum/s and be in the café while the sessions took place.
- Particular issues or triggers around an individual or any areas of concern to be raised by Link Workers to ensure suitability of each activity.

PROJECT OUTLINE

SESSION STRUCTURE

Each session lasted 90 minutes and took place between 3 and 4.30 pm.
Each session followed the same loose structure:

Arrival

- Parents/carers given voucher for café and encouraged to leave the young person for the session as appropriate
- Activities already laid out:
 - Sketch books
 - Jigsaws/puzzles
 - Mindfulness colouring sheets
 - Any work not finished from previous weeks
- Fill in evaluation postcard

Activity

- Creative activity / object handling

Break

- Refreshments
- Optional short tour of the museum galleries/behind the scenes

Activity

- Continue creative activity

End

- Introduce and discuss potential activity for next week
- Fill in evaluation postcard

PROJECT OUTLINE

FUNDING

The 2 iterations of this project were funded respectively by the Rothschild Foundation and the Research Innovation Fund. The main costs were for extra time for GLAM Community Engagement; payment for social prescribing link workers; transport costs, craft materials and evaluation. The value of this model is reflected in the continuing relationship with Response and their commitment to future iterations of this programme.

NEXT STEPS

There was interest from the young people/parents and carers for each project to continue and last for a long period of time. This was not possible in terms of staff time, funding and in many ways would not have been useful for the young people who might have become over-reliant on the security the project provided. The project encouraged the young people to know they could give something a go and that was ok, with the hope that they will take this confidence with them when they try other new experiences.

At the end of each project, parents/carers and the young people were given information about a range of other activities and provision in their local areas which may be relevant for them at some point. It was made clear that such activities were unlikely to have the same level of support as Discover & Create.

CREATIVE ACTIVITIES

Each session used museum objects as inspiration, tours of the museums and a focused craft, with hands-on activities available at all times.

Mystery Objects

Handling a variety of objects from both museums is a good ice breaker and can provide the spark for conversations.



Badges / Sketch books

Instead of name labels everyone could design and make their own name badge.



Fossil Casting

Creating and decorating fossils using moulds and plaster of paris as well as handling real fossil specimens

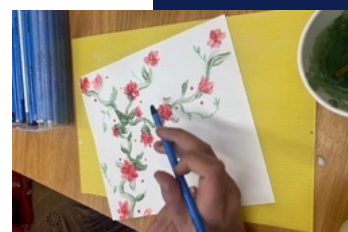


Masks

Getting up close to masks from around the world provided the inspiration for new creations.

Paint Making

Taking inspiration from handling rocks and minerals used for pigments, paint is made from egg yolks and used to create artworks.



CREATIVE ACTIVITIES



Folding Books

A perfect place to keep sketches of the museum collections in books made especially for the occasion.

Printing

Looking at pattern and shape throughout the collections to explore different printing techniques.

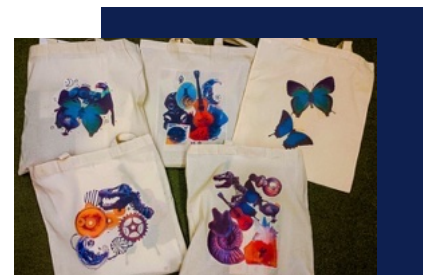


Behind the Scenes

With help and support from museum colleagues, special tours behind closed doors were delivered.

Tote Bag Collage

Collages created from images and photographs of the museums collections that are transferred onto a tote bag



”

She feels she can be herself in a safe and trusted space. The project is really well thought out and works perfectly for her.

Participant's parent

EVALUATION

In agreement with Response, the evaluation methods chosen were appropriate to the participants needs. A light-touch approach was needed to ensure that the museum environment stayed safe, comfortable and unmedicalised, while still being able to gather sufficient data.



Methodolgy

Quantitative

Participants filled in simple mood scales on postcards, which were anonymised, before and after each session. They also rated each activity.

Qualitative

Feedback forms at the end of each project for participants and their parents/carers. Observations were also made by staff during each session and informal feedback was discussed.

WELLBEING POSTCARDS

Discover & Create 8th June

At the start of today's session, please mark your response to the question below on a scale of 1-10

How are you feeling now?

1 2 3 4 5 (6) 7 8 9 10 very low positive mood

Please add any other comments

OXFORD Gardens Libraries & Museums ROTHSCHILD FOUNDATION

**Before
session**

**After
session**

At the end of today's session, please mark your response to the question below on a scale of 1-10

How are you feeling now?

1 2 3 4 5 6 7 8 9 10 very low positive mood

How much did you enjoy the activity?

1 2 3 4 5 6 7 8 9 10 not at all OK really enjoyed

Please add any other comments

10/10 VERY ENJOYABLE

OXFORD Gardens Libraries & Museums ROTHSCHILD FOUNDATION

FEEDBACK FORMS

Participants



RECONNECT
WHAT DID YOU THINK?

1 What did you enjoy most?

2 What was the most challenging thing?

3 What are you most proud of?

4 What didn't you enjoy?

5 What would you change?

Has being part of the project made you feel different than in the first?



RECONNECT
WHAT DID YOU THINK?

1 Has the project impacted your child (e.g. wellbeing, socialisation, confidence)?

2 Has the project impacted you?

3 What were the challenges for your child?

4 What were the challenges for you?

5 What could we do better for your child?

6 What could we do better for you?

Parents /Carers

Quantitative Data

A donut chart with a green segment representing 50% of the circle and a grey segment representing the remaining 50%.

**Average improvement
in mood**

A donut chart with a green segment representing 233% of the circle and a grey segment representing the remaining 23%.

**Highest individual
improvement in mood**

A donut chart with a green segment representing 9.3 out of 10 and a grey segment representing the remaining 0.7.

**Average activity score
out of 10**

Postcard Data

The data tracks the average pre-session and post-session score of the participants for each session across both iterations of the project. The graphs clearly demonstrate a significant positive effect on mood of all the participants during both projects, . All of the 16 sessions show an overall increase in mood, with the average session showing a 50% increase in positive mood. Data also showed the highest individual improvement in mood as 233%.



