THRIVING COMMUNITIES BRISTOL

Evaluation Report

September 2022

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creativeShift CIC UWE
Arts for Wellbeing Bristo





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SUMMARY

Thriving Communities Bristol developed partnerships between grassroots organisations with the aim of improving practice and knowledge of social prescribing in the city.

Between June 2021 and June 2022, the project's partners identified need and developed six innovative social prescribing programmes involving aspects of art, nature, and physical activity. Participants from targeted groups, such as women experiencing chronic pain, carers and children, and young people experiencing anxiety were referred to the activities by health professionals.

Project partners reflected on the processes involved and evaluated how and whether the programmes improved participant wellbeing.



SUMMARY

The partnership network established has led to further collaboration and successfully funded activity using local and community assets. Programmes were well received by participants who **experienced improvements in mood**, **attention**, **and loneliness**. They described feelings of **increased social connection**, **self-efficacy**, **confidence**, and moments of **awe**, **beauty**, and **'escape'**. They valued the sense that activities took place in a safe space, that was created and held by trusted specialist facilitators.

These successes should help lay the foundations for future work in this area. But our report also illustrates what is needed to sustain such work. It highlights a need for the artist facilitator role to receive greater recognition in social prescribing models and for further support and training for facilitators. It identifies where pathways for communication and responsibility and processes must be established for outcomes to be sustained and evaluated in the longer term.



THRIVING COMMUNITIES BRISTOL

Project Background

Thriving Communities Bristol brought together partners working in arts and culture, nature and physical activity and social prescribing. It was funded by the National Academy for Social Prescribing Thriving Communities fund, with match funding from Bristol Beacon, Age UK Bristol, and Bristol Culture.

Lead organisation, CreativeShift CIC, have 15 years' experience delivering creative wellbeing activities to adults experiencing isolation and mental health challenges across Bristol. Their pathway model connects primary, secondary and community health through bespoke arts interventions delivered in the community and support for people to engage with wider community assets and services. Their work has been integrated into the local social prescribing framework since 2013. This project built on their experience. Partners were brought together to develop, trial, and test a range of bespoke ('test and learn') arts-based programmes targeting specific groups and featuring movement, nature, and play as their key components.

The project was evaluated through qualitative and quantitative analysis of the experience and impact of the programme on participants' wellbeing and social connection. The process was evaluated through analysis of feedback and reflective discussion with partners.

AIMS OF PROJECT

The aims of Thriving Communities Bristol were to:



Strengthen the range of social prescribing activities offered locally.



Enhance collaboration and networking between local organisations.



Connect people to creative community activities and services that would support their wellbeing.



PARTNERS OF PROJECT



creativeShift CIC Trinity Centre

Arnolfini Knowle West Media Centre

Bristol Culture Bristol Beacon



Southmead Development Trust

Knowle West Health Park

Wellspring Settlement



Wesport

WENP Social Prescribing Practitioners Network

Age UK Bristol



University of the West of England's (UWE) Psychological Sciences Research Group provided research and evaluation expertise.

ACTIVITY AND OUTPUT



We ran **5** focus groups with participants and **2** skill share sessions with project facilitators and artists.



We delivered **72** sessions in total, and held **10** board meetings to shape the project & share learning.



We co-created **6** bespoke test & learn sessions, and sustained **4** projects as a result of partnership.



ACTIVITY AND OUTPUT

68 Participants

105
link worker referrals

6SP projects developed

PA

13
Partners

36
link workers
engaged



SP projects sustained/created

THE PROGRAMMES

Sound of the Forest

A programme for young people aged 8-11 experiencing mental health challenges who were referred by Young People link workers from Southmead Development Trust. It was co-designed with link workers and co-delivered by forest school and theatre practitioners in local woodland. Participants spent two hours each week after school exploring nature connectedness, forest school activity, and creative activities such as poetry and sound recording. The theatre practitioner worked with the children to create an audio walk of the woods.



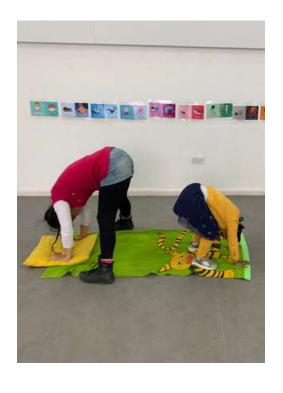
Art in Nature

A programme for adults experiencing mental health challenges referred by link workers from Southmead Development Trust. Sessions were delivered weekly for two hours at Bristol Culture's Museum site – Blaise Museum and Dairy Garden. Each themed session was facilitated by a socially engaged visual artist and a nature practitioner, and featured art-making activities inspired by nature.



THE PROGRAMMES

Community Play



A programme for parents and caregivers of lockdown babies and young children affected by isolation during the pandemic.

Participants were referred via link workers from Central Bristol Children's Centre. Sessions took place weekly for two hours at Trinity Community Arts venue and encouraged creative play in natural surroundings between parents, carers, and their children.

