

MOBILISING COMMUNITY ASSETS TO TACKLE HEALTH INEQUALITIES

A Case Studies Synthesis and Review



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Cover image: Fantastical Forest 2023, Cambridge Curiosity and Imagination www.cambridgecandi.org.uk, a partner in the Phase 1 project 'Branching Out'.
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FOREWORD

Our experience of community life – where we live, the strength of our social connections and how identity and heritage are valued – has a profound impact on our health and wellbeing. While these social determinants are well recognised, more needs to be known about the most effective ways of mobilising community assets for better health, and how to build sustainable and equal partnerships with the least advantaged communities in order to have a lasting impact on health inequalities. It is frustrating that despite much promising practise, there are limited opportunities to scale and disseminate asset-based approaches. That is why it is so exciting to see this case study synthesis pull together learning across a series of projects, all of which were funded by the Arts and Humanities Research Council as part of their ‘Mobilising Community Assets to Tackle Health Inequalities’ programme.

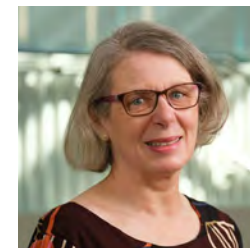
Anyone reading the report will be struck by the creativity shown in the choice of methods across all 11 projects. There are fresh ideas, new models and

growing understandings of alternative pathways to connect better with communities facing the worst inequalities. All of this linked by an assumption that cultural, community and nature-based assets can be of benefit to a wide range of people if we make the connections easier in communities and maintain investment in the social infrastructure.

The synthesis provides insight into the thorny issues around scale and integration at the same time as recognising that each project was unique, delivered in a specific context and using community assets in different ways. Achievements gained through collaboration between academic teams and community-based organisations are discussed. Working across sectors with different organisational cultures can be challenging, but some of the essential ingredients for successful collaborations are highlighted here. Adaptation is a key theme, building on the notion that asset-based approaches start with the intrinsic strengths of a community.

Rich stories from practice often reveal deeper understandings of the realities of implementation. Here, we see how new evidence was generated and how participatory methods worked in different contexts. The case study synthesis itself is a relatively new method that helps researchers distil common factors from practice-based evidence. The result is a nuanced view of how cultural, community and nature-based assets can be mobilised, with plenty of practical pointers for anyone wishing to grow and scale these approaches to tackle health inequalities.