Wellbeing scores

Project 1

Average pre-session score

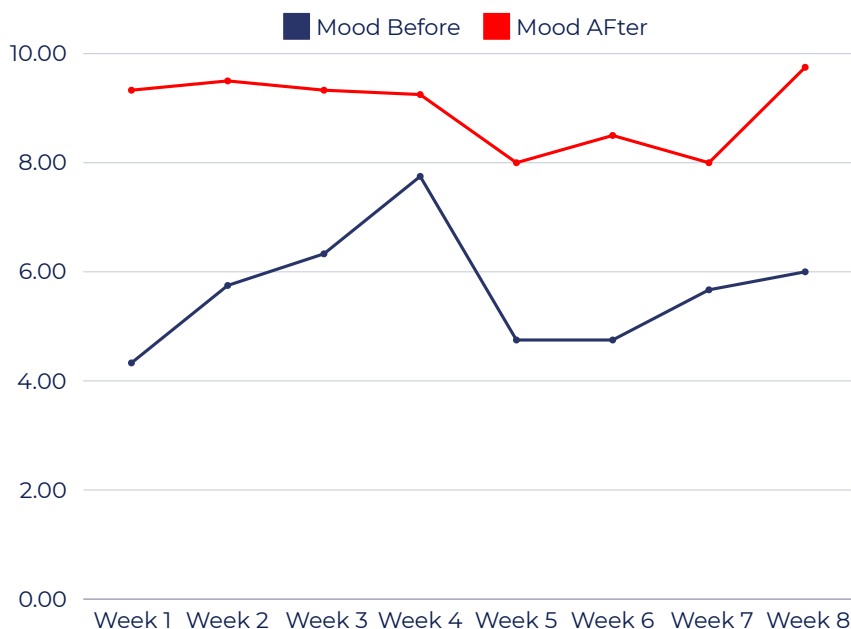
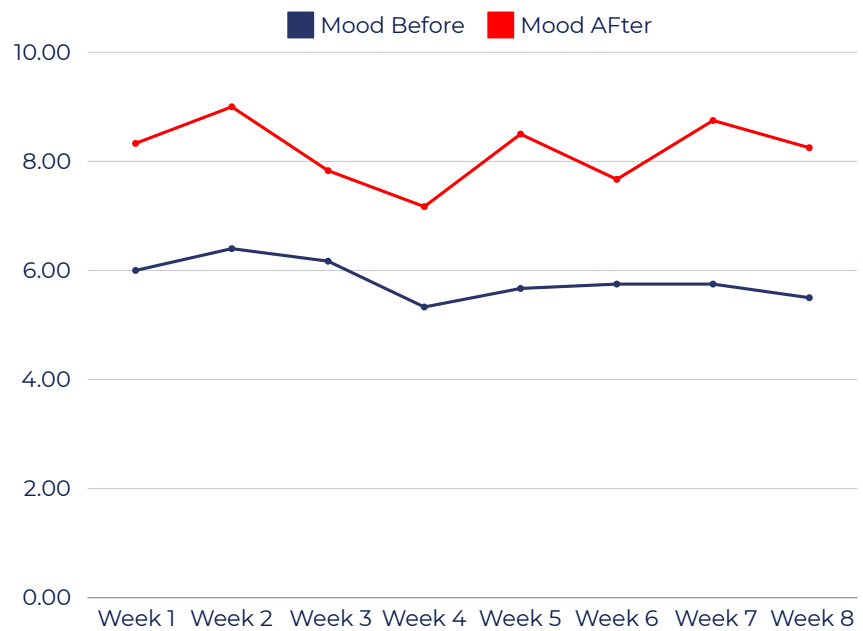
5.8

Average post-session score

8.1

Average percentage change

+41%



Project 2

Average pre-session score

5.7

Average pre-session score

8.9

Average percentage change

+58%

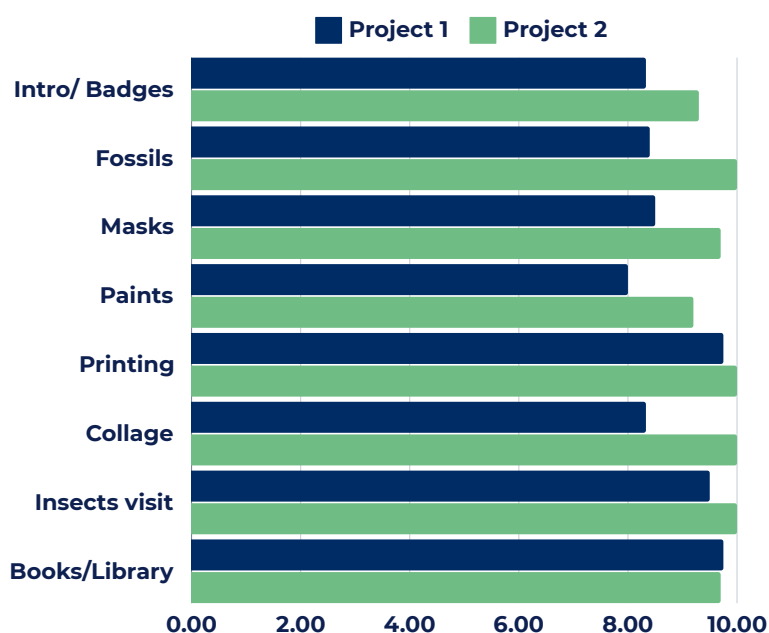
Activity Scores

The postcards also allowed evaluation of how well the participants engaged with the the activities in each session.

All the activities scored an average of 8 or higher.



Session Activities



Printing

was the the most popular activity across both with a score of 9.88.

Behind the Scenes

visits to the Entomology departments and Library also proved very popular with scores of 9.75 and 9.73.

Qualitative Data – Participants Feedback Forms



What did you enjoy most?

Responses

- *Museum parts, making the bags. Getting to touch objects, find out about the origins of things.*
- *I enjoyed being able to simply do art and crafts and try new things that felt enriching and fulfilling.*
- *Everything.*
- *Fossils and painting*
- *Talking and having free time to design my characters and vehicles.*



What was the most challenging thing?

Responses

- *Being in a group. Glad I'm here. Feel comfortable.*
- *I found the first session the hardest as meeting new people is a fear of mine but once I realised how welcoming & accommodating everyone was I felt much more relaxed.*
- *Talking to the other people.*
- *Taking part in activities.*



What are you most proud of?