Make Ease



A programme for adults experiencing mental health challenges who were referred by link workers from Knowle West Health Park.

Sessions were delivered weekly for two hours at Knowle West Media Centre. They were facilitated by a socially engaged visual artist and a producer from Knowle West Media Centre. Activities combined visual art and digital fabrication activity and involved techniques such as collaging, pattern making and laser cutting.

THE PROGRAMMES

Gentle Creative Exercise

A programme for women referred by link workers from Wellspring Settlement who were experiencing ongoing health conditions, such as chronic pain and mental health challenges.

Sessions took place at Trinity Community Arts and brought together a dance artist and a visual artist to explore different ways of moving and dancing for those with limited mobility. A seated warm up and seated or standing creative dance activities were interspersed with a themed visual arts activity. Sessions ended with a short, facilitated reflection and chat over tea.



Wellbeing through Nature's Beauty

A programme for adults experiencing mental health challenges. Participants were referred by link workers from Knowle West Health Park and local VCS group Man Alive. Sessions were delivered weekly for two hours at Knowle West Health Park facilitated by a nature practitioner and a specialist in digital story telling. Based around nature connection activity, the sessions also included time for sitting round the fire and reflecting. An online digital gallery was created at the end of the project.



About the evaluation



Methods

We used mixed methods to explore impacts on participants' wellbeing and social connection. (The Sounds of the Forest programme was evaluated separately, see below). Artists delivering the sessions invited participants to take part in the evaluation. Participants were given information about it, had opportunities to ask questions, and signed a consent form. Data was collected either online or using paper forms, according to the preferences of the artist facilitators and participants. All responses were anonymous, and ethical approval was through the University of the West of England ethics committee.

Quantitative methods

The quantitative element of the evaluation focused on changes in subjective wellbeing and loneliness over time and used established psychometric measures. Participants were asked to complete measures of wellbeing and social connection at the start and end of the programme (including the Warwick Edinburgh Mental Wellbeing Scale, WEMWBS). At the start and end of each workshop they also completed measures of mood, flow state (absorption in the activity) and loneliness in the moment. Further details of measures can be found in the Appendix.

About the evaluation

Qualitative methods

Five focus groups involving 18 participants were held near the end of the programmes. Participants were invited to take part in an art activity entitled 'Doodle your journey' and they then took part in discussion focusing on what they saw as the impact of the programme on their lives. The groups were led by the programme manager and a researcher. They were recorded, and transcripts analysed using thematic analysis.



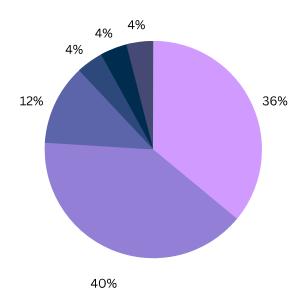
Quantitative evaluation findings



86% FEMALE I 14 % MALE

Limited demographic information is available, but the average age of the 20 participants who gave this information was **55 years**. Most were female and heterosexual.

Just over half identified as Christian, and nearly three quarters were retired or not in employment. Four were carers.



Out of the participants,

40% identified as White British,
36% as Black or Black British African,
12% as Mixed White & Black Caribbean,
4% as White Eastern European,
4% as White Irish, and
4% as Asian or Asian British.

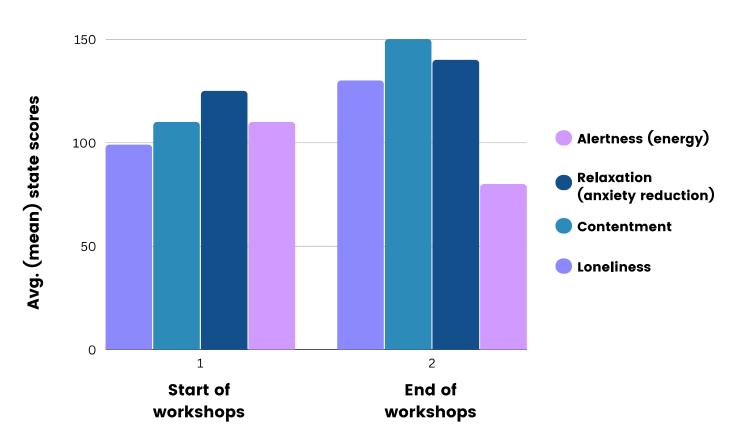
Participants gave multiple reasons for referral, with the most common being:



All reasons were endorsed by at least 31% of participants, with the least common being to 'help manage symptoms of illness'.

Average mood / loneliness scores

This data suggests that the workshops had a significant impact on momentary wellbeing, both mood and social bonding, and especially on anxiety reduction (increased calmness and relaxation).