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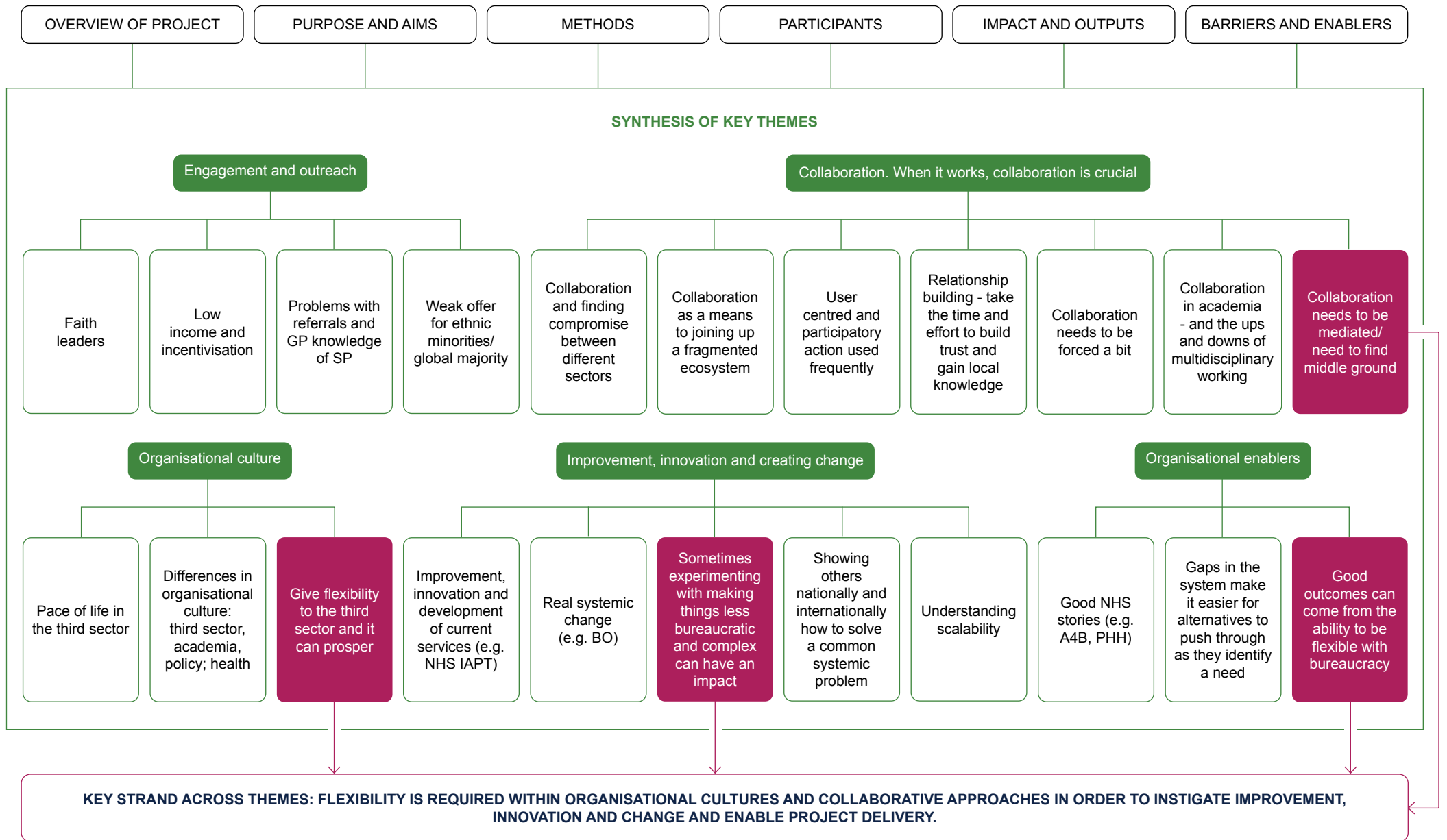
1. SCOPE OF THIS WORK

This synthesis brings together insights formed across 12 community-university partnerships funded in Phase One of UKRI's Mobilising Community Assets to Tackle Health Inequalities programme [1]. Projects began in January 2022, with Phase 1 of the programme funding twelve, 12-month pilot projects up to £180,000. These projects focussed on how to scale up small, local approaches with the view to addressing health inequalities. The research promoted people-powered change, by amplifying lived experience voices and explored how collaborative community, cultural and nature-based activities could reduce health inequalities in the UK. This synthesis was conducted by a working group comprising colleagues from the What Works Centre for Wellbeing and Leeds Beckett University, following the methodology outlined in A guide to synthesising Case Studies [2].

In Phase One of the programme a series of pilot projects researched how to scale up small, local approaches for addressing health inequalities. Projects used an interdisciplinary approach bringing together academics, NHS partners and community organisations, alongside Integrated Care Board (ICB) system infrastructure established in 2022. Each project is either a pilot or prototype, and a small-scale model of what could be possible throughout an ICB's integrated care system of partnership working. The aims, reach and participant groups were broad and heterogenous, but the generally overarching aims were to use community assets to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes and access to services
- Enhance productivity and value for money
- Contribute to the wider goal of preventative care in the community
- Support the NHS in its broader objective of social and economic development [4].

SYNTHESIS OF KEY THEMES



2. METHODOLOGY

2.1 Research Question: What can be learnt about the delivery and scaling of local projects to address health inequalities?

2.2 Materials

Project data was collected using a practice-based case study template. The template was a modified version of a measurement tool devised for What Works Wellbeing by Leeds Beckett University and the University of Liverpool [2,3]. Case study reports derived from practical experience are a good tool for presenting practical intervention findings. Typically, such case studies offer a narrative detailing the development and outcomes of an intervention in a specific context, shedding light on insights gained from those actively engaged in its creation and implementation. Practice-based case studies can highlight key aspects of implementation and outcomes in real-life settings. The contextual information can be beneficial for practitioners, policy makers, and funders seeking insights into the application and adaptation of various approaches in diverse contexts. Offering a glimpse into the 'how' and 'why' of projects or programmes in intricate settings, practice-based case studies often incorporate community perspectives [2]. Evaluative techniques, particularly with creative and community organisations, are known to be problematic due to a host of reasons: from asking projects to 'mark their own homework' to expecting non-academics to engage in sometimes complex statistical analysis [5]. The methodology devised by the What Works Centre for Wellbeing allows for charities, small enterprises and community groups to tell the story of the activity or project in a structured manner applicable for evaluation, building a business case, funding application, or strategy [2,3].