Responses

- *Just coming here. Didn't talk as much as I wanted to.*
- *Showing up every week as I found it daunting to begin with but I persevered and really enjoyed it.*
- *Talking to [other participant]*
- *The talking. I didn't talk in the first week.*



What didn't you enjoy?

Responses

- *I don't think there was anything I didn't enjoy!*
- *Not much*
- *Nothing*
- *Nothing*

Qualitative Data – Participants Feedback Forms



Has being part of the project affected you?

Responses

- *Bit more confident in general. I can be in a group. That's fine. Happy I had something to look forward to.*
- *I had a very positive experience and had a lot of fun. I feel more confident in myself now as I pushed myself to meet/interact with new people and try new arts/crafts!*
- *I managed to talk to people. I can now get off a bus. I've gone into different parts of Oxford at different times. I went to the library.*
- *Better, happier*



What would you change?

Responses

- *Activities – more group focussed as I can't initiate conversation.*
- *Would have liked to go round the museum a bit more and exploring artifacts/exhibits but I really like how the group was run.*
- *Not much*
- *Nothing*



Qualitative Data – Parents/Carers Feedback Forms



How has the project impacted your child?

Responses

- 100% positive.
- More confident and to say things out loud when they know something.
- [They're] very happy to come. Although they hardly tell me anything, I can see they have really enjoyed it and I have heard them talk to others and laugh.
- Given her more confidence. Being able to leave her on her own and not needing me with her.
- After the 1st week, I had no trouble getting her here.
- She doesn't feel threatened or nervous and looks forward to coming.
- She is more chatty and receptive.
- About the same
- She used scissors on her own.
- They have been happier.
- Having something special in the week.
- He loves the museums and the magic of the buildings.



Has the project impacted you?

Responses

- Yes. Extra time with [my child]. Wonderful.
- It's given me the confidence that she has the capability to do stuff if she wants to.
- Such lovely staff, so aware of what our young people need. Able to have a drink and a chat in the café, talk to another parent, work, conference calls. Really helpful to have a list of other opportunities. Able to give meaningful feedback.
- Gives me hope. It's nice to see her learn.
- Enabled me to have time with her away from school in a very supportive environment.
- It's a treat to sit down.
- Talking to other people.
- It's helped me to be more confident.
- It's given her independence.
- Time for me to sit.

Qualitative Data – Parents/Carers Feedback Forms



What were the challenges for your child?

Responses

- *Being by themselves without me being with them and talking to people they don't know.*
- *Only attending 4 out of 8 sessions (due to other commitments).*
- *Attending on the first week.*
- *Anything new and different, meeting different people and the unknown.*
- *Did help that she had met [social prescriber].*
- *Overcoming fear to do something different.*
- *Coming into Oxford and taking the Park and Ride.*
- *The 1st session took it out of her.*
- *Not knowing anyone at the start. She overcame it.*
- *Leaving school early, but that has got better.*



What were the challenges for you?

Responses

- *None.*
- *Making sure she was calm on the journey to the museum and not panicking about being late.*
- *Taking time off work. Getting here with a broken wrist.*
- *Getting here - the location and no parking.*
- *Was nervous at first but am used to it now.*
- *Logistics, journey and family responsibilities.*
- *The wear and tear on [participant] after the 1st session.*
- *Juggling 2 children.*

Qualitative Data – Parents/Carers Feedback Forms



What could we do better for your child?

Responses

- *Great balance, art, museum, people. It's been fabulous. Being able to access a group is so precious. More??*
- *I think everything was done very well and made a safe space.*
- *Let him help [in future sessions]*
- *More of an introduction to the space and the other people.*
- *Pictures to set out the context more.*
- *It's been absolutely fantastic. She's loved it.*
- *People's names - this is who you will be meeting.*



What could we do better for you?

Responses

- *Nothing. Thank you! So much!*
- *We were kept informed and looked after very well.*
- *It was lovely. Thank you.*
- *It's been useful to have [social prescriber] bring her in.*
- *Introductions.*
- *Knowing who is who.*



For [the participants] to actually come out, use public transport, get themselves to the museum and be in a room with total strangers. And to find the confidence to make friends. It's a huge big step for them, a really huge step.

Social Prescriber



Additional Interview Feedback

As well as completing the feedback forms, the parents had an informal chat with a member of museum staff about how the experience was for them and their child. Below are some of the statements of impact that were made.



”

It's been just amazing for them. It's been fabulous. Coming in the first place is the hardest – once here they felt they can be. It's safe and relaxed. They don't have to speak to anyone.

Participant's parent

”

Enormous credit for having no expectations. He doesn't talk. The fact he stays in the room is enough. Joyous. Genuinely joyous.

Participant's parent

”

He wanted to come despite a terrible time at school in the morning. It's taught me that sitting in a room with other people is an achievement for him. Really proud. It's been amazing. Improved his confidence.

Participant's parent

”

Even just coming on a bus to get here has helped. Not as panicky. For the first week I couldn't leave the room or her side. Now she goes in and I go to the café.

Participant's parent

QUALITATIVE DATA – SOCIAL PRESCRIBERS

Following each session the museum staff and social prescribing link workers engaged in informal feedback. Post project feedback in the form of an interview with the link workers was also undertaken after project 1. Here are some key quotes from that interview



”

I went from not being able to look at or talk to me directly in week one to engaging with one of our curators behind the scenes and asking questions in week 8.

Museum staff

”

Two of my young people went back to school...the confidence built up by attending just gave them that confidence to step out and integrate themselves back into the school community, which is just amazing.

Social Prescriber

”

I think one of the big outcomes and definitely one of the most emotional moments for us, was the time that the parents actually left the room. It was really hard for everyone to let go, but I think both the young people and the parents knew it was a safe space for them to be.

Social Prescriber

”

The parents were bowled over by how much change they could see with their children and the fact that they were looking forward to the days of the project and wanting to come. I don't think the parents have experienced that for quite some time. I think that was really uplifting for the parents.

Social Prescriber

Key Learnings

01. Small projects can lead to big outcomes

Leaving the house, getting the bus, talking - all things which can be taken for granted, but which were huge achievements for the participants.. Providing an environment that was safe, supported and non-judgemental allowed for impactful interactions.