Quantitative evaluation findings

Wellbeing and loneliness over the programme

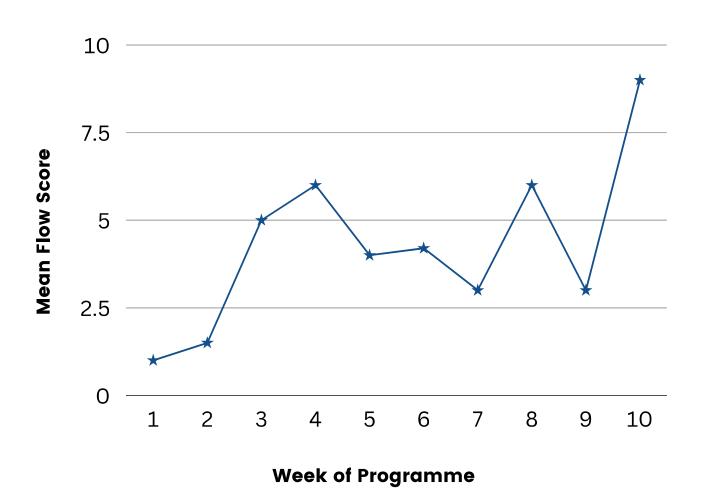
Sixteen participants completed baseline questionnaires, but complete data was only available for five participants at both start and end of the programmes. For those individuals who did contribute data, results indicated increases in wellbeing and satisfaction with relationships over the course of the programmes. This is promising but, can only be indicative since the data was not sufficient to represent the experience of all participants or for meaningful statistical analyses.

Mood and loneliness at the start and end of workshops

More participants engaged with the weekly in the moment wellbeing questionnaires (34 participants, from the Gentle Creative exercise, Wellbeing through Nature's Beauty, Make Ease and Art in Nature programmes). This allowed a more detailed analysis of the immediate impact of workshops on mood and feelings of loneliness. We could also assess the extent to which participants entered an absorbed attentional state, something that is associated with wellbeing and forgetting one's worries.

All in-the-moment aspects of wellbeing increased while taking part in the programme activities and these improvements were all statistically significant. After the workshops, participants reported feeling: more awake, alert and energetic; more relaxed and calm, and less tense and anxious; more content, happy, and well; less lonely.

Average Flow Scores (plotted by Week Number of Arts Intervention)



This figure shows participants' average flow scores at the end of art workshops across the time course of the programmes.

Summary of quantitative findings

Results from the wellbeing questionnaires provide tentative support for previous research showing an increase in subjective wellbeing over the course of art on referral programmes, but high levels of missing data mean that these outcomes cannot be confidently reported.



Our collection of momentary wellbeing data was more successful. Participants told us they felt happier, less anxious, more alert and invigorated, and less lonely after taking part. They reported being in an absorbed attentional state after activities. This state was associated with feeling less anxious, calmer, and more relaxed, and its depth increased over the course of the programmes.

Our analysis suggests there are multiple ways by which the activities contributed to wellbeing: improving mood (reducing anxiety and allowing moments of calm, enabling contentment and joy, as well as excitement and alertness); reducing loneliness through time spent with others; and enabling attentional absorption (or 'flow'), something which can contribute to the feeling that life has meaning. The flow state deepened over the course of the programmes, demonstrating that it may need time to develop.

Qualitative evaluation findings

Thematic analysis of focus group transcripts enabled us to identify four themes.



"it's been life-changing"

a subtle approach





creative elements



Feeling connected

Participants described moving from feeling alone to feeling they belonged to something bigger. They talked about a developing sense of connection within the group and about feeling more generally socially connected. Caregivers in Community Play reported feeling closer to their children. Groups were felt as inclusive, safe and motivating spaces. Artist facilitators played a crucial role in creating and shaping these spaces; they set the tone, which was characterised by kindness, enthusiasm, collaboration, and a lack of judgement.

This was sometimes contrasted with previous activities where participants described feeling patronised or stigmatised. Thriving Communities programmes felt different, delivered in collaboration with participants rather than to them.

...the other thing about this group is that erm you do feel safe, and I like the situation of sitting round the table or sitting in a circle should I say when we arrive, and everybody greets you when you come in and you feel immediately erm ... everybody is friendly and y'know, you don't have to hold back.





You know you come, and you feel welcomed, and, by the people, you do feel held not just by your relationships within has developed but you do feel held by, by Ann and Bella [facilitators].

"It's been life-changing"

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I could have turned to drugs. I could have turned to alcohol. I could have turned to gambling, I could have gone back to smoking like I used to do and, so many bad addictions out there that give that false sense of er, happiness.

Yeah, but with art it's, it's like **my positive addiction** you know, my positive thing that gives me that, that happiness or that that outlet really that other addictions do, and it's er, like I said it's, it's an addiction I'm proud of put it that way [laughs].

Participants described being better able to manage emotions and feeling more in control of life events.

For some, finding joy through art making meant fewer behaviours seen as destructive in the long-term.