Towards the end of their funding, each project was asked to complete a practice-based case study. Questions within the tool asked for summaries of the project, its settings, methodology and reasons for its use, participants, data collection, impact and outcomes, enablers and barriers, key learning, sustainability and outputs (Table 1). See Appendix 1 for a full version of the questionnaire used.

Table 1: Main headings used within questionnaire

Heading	Description
Overview	Summary of the case study
Setting	Geographical area and organisations involved
Purpose	Aims, goals and objectives
Description	Description of what the project is/does
Methodology	Why this approach was taken; evidence base
Participants	Demographics and numbers of who took part
Data collection	What data was collected, by whom
Impact and outcomes	Measurable impact recorded; list of outcomes
Enablers and barriers	Factors supporting and preventing project delivery
Key Learning	Including project delivery and the challenges and successes of the project itself
Next steps	Sustainability and continuity of the project
Further information	Links to supporting materials, e.g. website or evaluation report

2. METHODOLOGY

The original measurement tool was slightly amended: two questions were changed to reflect lived experience and community research (Questions 9 and 10 – See Appendix 1). These additions were made to reflect the projects goals of community research and lived experience, items which were not originally included within the case study template.

The measurement tool was uploaded as a Microsoft Form in April 2023 and sent out to projects for completion over the summer of 2023. The programme comprised twelve funded projects, however one project did not complete a case study, due to insufficient data having been collected.

2.3 Data extraction

Once the case studies had been received from all projects, a four-step thematic analysis was performed on the raw data. A data extraction template was developed to systematically extract relevant data fields from each case study. Topics for consideration were based on the need for the current synthesis to produce insights around system delivery, since these were the topics that addressed the research question. The topics for consideration were chosen as: overview of project, purpose and aims, settings, methodology, participants, enablers and barriers, and key learning.

Although the synthesis methodology suggested a quality criteria checklist, one was not included within this work. To enable us to understand the broad spectrum of insights, an emphasis was placed on strengths, weaknesses, barriers and enablers, with the view of delineating inherent bias within answers using a thematic analysis approach as set out within the synthesis methodology [2,3]. Answers given by projects were taken at face value.

① **Step 1** is denoted throughout pages 9-19 within text boxes marked by a blue circle with a corresponding number

Step 2 is denoted by a yellow box with text inside it

Steps 3 and 4 are outlined on page 6.

A four-step thematic analysis was conducted as follows:

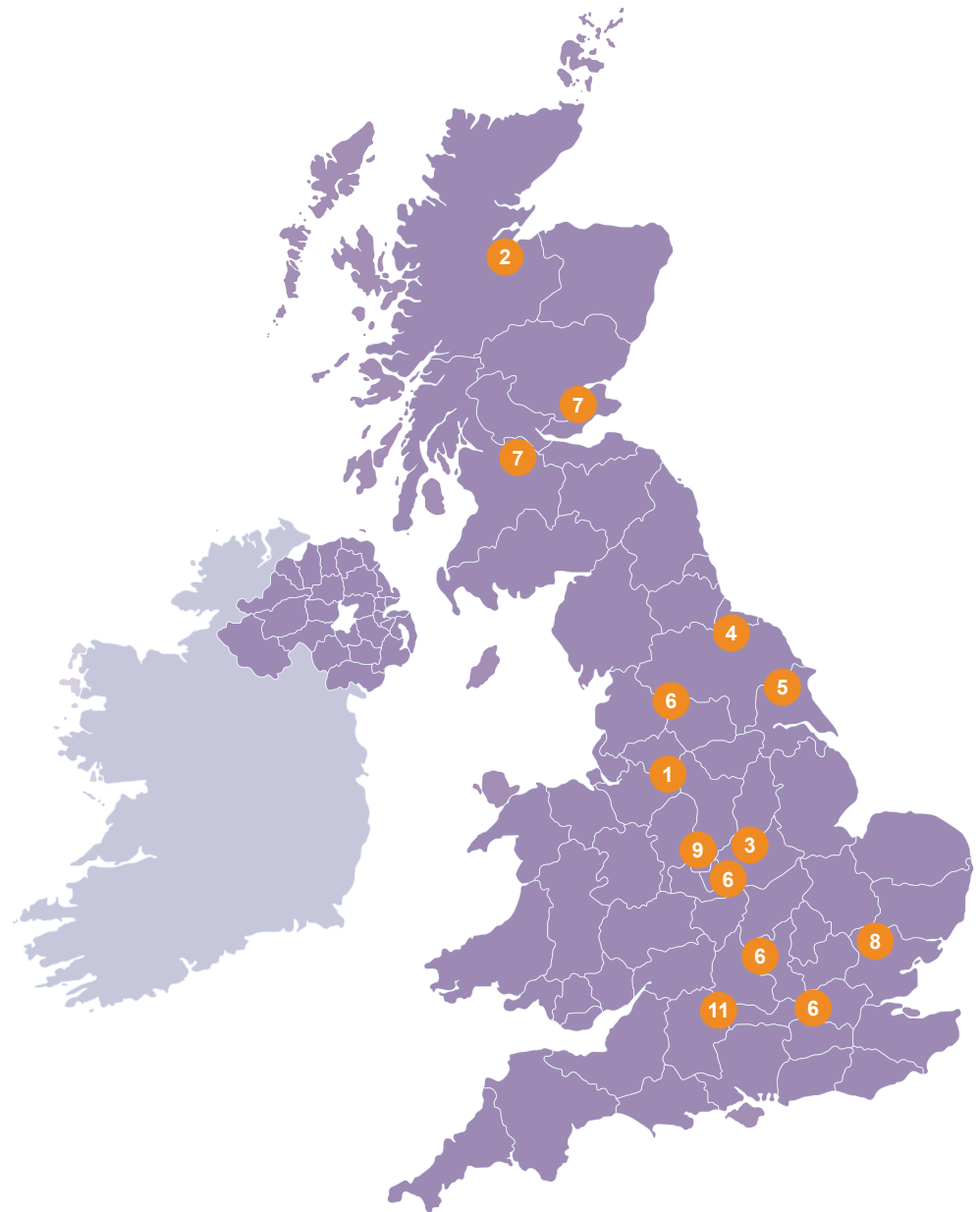
- Step 1:* Answers from each key heading were summarised within the data extraction template. All answers were made uniform in order to extract data easily for synthesis (i.e. summarised with key points in the same order, same tense, each part summarised within a sentence).
- Step 2:* Themes were identified from the summary sections from each key heading. Themes were identified as similar or repetitive answers given by projects that provide an insight (for example if several projects identified “collaboration” as a barrier or enabler, “collaboration” was identified as a theme).
- Step 3:* Themes from all summary sections were collated. General themes were then identified from those that developed from several summary sections (for example, if “collaboration” appeared as a barrier or enabler and, also, as within impact and key learning, it was identified as a general theme).
- Step 4:* All general themes were collated. Any repetitive themes found within the general themes were further identified and refined.

3. RESULTS

Set out on the following pages are the results of this synthesis of data. Sections 3.1-3.6 set out the summaries and derived themes of project aims (3.2), methodology (3.3), participants (3.4), impact (3.5), and enablers and barriers (3.6). The first level of thematic analysis is outlined at the end of each results section. Sections 4 and 5 include a discussion of findings and concluding remarks.