02. Plan to be flexible

The sessions had a set outline, but the content had to be flexible to allow the participants interests/needs to be met. Often issues about certain needs would only be discovered during the session, so activities had to be deliberately planned that could be changed and adapted on the spot.

”

It was so nice to see at the end where phone numbers were being swapped and arrangements were being made for the the young people to continue meeting up that that was just absolutely wonderful.

Social Prescriber

03. Staffing

Two members of museum staff alongside two professional mental health support workers are needed for the project to run. The young people's link workers took part in each session, providing familiarity and allowing the participants to feel supported and safe. When there were issues which occurred regarding the participants mental health, there were professionals able to deal with them. This ratio also allowed for participants to decide if they wanted to leave or stay for any activities that took place outside the room, always leaving one member of museum staff and one professional mental health support worker with each group.



Key Learnings

04. Wellbeing in non-medicalised spaces

There was no judgement and no expectations within the project. The participants were allowed to take part as much or as little as they liked, talk if they wanted to or just be by themselves. The museum spaces, particularly those away from the main galleries, provided a welcoming, non-medical/therapeutic environment where the young people could just be themselves.

05. Interaction within safe boundaries

Often participants expressed that they wanted to interact more with their peers, make friends or just talk in sessions. Staff were able to change and alter activities, for example specifying seating arrangements or ensuring some activities required two people to work together, to allow the participants to practice or develop these interactions.



[The project] has given me hope. It's nice to see her learn and enabled me to have time with her away from school in a very supportive environment.

Participant's parent

06. Parents/carers are also an audience

This can be an opportunity to provide respite and support to parents/carers. Even the journey to and from the museum can provide opportunities for parent/carers to talk with their young people about things other than their mental health issues. Participants often need parental support in the early stages. Week on week, however, the adults were gradually able to leave the young people and use vouchers for the museum café where they were nearby if needed but crucially, could experience some downtime and chat to other parents/carers.



Key Learnings

07. Partnership working

Partnership working is key to the success of the project. Having professional mental health staff alongside to help shape and support the project, as well as ensuring the correct safeguarding and GDPR procedures are followed and maintained, were crucial.

08. Pre-session information

Participants need information about the venue and contents of the sessions prior to the project starting. Familiarity visits to the venues can also be offered beforehand to help relieve anxieties.



Just tell them (funders etc) how important it is to participate when the only objective is to make them feel better and be part of something.

Participant's parent

09. Room layout

Ensure the space is flexible enough to allow group participation, but also have designated spaces for participants to work on their own. Consider how the layout can also be used to help facilitate conversations and connections between participants.

10. Choice within a framework

Giving the young people a choice and a say in the project is essential, but this needed to be done within a framework where they felt safe to be able to make choices. Their control came in if and how they took part in the activities, rather than in choosing the activities themselves.



Summary

Having run 2 iterations of this project with similarly successful impacts for the young people participating, we are confident that this model works for young people experiencing mild-moderate mental health difficulties and it could be replicated in other cultural spaces. It was clear that it needed to be incredibly flexible in order to provide a safe, secure and non-medicalised space for young people with a variety of different needs and interests. There were no specific set outcomes, simply hoping the young people would enjoy the sessions and then return for the next one.



”

**[I'm most proud of]
showing up every week as
I found it daunting to begin
with but I persevered and
really enjoyed it.**

Project participant

There were tangible outcomes, such as two of the young people going back to school and one into employment, but the more intangible changes were just as important. The realisation of just how much of an achievement it was for the young people to simply turn up made any other achievements they made during the project even more worthwhile. Being able to create an atmosphere within the museum spaces where the young people could simply turn up and be themselves allowed Discover and Create to be an emotional, but incredibly rewarding experience for all those involved.



UNIVERSITY OF
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**Gardens
Libraries &
Museums**

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Programme 3

Monday Morning Music

Adults with physical
and learning
disabilities, mental
health challenges
and dementia.



Monday Morning Music

Oxford Community Services

Funded by Gardens and Libraries of Oxford (GLAM) with thanks

Oxford Community Support Services

The Monday Morning Music Group took place weekly at Oxford Community Support Services day centre between August and December 2023. The day centre is dedicated to supporting adults with physical and learning disabilities, mental health challenges and dementia. They provide a range of activities and services to help people stay healthy, independent, and engaged and their approach is person-centred with an emphasis on tailoring their care to everyone's individual needs.

"Absolutely brilliant. Everyone is engaging well, even people who don't communicate verbally are showing their enjoyment and engagement through body language and expressions."

Staff member
Oxford Community Support
Services

Music Therapy Group

The Monday Morning Music Group consisted of twelve service users who regularly attended the session and around five staff members who were there to support group members to be engaged and involved in the group. The sessions were facilitated by Laura, an HCPC registered music therapist from Chiltern Music Therapy.

Sessions lasted for one hour and included a variety of different songs, activities, exercises, and music listening. The therapist adopted a client-led approach and endeavoured to tailor the content of the session to the individual needs of the group members by adapting songs, lyrics and activities and often going round the group and working with each person one-to-one to maximise engagement. This ensured everyone's involvement in the sessions and allowed the therapist to be attentive to the individuals physical and cognitive differences within the group.

The focus of the group was to improve and enhance the wellbeing of its membership. Sessions were fun and engaging but also aimed to improve communication, speech, quality of life, motor skills, connection, attention and listening skills, creativity, and memory. The therapist began each group with a welcome song, designed to orient the individuals in the session and let them know that it was starting. In a similar vein, each session was closed with a goodbye song, flanked by verses and chorus of Let It Be.

The rest of the session was filled with a combination of well-known familiar songs that the therapist would either sing or play the recording of. These were primarily chosen by group members with the occasional suggestion from the therapist or other staff members. This enabled choice making and a sense of ownership and control over the sessions for the individuals.

More structured and interactive songs and activities were also utilised to encourage turn taking, listening skills, and encouraging interaction between group members with support from the staff and therapist. Everyone was encouraged to play instruments such as drums, shakers, guiros, tambourines etc. and if this was not possible due to physical needs, then the therapist adapted the songs to accommodate use voice or hand clapping instead.