Others talked about using art-making as self-care, and about feeling more able to accept new challenges and opportunities. Using art as a route to everyday wellbeing was linked to thinking differently about themselves and to a sense of pride.

A subtle approach

Participants noted positive changes to their everyday lives but talked about how these happened in ways that could be subtle or incremental. They emphasised how important the relationship between themselves and the artist facilitators was in enabling these changes. They often described the activities as an escape from outside preoccupations or ways of thinking; they had permission to take 'time out' or to 'switch off'.

Beautiful surroundings contributed to this, with one participant talking of being "kind of soaked in beauty". They linked experiences like this with a sense of being relaxed and enjoyably lost in a flow state, no concern for time.

when you say you go to talking therapy, counselling or whatever, it's a very kind of...focused approach,

whereas if you're just learning to go out and wander around and just get lost in the, in nature or just get lost in your activity, pain-painting leaves or whatever.





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It kind of teaches you subconsciously, to have that time to

switch off



and have that time just to go into your own world for a couple of hours or for ten minutes...but it kinda shows us how to do it...but without us knowing that we're actually doing it and so for me it's kinda...I've come away with this subconscious almost lesson learned in my mind.



Creative elements



Each element of the programme (art, nature, movement, and play) had different impacts.

Often presenting themselves as 'not being good at art' at the start, participants reflected on becoming absorbed in the process of art-making and of losing that self-criticism or inhibition, as the programmes progressed.

I don't, never considered myself to be an artist because I can't draw. But I think I suppose one of the tasks that we did was ... would you call it stenciling?... coat a leaf with paint, and then do some prints.

So, so although I can't draw, I suppose...[it] did highlight that I do enjoy creativity I suppose, so although I wouldn't have stuck my hand up to do the activity, er, I quite enjoyed the process of erm, once, and I think everyone got a bit lost in it.



Being in nature brought opportunities for mindful appreciation of beauty, calming and improving effects on mood, and it encouraged social connection.

Moments of reflection and connection might be catalysed through the uniquely therapeutic and bonding element of a campfire.

Children's imaginative use of natural spaces inspired caregivers, and they saw the programmes impacting their child's behaviour elsewhere. Nature was considered helpful in people putting things in perspective.

For me it's like anxiety and it just like tu-tu-tu-tu-tu [makes chopping motion] y'know, even when I first come here, I could feel myself going... and I tried to bring myself down.

But in Camber because I think it's that open space, that meditative space and the fact that you could just look at the trees, look at the clouds, look at whatever and it just takes you out of that.

When you go home, for me it's just like whoomph and it swamps you and you feel as if you can't breathe...



In closely-bonded groups, participants with chronic pain or mobility issues felt liberated and joyful – as if they could 'dance like no-one is watching'.

For children and caregivers, safe unstructured sessions in open spaces meant they moved in ways that encouraged them to explore and to interact with each other. Some participants felt their attitudes towards movement changing.

I would probably say it's made me more er, move more so like, I would walk an extra bus stop, and also to realise I don't have to...if it's a long trip you don't have to do it all in one go, you could take rests in between and then move again.



In the Community Play programme, the safe, non-directive, and unstructured sessions offered resulted in play taking place in new ways and spaces. The programme opened new ways for caregivers to interact with their child.



What I really liked is that there is not a lot of kind of stuff, so I feel that Robbie, that's my son who's four... He's been really free to kind of...play rather than do anything directed.

Summary of qualitative findings

The qualitative analysis builds on our quantitative data.

It suggests that not only did workshops contribute to reductions in anxiety, increased feelings of contentment and energy, and reduced loneliness, but that they also affected how people thought about themselves.

Participants told us they were consciously using art to manage mood, to feel confident, and 'be an artist'. Many felt their lives being changed for the better. They described wellbeing 'creeping up' on them in quiet moments, perhaps matching the increase in the flow state we observed in the quantitative data.

Finally, our analysis has shown how participants felt the different elements of the programmes worked, enhancing their feelings of joy, energy, awe, and relaxation. The opportunities created by different kinds of spaces, and the sense of being able to move through these while making art were important.

In spaces characterised by respite, beauty, or awe, participants had meaningful experiences that made them feel less anxious and which promoted their wellbeing.

'Sounds of the Forest' Evaluation

A children and young people (CYP) social prescribing team had been newly formed in one of the partner organisations before the start of the project. There was an opportunity to test out the Thriving Communities model in response to a need identified by link workers among young people struggling with depression, anxiety, and social isolation. With the CYP link workers, we co-designed an activity to support the social and emotional wellbeing of the young people. This was co-delivered by forest school and theatre practitioners.

This work was not evaluated in the same way as the adult programmes because of the limited time available and complexity involved in securing ethics and consent involving young people. Instead, we applied the evaluation framework of lead facilitating organisation, Mud Pie Explorers. The results suggest that participants increased in self-confidence, physical fitness, self-esteem, and developed new friendships and skills. These benefits were affirmed by feedback from parents and carers, GPs and the link worker.