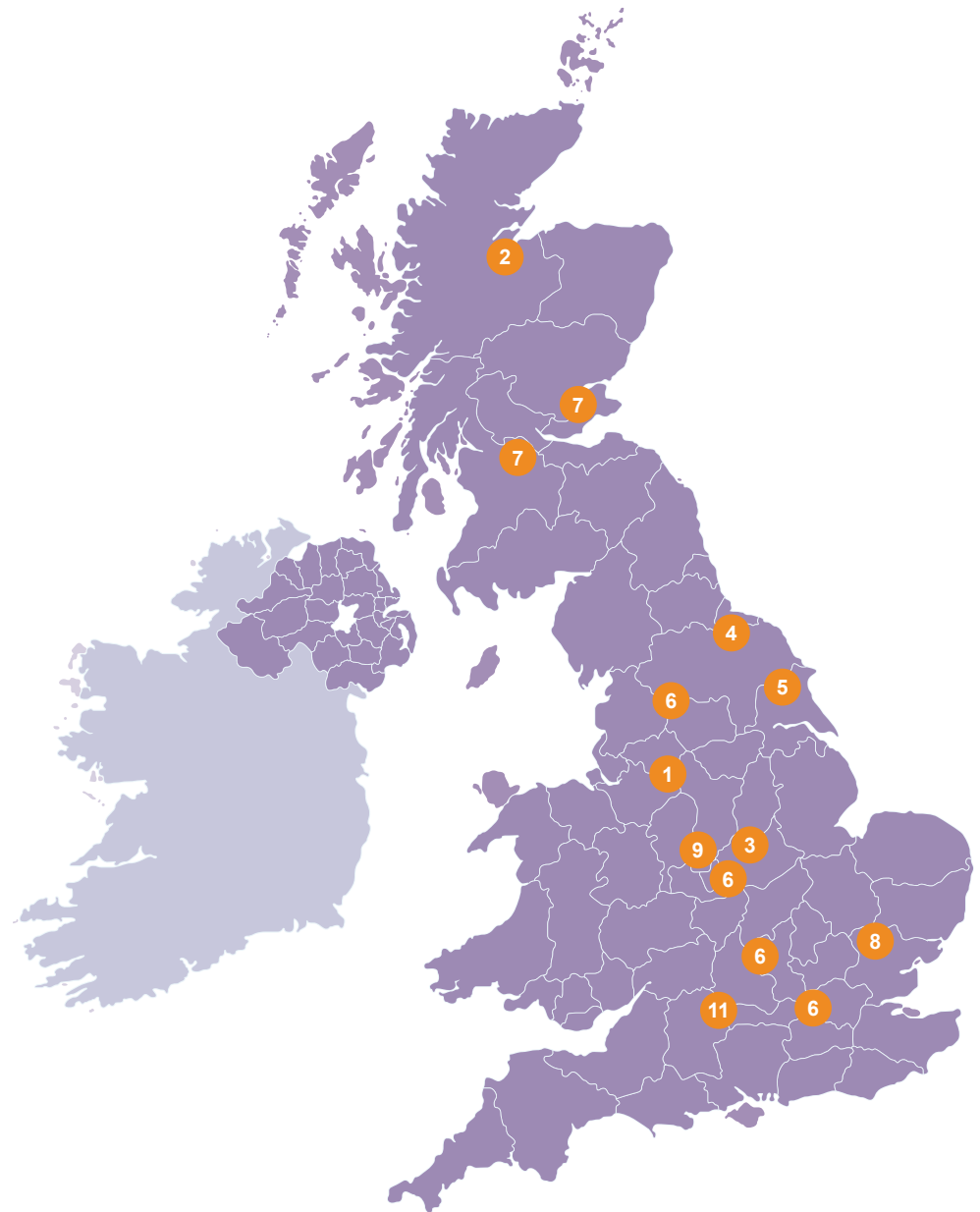
3.1 Project summaries

- 1 Arts for the Blues;** Greater Manchester (Edge Hill University): Offered creative group psychotherapy for individuals dealing with depression, particularly those who faced challenges with conventional talking therapies. Integrated arts modalities with counselling to present an alternative treatment option for mental health services. Expanded in the Northwest region with the support of funding.
- 2 Prescribe Heritage Highland;** Scottish Highlands (University of the Highlands and Islands): Integrated cultural and natural heritage interventions into mainstream health and social care within remote and rural areas. Involved collaborations with Museums Heritage Highland and High Life Highland to provide culture and nature-based interventions through museums and archive centres in the Highland region.
- 3 Wild Swimming;** Nottinghamshire (University of Nottingham): Used wild swimming to address health inequalities. The objective was to provide information regarding the mental and physical health benefits of wild swimming whilst tackling safety concerns related to water quality. Aimed to facilitate the growth of local wild swimming initiatives.
- 4 Rooted in Nature;** Middlesbrough (Newcastle University): In partnership with community organisations in Middlesbrough, this project explored the significance of local nature-based activities in enhancing young peoples' health and wellbeing. Arts-based methods were used to gather insights and evaluate the infrastructure required for future nature-based programmes.
- 5 Social Prescribing for All (SP4ALL);** Derby (University of Derby): Social Prescribing for All (SP4ALL) explored the barriers to increasing ethnic diversity in local and national social prescribing practice and policy in relation to the provision and receipt of creative and nature-based programmes for wellbeing.