Therapist observations

Over the course of the twelve weekly sessions, it was clear to see that progress was being made in a variety of ways. Due to the varied and complex needs of the group, this looked different for each individual but overall, the impact felt significant.

It is the therapist's opinion that the consistency and regularity of these sessions, together with the relationships between the individuals, staff, and therapist, resulted in a strong and stable foundation for several benefits to be reaped. Group members looked forward to the group each week and the level of engagement and energy shifted over time. In early sessions there were a few group members who were quite reserved and withdrawn and as the weeks went by there was a sense of recognition and excitement for the session. Keeping the routine, music, people, room, instruments familiar and consistent allowed group members to feel secure and provided a base for confidence and higher levels of participation.

'All group engaged. Facilitator gave individual attention to each group member and adapts music to their need. Some participants who historically have low engagement in activities excel and engage fully with music.'

Staff member
Oxford Community Support
Services

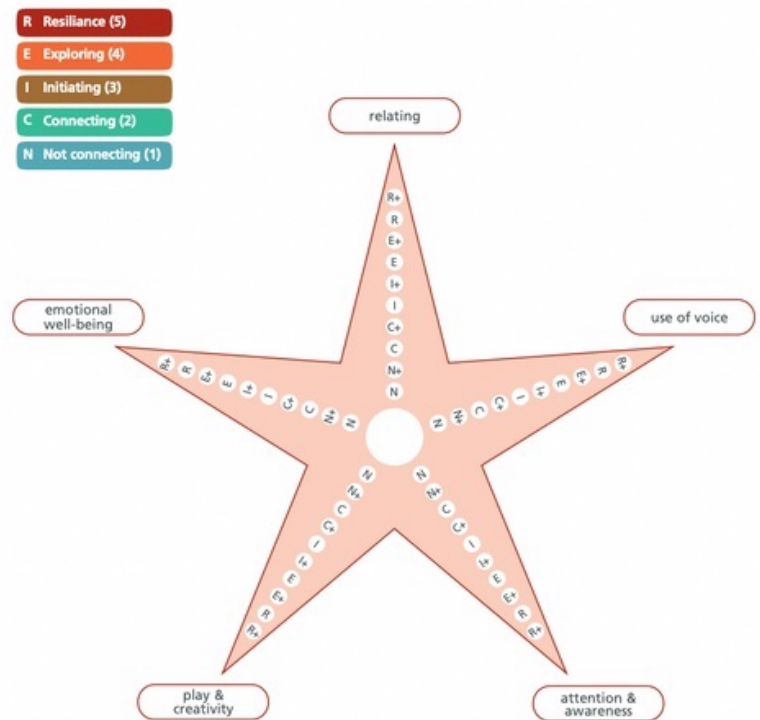


Outcome Stars

The therapist utilised an outcome measure called The Music Therapy Star to assess the development of each individual group member in the following areas:

- Relating: relating to other people
- Use of voice: expressing themselves with their voice
- Attention and awareness: Focusing on an activity
- Play and creativity: learning and fun through play
- Emotional well-being: being at ease and expressing feelings

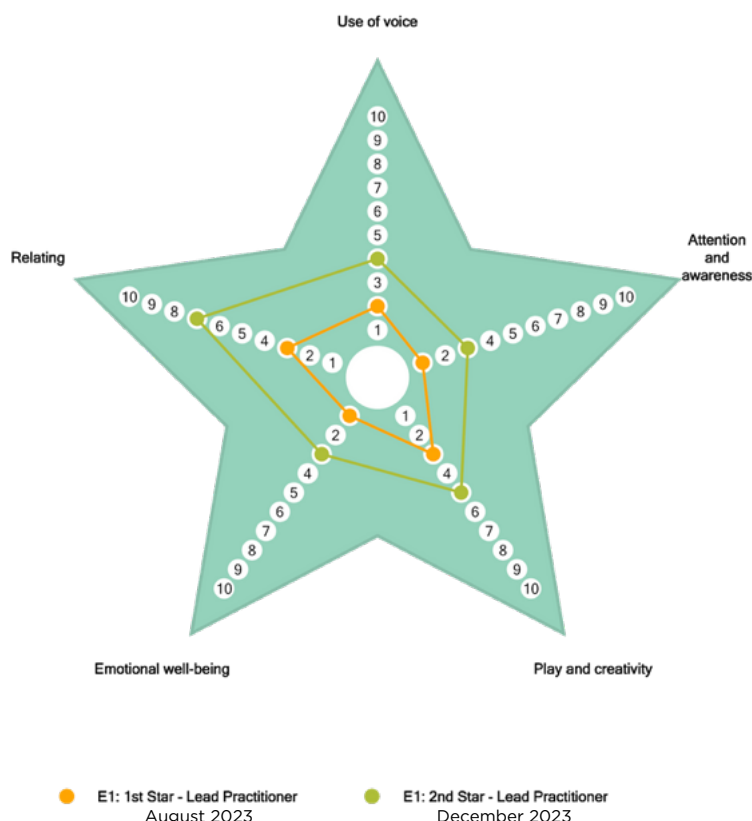
You can see these plotted on each point of the Music Therapy Star



The scale that then runs from the centre out to each point is based on the following five stages