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He thoroughly enjoyed coming to forest school, he has gained confidence, skills, courage to try new things, and just all round happiness I can't thank you all enough for helping [him]."



Parent



I felt that many of her problems were emotional and she always seemed very sad to me when I saw her.

I have just seen her today and she is a happy smiling 8-year-old and I almost didn't recognise her. Her confidence has improved massively. Her Dad says that this is mainly down to you guys so a massive thank you for helping her and for helping me!

GP of participant





Evaluation methods

We shared project developments, connected with partners, and reflected upon developments and challenges at ten board meetings across the life of the 12-month project. All partners provided feedback at the end of the project. Debrief meetings were held with all facilitators and they shared feedback through questionnaires. This process meant we could assess where we met our short-term goals, where challenges arose, and our progress towards long term goals.

The facilitator role

Supporting referrals and attendance

It was not difficult to get referrals to the programmes, but it was a challenge to convert these to attendance. Facilitators worked alongside link workers as part of the recruitment and referral process. They made contact in advance and provided active ongoing encouragement to participants. There was no disapproval or judgement if people didn't manage to attend. These aspects of the facilitator role were consistent across the project.

Of the 68 attendees, 61% of participants attended regularly. Of the 105 referrals, there were around 25 who communicated they were unable to attend due to personal and health circumstances. Because participants referred at the start never attended a session, this does not mean that they did not engage with the project. Many stayed in regular contact with facilitators; with additional fundraising, we were able to invite them to new activity after the project had ended.

Many of those referred to us would not have engaged without the ongoing support, skills and funding built into the current model. In one case it took dedicated support over 16 weeks to move a participant from referral to attendance. Our experience demonstrates that the level of support that many people need to attend is not routinely built into the social prescribing system.

Emotional and administrative labour

We observed that the full extent of the emotional and administrative labour of facilitators is not always acknowledged. They communicated with and built relationships with participants both in and outside the art workshops. Invitations to attend formed the beginning of trusted relationships, but further and frequent contacts and conversations extended or built on this, even where participants seldom or never attended.

Such work raises ethical issues about where responsibility lies when a programme ends. This responsibility may be passed along from referrer (e.g., GP) to link worker, but the role played by the artist facilitator in continuing the process beyond a referred arts activity is less frequently considered. It is also not clear how information about a participant should be fed back up the chain from artist facilitator to link worker or referrer.



Training and support

Facilitators have access to some training, but it can be patchy. There is a long-standing awareness of the need for more support and training for art on prescription practitioners. However, little is known about how artist facilitators create the kinds of safe space we saw being so essential to positive outcomes for participants and little training is available to help develop skills in doing this among practitioners.

As the arts on referral offer expands, facilitators must be prepared to work with vulnerable people in a variety of settings. Yet, there is no consistent training for practitioners covering essential areas such as safeguarding, ethics, evaluation, equal opportunities, safeguarding policy, data protection, health and safety, confidentiality policy, communication in healthcare settings, and the health needs of specific groups (Baxter & Fancourt, 2019; Moss & O'Neill, 2009). A lack of support for facilitators to maintain their own wellbeing may be compounded by other issues, such as job insecurity, lack of consistent funding, and short-term programmes. There is therefore also a need for structures that can support both the wellbeing of practitioners and sustain the quality of their practice (Moffat, Ryan & Barton, 2014).

These are all concerns that may negatively impact on implementation of best practice, on the quality of social prescribing programmes, and on the short and long-term impact on the wellbeing of individuals participating in them.



Outcomes for partners and partnerships

Strengthened local and cross-sector grassroots collaboration and networking

The project connected organisations and individuals from health, arts, nature and sport (physical activity) sectors.

Partners described the benefits of working in this way, including strengthened grass-roots collaboration, silo bridging, and opportunities for shared learning. Organisations with limited social prescribing experience benefited from that of more experienced organisations and practitioners and were able to put this learning directly into practice.

For some partners, knowledge sharing, collaboration, and practice extended beyond the funded programme. Their involvement in reflective board meetings helped inform and shape this activity.

Arts and health work is very new for Bristol Beacon and we began developing work at the same time as Thriving

Communities started Being part of the wider Thriving

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Communities started. Being part of the wider Thriving Communities network gave us a foundation to forum and discuss questions of practice and evaluation, which helped us develop three projects over the last 18 months.

We also had conversations with other venues (Arnolfini, Trinity) around how to join up our community work more.

Giulia Bianchini, Bristol Beacon



Increased connections to existing activities and local networks

Strong and trusted relationships between the three Healthy Living Centres, their link worker teams, and CreativeShift provided a solid foundation. The number of referrals achieved is one marker of success. Without any social prescribing accreditation or code of practice, it can be challenging ensuring that activities are appropriate, so the well-honed CreativeShift model was considered crucial to the project's success.



