

PROJECT AIMS

The project aims to scope, design and pilot three training courses across the London boroughs of Southwark and Merton, for the three different professional groups who are involved in social prescribing of arts and cultural activities:

- 1) Arts & cultural organisations and independent artists;
- 2) GPs;
- 3) Link workers and social prescribers

Through these training programmes we aim to support this complex, cross-sector workforce in developing practical skills as well as building a rich inter-professional community, who understand each other contexts and how to communicate effectively with each other, as well as with the people who are being referred to them.

METHOD

The project has three stages:

STAGE 1: NATIONAL & LOCAL SCOPING (APRIL 2020 - JULY 2020) - COMPLETE

This scoping phase involved consultation with a steering group and national partners including: NHS England, National Academy for Social Prescribing, Royal College of Nurses, Royal College of General Practitioners, Arts Council England, APPG on Culture, Health and Wellbeing; and a series of three focus groups with artists and arts organisations; linkworkers; and GPs in Southwark and Merton to understand needs and challenges of the professional groups we are planning to work with.

STAGE 2: DESIGN (AUGUST 2020 - JANUARY 2021) - COMPLETE

In this phase we designed the training courses and an evaluation strategy. Here, we looked at the information gathered through the national and local consultation, working as a team to build a modular training programme that addresses the needs identified for each of the professional groups, as well as for the efficient running of social prescribing in Merton & Southwark in general.

STAGE 3: DELIVERY & EVALUATION (FEBRUARY 2021 - MAY 2021) - ONGOING

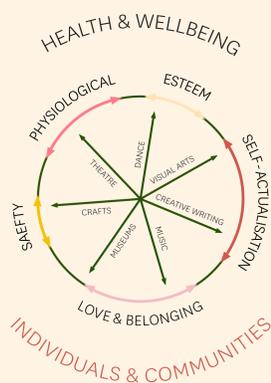
All three programmes were delivered over the same four weeks in February 2021, allowing there to be cross-pollination across all three groups from week to week, and culminating in a joint module where all three groups came together. The timing, length and content of the courses was all informed directly by the themes and needs that emerged from the focus groups. Pre and post course surveys were completed by all participants directly before and after each module, and two-month follow up surveys and interviews due to happen in April 2021 will aim to explore more lasting changes, as well as the broader impacts of the training programme on social prescribing across the boroughs. The immediate pre and post course surveys have not yet been formally analysed but initial impressions are shared in the key findings section below.

KEY FINDINGS

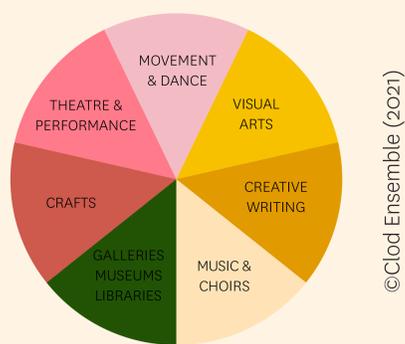
By February 2021 we have completed stages 1, 2 and part of stage 3. The final module was delivered on Thursday 25th February, and we are due to complete the final stage of evaluation in April 2021.

STAGES 1 & 2: SCOPING & DESIGN

Through the national and local scoping activities the key issues that were highlighted included: a lack of understanding from all sides about how arts and cultural activities could support clients and how to communicate this; uncertainty about client suitability for projects; lack of clarity about referral pathways and mechanisms for social prescribing, including how artists / arts organisations, social prescribers / link workers and GPs could actually communicate with each other.



[Figure 1]



[Figure 2]

Through this stage it became apparent that it would be valuable to create a simple framework for articulating the value of arts and cultural activities within social prescribing; as a way to support the creation of a shared language across the professional workforce involved in this area. In the focus groups we were interested to note how often "Maslow's hierarchy of needs" was mentioned by linkworkers and GPs, as a guiding framework for how to make decisions about what support could be offered to clients. In the context of arts and cultural offers, however, we felt this hierarchy was less useful or applicable, and could in fact be limiting - as such arts/cultural offers often work on many of the levels of the pyramid simultaneously, with them feeding in to one another. Equally, whilst research shows* that these needs are universal - crossing cultures and individuals - the order in which these needs are met had little impact on people's satisfaction with life. With all of this in mind, we reconceptualised the pyramid into a multi-directional circle [Figure 1], with all elements feeding into each other, and with arts and cultural activities in the centre and able to support any one of these elements [Figure 2].

* Tay, L., & Diener, E. (2011). Needs and subjective well-being around the world. *Journal of Personality and Social Psychology*, 101(2), 354-365.