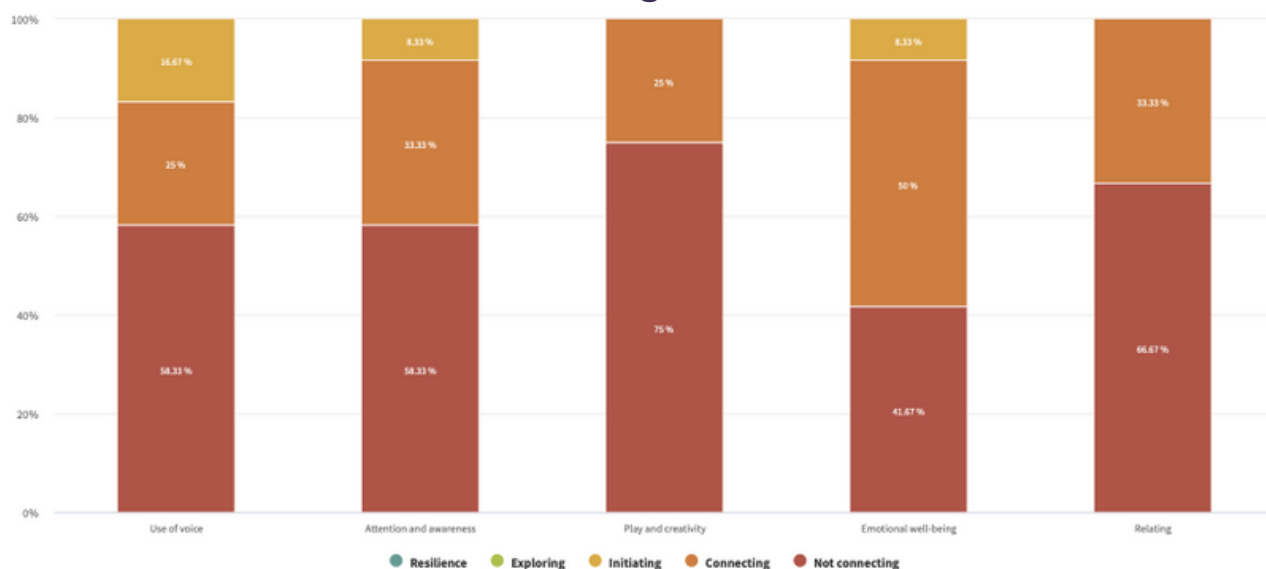
1. Not connecting: no sense of self (N)
2. Connecting: finding a reflection in the world (C)
3. Initiating: emerging sense of self (I)
4. Exploring: strengthening sense of self (E)
5. Resilience: strong sense of self (R)

Each of these have an accompanying “+” indicating an incremental scale to provide more accurate readings. The therapist plotted a measurement based on her experience with the individual within the music group in both August 2023 when the group was in its early stages and December 2023 towards the end of the twelve sessions. These measurements have been displayed in graphs to simply show the improvements and developments made on the group as a whole.



When viewing this data, please keep in mind that the graphs are showing an average and not measurements for individuals within the group.

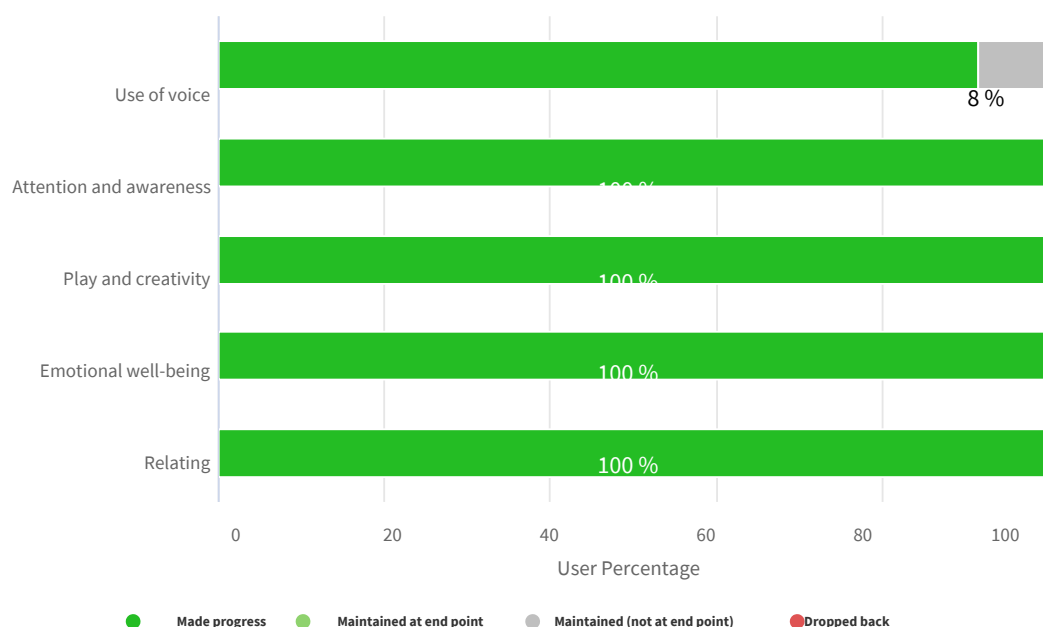
Percentage of people at each increment of the five outcome areas on the star in August 2023

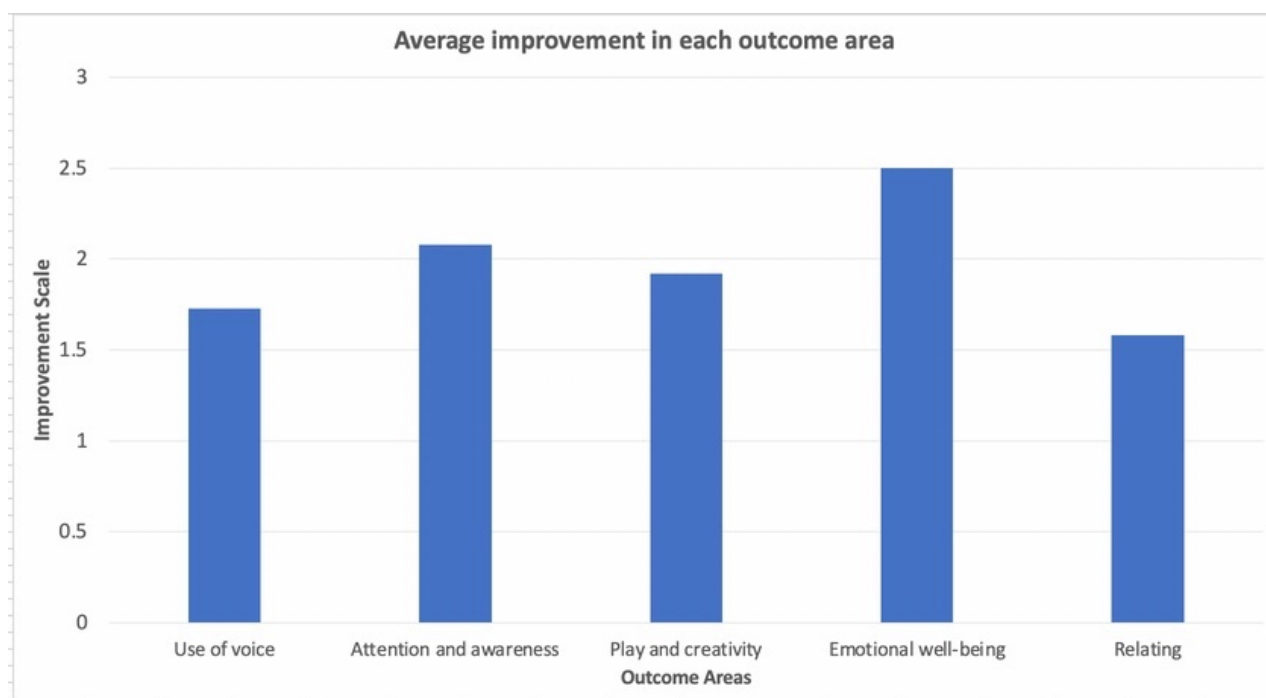


Percentage of people at each increment of the five outcome areas on the star in December 2023