I have learnt (even more than I knew already) that Creative Shift are very special indeed. It clearly takes years to hone the particular way of working with people and organisations that they have perfected, and this can't just be jumped upon by others with immediate effect.

Colette Brown, Social Prescribing Manager, Southmead Development Trust

The project reinforced the need for joint working between social prescribing delivery partners and link workers.

Groups generally, in this geographical area, need a long lead in time. There are issues around trusting the practitioner, knowing the right kind of person to refer, having the time to meet enough people who might benefit from the group, and getting the word out and about.

Sue Cooke, Link Worker Manager Knowle West Health Park



Effective partnership working allowed us to identify suitable participants and work together to support their attendance.



We were reminded how important the role of the social prescribers is in identifying those who would most benefit from a group like Gentle Creative Movement. And also what a lot of contact, support and encouragement many people need before engaging

Shanti Shearson, Arts and Wellbeing Officer, Wellspring Settlement

Link workers were connected through the project to other activities. For example, Southmead Development Trust had an existing Walking for Health Group which through the partnership with Bristol Culture and their museum site at Blaise Estate are now accessing history and archaeology walks. Our Healthy Living Centre partners have reported the success and continued need for similar projects.





Maintained and strengthened partner relationships

New partnerships have been developed and their strength demonstrated through the continuation and development of activity beyond the end of the funded programme. Ongoing collaboration continues to improve the social prescribing offer across the city.

Being involved in the project has helped us to look and work beyond our sector and initiated collaborations with organisations and services that we were unaware existed in Bristol. It has helped our organisation to embed wellbeing practices into our forward planning and programmes across exhibitions, events and engagement.

Keiko Higashi, Engagement Producer, Arnolfini

Wesport's Together Fund, BNSSG CCG Green Social Prescribing project and Thriving Communities Bristol are now working together on learning and advocacy for their combined community wellbeing activities.

They plan to present collective impact and share case studies to locality boards before the end of 2022. They have also been working with link workers on standardising data collection and capturing data on onwards referral.



Increased shared practice

Co-producing the six test and learn activities revealed commonalities between organisations and their expertise. Activities bringing together different disciplines expanded the social prescribing offer. Partners were able to learn from each other in a very 'hands-on way', testing different ways of engaging people.

Mixing visual art and dance was novel. We tried hard to find ways to make both 'move' and build a sense of 'group'. It worked surprisingly well. As facilitators we designed each session around a theme, then interpreted that through our different mediums, to surprising success. The visual artist also had a dance background, so it was useful to share a language. In the process we both grew as

Shanti Shearson, Visual Arts Facilitator

There have been challenges in aligning different ways of working. For example, facilitators from different disciplines needed additional time to get to know each other and to develop a joint approach. We adjusted the start date of some activities to allow for this.

The skills of an existing cohort of facilitators have been strengthened through involvement in a wider range of activities. New practitioners have been trained. Partners worked together to share training and enhance skills.

I learned so much from working with Nick Hudson (Wild Place). His experience in managing individuals with different needs was inspiring. His ability to subtly steer conversations back on track and most of all his empathy and calm approach was a big factor in who the participants conducted themselves in the sessions.

I feel the learnings were most valuable and that our approach to nature-based wellbeing with a creative slant was a good balance of nature mixed with digital.

Lewis Campbell, Facilitator on Natures Beauty

Several issues remain for the workforce. The project highlighted a lack of diversity among practitioners – a weakness common across arts, nature, and physical activity delivery.

There are also key areas where practitioners and others may benefit from specialist professional development; in particular, some of those involved in this project have connected to mental health and other training, such as Connect 5 and Trauma Informed Practice.



Increased support for a range of local needs and better use of local assets

The programmes have informed the development of other arts for wellbeing or social prescription activity for partner organisations. They have also resulted in greater use of local assets. For example, collaborations between cultural and health spaces and nature practitioners have led to organisations recognising the potential of their green spaces.

It has enabled us to pilot a new activity and to see what the potential is for the use of outdoor spaces at Blaise. There are plans for other activities at Blaise making use of the outdoor spaces- guided walks as well as potentially a History club, that could be aimed at more isolated older men (a demographic that often misses out on arts & wellbeing type programmes for a host of reasons).

Jackie Winchester, Engagement Manager, Bristol Culture

Sustained social prescribing offer

An additional £20,000 of match funding for the project was secured and built on. Additional funding from Bristol City Council (via Public Health) and the CCG Ageing Well Fund (via Westport) is enabling three of the test and learn projects to continue to develop, sustaining the social prescribing offer in these locations past the end of the programme. Southmead Development Trust secured funding from the Green Social Prescribing Fund to continue the CYP Forest School project for an additional year.

Age UK Bristol have raised additional funds for further social prescribing activity. The networks and relationships developed meant that partners could work faster and in a connected way when funding opportunities arose. Rather than developing projects from scratch, they could submit proposals that built on existing successful activity and learning – leading to new projects likely to be more cost-effective, efficient, and responsive to participant needs.