* Wahba, M., Bridwell, L. G. (1976). Maslow reconsidered: A review of research on the need hierarchy theory. *Organisations behaviour and human performance*, 15(2), 345-365.

PROJECT TEAM

Performing Medicine

Professor Suzy Willson, Artistic Director
Bella Eacott, Research Manager
Carly Annable-Coop, Programme Manager

Jo McLean, Executive Director
Dr. Amy Mallett, Associate Artist

Performing Medicine is a Clod Ensemble initiative www.performingmedicine.com
Twitter: @PerformingMed1 | Email: admin@performingmedicine.com



STAGE 3: DELIVERY & EVALUATION

The artists and arts organisations and the link workers were offered 4 modules, which shared the same titles but were adapted to the needs of each group. GP's were offered Module 1, 2 and 4.

MODULE 1 Arts, health & social prescribing	MODULE 2 Practicing well and working with each other	MODULE 3 Articulating your offer	MODULE 4 Making connections
ARTISTS & ARTS ORGANISATIONS 22 participants completed all four modules			
88% of participants expected to make use of the ideas and rather than / techniques explored through the course in their work; and 12% were not sure.			
97% of participants rated the module as very useful, fairly useful or useful (3% as not very useful).			
Key takeaways for artists and arts organisations:			
<ul style="list-style-type: none"> - Clarification of the processes, roles/responsibilities and mechanisms involved in social prescribing, and how these work in practice - An understanding of the linkworker role and the challenges they face in meeting the complex needs of clients - The importance of clear, concise and accessible language when articulating and communicating social prescribing offers 			
LINKWORKERS & SOCIAL PRESCRIBERS 18 participants completed all four modules			
77% of participants expected to make use of the ideas / techniques explored through the course in their work; and 13% were not sure.			
100% of participants rated the module as very useful (34%), fairly useful (18%) or useful (48%).			
Key takeaways for link workers:			
<ul style="list-style-type: none"> - A broadening understanding of the health benefits of engaging in arts and cultural activities and how these can be meaningful even to clients experiencing acute difficulties - An awareness of the challenges facing artists and arts organisations when developing social prescribing offers - Knowledge of socially prescribed arts and cultural activities available both locally and beyond - An increased confidence in how to start conversations around arts and culture with clients 			
GPS 1 participant completed Module 1 and the final, joint module			
The timing of this course coincided with the vaccination programme so 6 GP's who had intended to attend were unable to. The GP from Merton attended module 1 and 4.			
Key takeaways for GP's:			
<ul style="list-style-type: none"> - Importance of communication channels between linkworkers and GP's - Rethink which patients might benefit from being referred to a link worker and arts projects - Need to raise profile of benefits of arts and culture projects among GP's 			
MAKING CONNECTIONS			
The final module brought together all the linkworkers, artists and arts organisations, and the GP who attended the previous modules. 100% of participants expected to make use of the ideas / techniques explored through the full programme (all four modules) in their work. In particular, participants felt they would draw on ideas around prioritising self care; how to communicate information with each-other (inter-professionally) about offers; the importance of networking as well as the value of the framework presented in offering a new way to articulate the benefits of arts and cultural activities.			
When asked for suggestions of elements or modules within the programme that could change, and why, some participants wanted more break out sessions and some wanted less; they wanted more networking sessions and earlier on; and generally more chances to speak with each-other, and for longer.			
When asked about the impact of the programme on their professional development as individuals, on their clients and service users, and on social prescribing in their borough as a whole, participants gave the following feedback:			
<ul style="list-style-type: none"> - "[I am] re-energised for using arts" - "Better awareness of how to approach arts & health projects, from co-design to recruitment." - "I will reflect more on my working techniques and whether they are healthy in the long-term... I recognise that I should be more considered with my time and breaks." - "I think I had written off these sorts of [arts-based] groups for some individuals before these sessions. It has made me rethink and reflect on lots of people who I missed an opportunity to refer out to such groups so far." - "Better connections between the health and arts sectors in these areas." - "The Programme was great, thoughtful and generous - wish all these different groups of people could meet and share more often. Thank you Clod Ensemble for organising." 			
KEY TAKEAWAYS			
Whilst the formal evaluation of the programme is still ongoing, it is apparent that there is a great need for interprofessional training of this kind to support the growing social prescribing movement, and to connect the different professional groups involved. Participants highlighted the importance of incorporating self-care practices for both individuals and across team cultures; the value of networking, brokering and co-creating social prescribing offers that best meet the needs of clients whilst utilising local resources; and the use of case studies and participant testimonial as powerful tools when telling the story of social prescribing and its impact.			