Percentage of people who have made progress in each outcome area





Staff Feedback

1. “Absolutely brilliant. Everyone is engaging well, even people who don’t communicate verbally are showing their enjoyment and engagement through body language and expressions.

S seems to know it’s a Monday and that Music Therapy is happening. R mentions ‘Mum’ during music and seems to relate the two. M expresses his emotions through the music and use of instruments. He is calmed by the music and will close his eyes. S seems to be anticipating what is next when she hears her name. T laughs when engaging. A appears more focussed and engaged during the session.

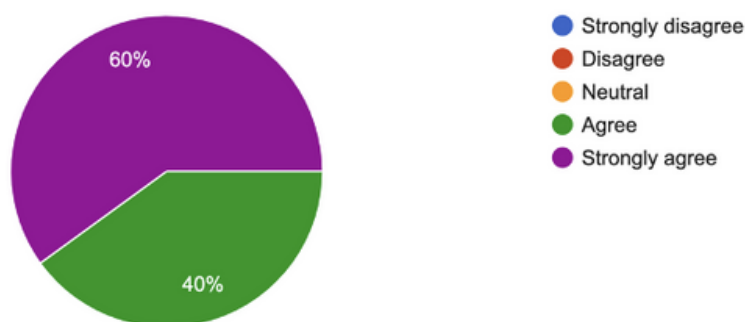
When asked to stop, everyone stops at the same time. They engage well. Everyone is happy, communicating on a different level and laughing. No rushing. They are taking turns and calm. Everyone waves goodbye at the end.

Excellent session!”

2. ‘All group engaged. Facilitator gave individual attention to each group member and adapts music to their need. Some participants who historically have low engagement in activities excel and engage fully with music. Laura is an understanding and holding facilitator’

To what extent do you agree with the following statement: 1. The music group has benefitted the group members

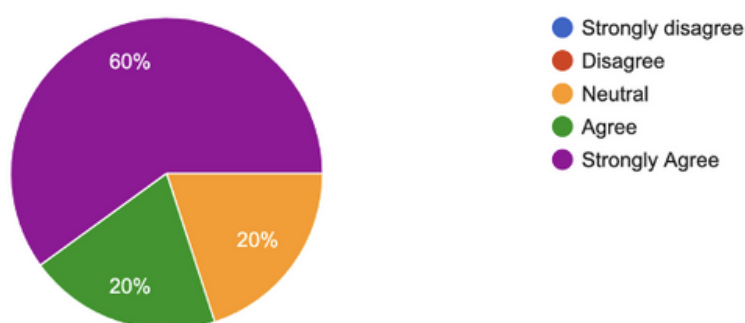
5 responses



1. As support worker I can see the music therapy session is benefitting the people we support who have been having music therapy and they are gaining confidence and really interacting within the group and the music therapist and are enjoying themselves.
2. I observed each of the people attending engaging in some way throughout the session. Laura went round each person individually and made the person feel involved in the session by either mentioning their name or offering an instrument. The body language and facial expressions of people was clear to see that they felt happy and engaged.
3. The group always enjoy this session and they love the therapist she involves everyone, and everyone is in a positive mood after this session.

To what extent do you agree with the following statement: 2. The content of the music group was tailored appropriately to the individuals' needs

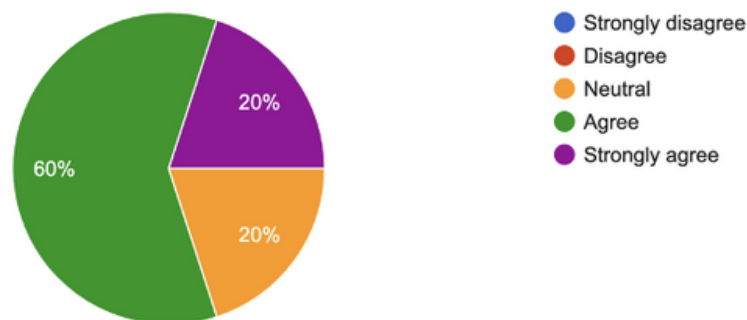
5 responses



1. The music therapist Laura is very good at engaging and working at the level of each individual needs and tailors for each individual whilst engaging in the group session.
2. Laura can see the persons strengths and limitations and adapted her style to suit everyone. The staff supporting were then able to assist the person to be involved the best way they can.
3. Even though we are a group she always gives each person her time in the way they need
4. Laura always addressed the individual person by name, they felt they could give their likes and dislikes and they were listened to.

To what extent do you agree with the following statement: 3. Individual's level of engagement within the music group was greater than that which they display outside the group

5 responses



1.Yes, they are interacting and engaging more and listening and communicating more.

2.This is difficult to answer as the people who attend the day service are involved with other activities that they engage with; however it was clear to see that everyone who attended was fully engaged throughout the session.

3.They enjoy Laura's ways of making the whole group feel included and individuals Everybody supported each other especially with instruments and turn taking.

Conclusion and Recommendations

From the positive feedback and improvements shown from the data collected it can be concluded that this music group has been beneficial to the individuals who attended. All twelve of the group members showed developments in not just the areas shown on the outcome star but in other ways too. In terms of mental wellbeing, it is the therapist's opinion that the individuals appeared to be happier and as a result were able to engage and interact with each other more. The enjoyment and infectious energy from the group as a whole made for a warm, inviting and productive music group which was looked forward to each week by all. Ongoing sessions would enable the therapist to include further musical activities which would continue to be tailored towards the individual needs of the group.