Contribution to models of sustainable funding

As noted above, the network established allowed partners to respond successfully to fundraising opportunities as they arose, enabling existing activity to continue. The project has provided persuasive evidence to take to commissioners and locality partnerships. It also contributed to creating a collective voice that can effectively advocate for the importance of arts and culture, physical activity, and engagement with nature for people and communities within Bristol.

However, securing sustainable long-term funding for social prescribing work remains a challenge. System changes across the NHS, including development of the newly implemented Integrated Care System (ICS), is happening slower than expected. Many funding opportunities are still limited to under 12 months. As a result, projects, such as this one, have little time to embed themselves into systems or communities and to implement learnings. This can lead to fewer responsive, tailored, and robust social prescribing opportunities for participants.









Delivery of longer-term health benefits and outcomes

The intention at the outset of the project had been to use the NHS IT system (Elemental) to monitor impacts on participants across the project and beyond. This would have allowed social prescribing activity to be connected to individual patients, making it possible to track reductions in GP visits and link to markers that would support long-term health, wellbeing and Social Return on Investment evaluation. However, these systems were still not in place by the end of the project. This points to another of the challenges of short-term funding: it becomes challenging or impossible to embed activity in NHS systems and to monitor long-term outcomes.

Raising the profile of social prescribing

The profile of the Thriving Communities project enabled us to connect into Bristol City Council's (BCC) Health and Wellbeing Board. A presentation of the project to the Board led to BCC securing funding from Public Health to deliver a city-wide arts and wellbeing programme that speaks to one of the council's priorities: to support community assets to reduce social isolation and improve wellbeing, particularly in communities with mental health inequalities. This has allowed the continuation and development of three Thriving Communities test and learn activities and is raising the profile of social prescribing with organisations, participants, and with policymakers and funders.

CONCLUSIONS OF PROJECT

Thriving Communities Bristol aimed to to strengthen the range of social prescribing activities offered locally, to enhance collaboration and networking between local organisations, and to connect people to creative community activities and services to support their wellbeing. It has successfully achieved these aims.

Recommendations for future development and research follow these conclusions.



CONCLUSIONS OF PROJECT

Wellbeing impacts on participants

For participants, and while acknowledging the limitations of the data, our evaluation suggests that art on referral interventions of this kind can improve people's wellbeing.



The evaluation supports previous work suggesting wellbeing benefits of art on referral (Crone et al., 2018; Holt, 2020). It has deepened our understanding of the processes by which this occurs by examining immediate wellbeing (mood, social connection, and 'flow') and through thematic analysis of focus groups. It provides support for the efficacy of the activities in improving the mental wellbeing of participants and insights into the mechanisms for this.



The three active ingredients identified (anxiety reduction, social bonding, and flow) have implications for practice. Further research is needed to examine how artist facilitators can work with group dynamics to promote social connection and to scaffold art activities so that people can get absorbed in them and enter the flow state. Our qualitative analysis further highlighted the crucial role of the artist facilitator, with implications for training and best practice.



Limitations must be acknowledged. For example, quantitative data was not collected for all programmes or for all participants. This limited some interpretation. Collection of weekly 'in-the-moment' data was much more successful than wellbeing scales at the end of programmes. The reasons for this need further consideration, and artist facilitators may need training to help them administer such evaluation tools.

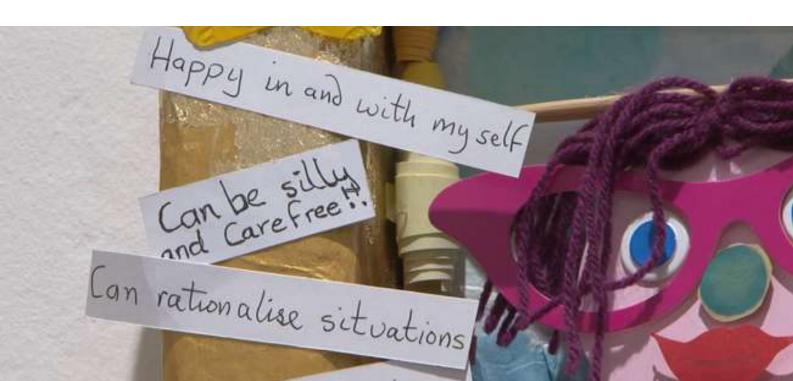


CONCLUSIONS OF PROJECT

Outcomes for partners

The partnerships developed and strengthened through Thriving Communities Bristol have led to shared practice and new understanding around social prescribing. They are being sustained through ongoing and future developments that will support the health and wellbeing of people in some of Bristol's areas of most need. The project has been instrumental in creating a strong grassroots collective linking health, arts, nature and sports providers across the city. Partners worked together creatively and sensitively to identify need. They created bespoke interventions for targeted groups. Activities used arts-based methods in new ways, for example mixing art and movement and using art in nature. The effectiveness of these is illustrated through our participant evaluation.