Programme 4

The Box Project

Adults with Mild
Cognitive Impairment
(MCI).

OUTSIDE THE BOX



This programme, run in partnership by the Oxford Playhouse and the Museum of Oxford offered 8 free creative sessions for wellbeing for people with Mild Cognitive Impairment or memory difficulties. Recruitment and evaluation support was contracted through the Nuffield Department of Primary Care Health Sciences, in particular, the Centre for Evidence-Based Medicine (CEBM). The sessions introduced different creative modalities in turn, such as art, movement, music and spoken word.

Feedback for the programme was collated through cards assessing wellbeing factors such as mood and feelings of connectedness, plus a video capturing the words of participants themselves. Ethics consent was approved and obtained by participants. Feedback was also collated by the facilitators.



Outside the Box



At the start of the session, please mark your response to the questions below on a scale of 1-10

How are you feeling now?

 1 2 3 4 5 6 7 8 9 10 
unhappy happy

How connected do you feel now?



 1 2 3 4 5 6 7 8 9 10 
alone and remote connected to the world

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Outside the Box

At the end of the session, please mark your response to the questions below on a scale of 1-10

How are you feeling now?

 1 2 3 4 5 6 7 8 9 10 
unhappy happy

How connected do you feel now?

 1 2 3 4 5 6 7 8 9 10 
alone and remote connected to the world

Please add any other comments

Read more about the project and watch the video here:



<https://www.oxfordplayhouse.com/news/outside-the-box>

Feedback - participant

“One thing I noticed was the Box that we got that we had to paint- that reminds me of all the things we did and the people I met. It’s made me realize that I just need to be doing things. I thought that box was a really good idea. I thought it worked quite well. I mentioned the project to my oncologist at the Churchill Hospital.

“Someone referred me from the doctors and I was a bit sceptical about it- that’s got be thinking |I’ve got to do some charity work. I’ve got to be doing things. I wasn’t ready for retirement it was taken away from me. When I was just out of hospital, I used to find it difficult to have conversations on the phone because I would hesitate about things- it was challenging.”

“I thought the music was good – he (Luke) was really good. A lot of people want to do music. I love to play the piano. I’ve got an interest. I thought it was really good. I think there’s a lot of people that are musical but never get around to it

“I enjoyed the art session the most because it took me to a place where I was- I went to art school it took me back to that. It’s a bit of a challenge to start with, but when you’ve finished it and you looked at it and it’s great – it’s an accomplishment

“I would say that if you’re doubtful about it - just go along and give it a go.”

Feedback – Beth Sedgwick, Oxford Playhouse

“I really enjoyed meeting the participants and working with the facilitators. I felt on the whole the facilitators had a great sensitivity to the participants and the video we made was a reflection on the positive impact I felt the project had. A bit more information for them about MCI might be useful to further help with planning. I also have the following reflections:

- I think session evaluation purposes could be made clearer to obtain clearer data about the impact of creativity on wellbeing (or run internally by partners. An external academic element was not effective in its aims or outcome)
- I think hiring someone to co-ordinate sessions would be useful as I spent a lot of time organizing invoices/contracts/taxis’ and being contacted by participants on top of my job.
- Clearer definition on what ‘good’ impact and ‘wellbeing’ is viewed as I think with multiple partners this was not sufficiently defined.
- Exclusion of ‘spoken word’ session to keep sessions immediate rather than reminiscences.
- How can we reduce paperwork at the beginning of session (i.e. done before or on an ipad?)
- A log book between sessions to keep up stimulation is a good idea based on participation feedback.
- Less additional staff could attend, so as not to overpower participants.
- The project could establish a specific and detailed recruitment plan or blueprint to recruit participants of specific needs (e.g MCI) would be very useful for project managers perspective.

- Monitor and start recruitment earlier, particularly for participants with cognitive difficulties! Maybe a visit to a MCI clinic?
- Collaboration directly with link workers for the duration of the project?
- More detailed qualitative thoughts on sessions could be collected (not just on video)."

Feedback – Luke Newby, Music practitioner

"I really enjoyed the Box project. I felt so many amazing moments of connection with everyone in the space and loved collaborating with the different artists. I felt that the open nature of the project allowed for creative expression, a promotion of agency and the facilitation of a sense of community and well-being.

Positives:

"I found the Memory Box project to be a very open and free creative space. I loved the flexibility to shape the workshop in a way that responded to the participants. I feel that this openness and flexibility facilitated many opportunities for participants to express agency which was a huge positive for me. I think the fact that everyone on the team approached the project with similar values (collaboration, co-creativity and equality) meant that participants really felt that their voices were being heard and valued.

"Participants spoke about "feeling connected". I also felt a real sense of community and connection in the room. I felt participants were able to express themselves in ways that sometimes surprised them or their partners/carers; being in a creative space allowed people to explore new sides to themselves. There was so much laughter and joy during the session and I found the session to be a really safe space that positively impacted my own well-being.

"I also really enjoyed the collaborative nature of the project and the opportunity to work with other artists was very inspiring."

Challenges:

“I found the beginning of my session slightly challenging. People arrived at different times and there were several pieces of paperwork to complete. We were also incorporating a social element with tea and coffee into this time. This meant that everyone was ready for the session at different times. Because this social/admin time was taking place in the same space as the workshop I found it difficult to bring the group together into a creative space at the beginning of the session.

“Another challenge I had was incorporating the wealth of possible creative stimuli into the session. We ended up using the words created with Pat, which I really enjoyed, but which meant we did not have time to really explore the objects from the museum.

“A final challenge was ending the session, the two factors I speak about above meant that there was slightly less time than I planned and also more material than I could include. We rounded off one part of the session and I was unsure about starting something new as we had reached the designated finish time. In the end I felt I slightly lost the group in this moment which resulted in a fragmented ending to the session.”

Potential improvements:

“I found this project to be hugely rewarding and creatively satisfying. However, it is always good to look ways to adapt and my suggestions are:

- Having a tour of the museum with all artists and participants. It is a beautiful space and I would have loved to explore it further.
- Having an accessible way of sharing material with participants between sessions. This might inspire them to bring something to the session as well as being another moment of connection and stimulation.



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