The project has been beneficial at a structural level and for the partners involved. Success is evidenced through the development of sustained partnerships and ongoing and future projects. However, the project has also illustrated how fragmented existing practice is, and how much is needed to sustain and develop partnerships and collaborations of this kind as well as to sustain and evidence longer term health and wellbeing benefits for participants.



RECOMMENDATIONS AND NEXT STEPS

Support for artist facilitators

The evaluation has illustrated the fundamental part played by artist facilitators in the success of the programmes. It has identified previously under-recognised aspects of their role. More work is required to provide appropriate facilitator support and training and to share best practice. There is also a need to acknowledge the skills and role of the artist facilitator more fully within the arts on referral model.

Long-term sustainability

The evaluation has demonstrated the benefits of a resourced partnership. More work is needed now to make sure that participant health and wellbeing can be further supported and sustained. This will require investment and support to further develop processes for communication, feedback, and responsibility. This could be achieved through the establishment of clearly understood pathways that include referrers, link workers, artist facilitators, and community and cultural providers.

There is also a need to better understand the long-term health and economic impact of arts on referral on participants. Monitoring of participants over the longer term, and integration within public health and NHS systems would allow outcomes important from social and econometric perspectives to be evaluated.

Sustained investment in long-term targeted programmes of activity is needed to achieve both these ends.



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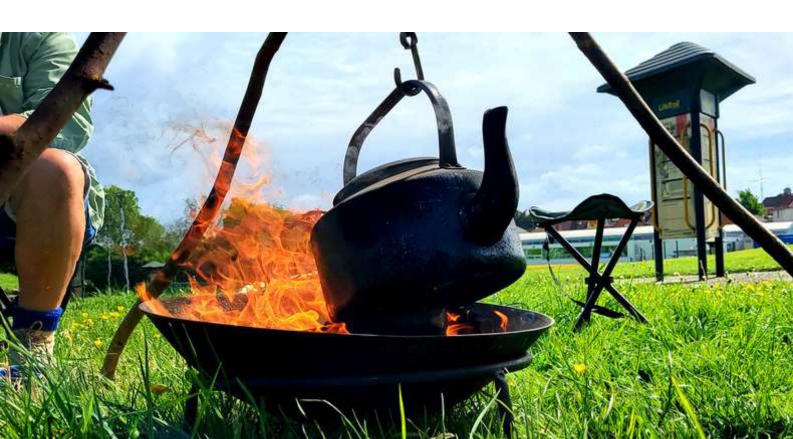
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APPENDIX

All images in this report were taken by partners and participants of the project.

Psychometric measures

- Wellbeing: Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)
- Social Isolation: Campaign to End Loneliness Measurement Tool (CtELMT)
- Loneliness: Direct Measure of Loneliness (DMoL)
- Mood: Short Mood Scale
- Flow state (absorption in art activity): The Flow Short Scale (FSS)
- Loneliness in the moment: A single-item
 "How lonely do you feel at the moment?" with a visual analogue scale where a slider can be moved from "not at all" to "very much"



APPENDIX

References

Baxter, L., & Fancourt, D. (2020). What are the barriers to, and enablers of, working with people with lived experience of mental illness amongst community and voluntary sector organisations? A qualitative study. *PLoS one, 15(7), e0235334.*

Crone, D. M., Sumner, R. C., Baker, C. M., Loughren, E. A., Hughes, S., & James, D. V. (2018). 'Artlift'arts-on-referral intervention in UK primary care: updated findings from an ongoing observational study. The European Journal of Public Health, 28(3), 404-409.

Holt, N. J. (2020). Tracking momentary experience in the evaluation of arts-on-prescription services: using mood changes during art workshops to predict global wellbeing change. *Perspectives in Public Health, 140(5), 270-276.*

https://journals.sagepub.com/doi/full/10.1177/1757913920913060

Holt, N., Matthews, J., & Elliot, C. (2022). Art on prescription: Practice and evidence. In P. Crawford, & P. Kadetz (Eds.), Palgrave Encyclopedia of the Health Humanities. (1). Palgrave Macmillan (part of Springer Nature).

https://doi.org/10.1007/978-3-030-26825-1

Holt, N., Baber, D., Matthews, J., Lines, R., & Disney, B. (2022). Art on referral: Remote delivery in primary and secondary care during the coronavirus pandemic. Fresh Arts, Southmead Hospital and CreativeShift, Bristol.

Available from: https://uwe-repository.worktribe.com/output/9852574

Moss, H., & O'Neill, D. (2009). What training do artists need to work in healthcare settings? *Medical humanities*, 35(2), 101-105.

Houlden, V., Weich, S., Porto de Albuquerque, J., Jarvis, S., & Rees, K. (2018). The relationship between greenspace and the mental wellbeing of adults: A systematic review. *PloS one*, 13(9), e0203000.