3. RESULTS

- 6 Adapting, expanding and embedding community and culture into health ecosystems (ARCHES);** Halifax, Bedford, Southwark, and Birmingham (Leeds Beckett University): Adapting, expanding and embedding community and culture into health ecosystems (the ARCHES project) involved community anchor organisations in tackling health inequalities through creative activities and access to the environment. Community-based participatory research methods were used to understand the potential for expanding these approaches.
- 7 Art at the Start;** Multiple sites across Scotland (University of Dundee): Provided arts-based interventions to enhance the mental health and well-being of parents and infants. The project expanded to new gallery sites in Scotland and aligned with governmental and NHS efforts to provide support for perinatal and infant mental health.
- 8 Branching Out;** Cambridgeshire (UCL/Anglia Ruskin University): The pilot project operated in six schools in Cambridgeshire and Peterborough, addressing issues of inequality and high deprivation. Academics partnered with Fullscope, Cambridge Curiosity and Imagination, and Cambridge Acorn Project.
- 9 Connecting Roots;** Walsall (Royal College of Art): Green social prescribing initiative in which healthcare professionals recommended nature-based activities, supported voluntary sector organisations to deliver activities to local communities. The project encouraged collaboration among voluntary sector organisations, GPs, local councils, and communities.
- 10 Inspiring Ashfield;** Nottinghamshire (Nottingham Trent University): Supported place-based Social Prescribing by developing community-based activities that Link Workers can refer clients to. Navigated barriers posed by COVID-19 and the cost-of-living-crisis and developed models for neighbouring districts in collaboration with community voluntary associations, local government and mental health services partners.
- 11 Scaling Up Human Henge;** Wiltshire (Bournemouth University): Supported engagement with archaeological sites and ancient landscapes such as Stonehenge to enhance mental wellbeing. Activities included walking in the landscape and visiting sites, singing, making and listening to music, creative activities such as pot-making, and open discussions such as map-reading and the interpretation of landscape features.



3. RESULTS

3.2 Aims and purpose of projects

- 1 **Arts for the Blues** aimed to scale up their intervention within healthcare and cultural organisations, in order to address depression and improve well-being in the Northwest of England. They planned actions for scaling up the Arts for the Blues intervention in healthcare and cultural sectors and implemented and evaluated initial scaling up activities in selected healthcare and cultural settings. They aimed to develop a scaling up strategy to support the spread and adoption of the intervention.
- 2 **Prescribe Heritage Highland** aimed to establish the conditions for scalability of a non-pharmaceutical cultural and natural heritage intervention in remote and rural environments. They additionally aimed to understand how to deliver non-pharmaceutical interventions at scale in remote and rural contexts and improve referral pathways for mental health services.
- 3 **Wild Swimming** aimed to create an evidence base and sample content about wild swimming that facilitated the scale-up of local approaches to combat health inequalities. They additionally aimed to understand the mechanisms and relationships needed for scaling up wild swimming, as well as to map the implementation landscape and provide a route map for wider scale-up of wild swimming.
- 4 **SP4ALL** aimed to explore barriers to increasing ethnic diversity in social prescribing practice and policy. They aimed to create guidelines for training programmes supporting culturally diverse community programmes, and to provide training for link workers and practitioners in social prescribing on inclusion of people from ethnic minority backgrounds
- 5 **Rooted in Nature** aimed to understand the features of a nature-based programme valued by young people and practitioners and how to optimise and adapt such programmes for future use.
- 6 **ARCHES** aimed to work with community anchor organisations to address inequality through arts, culture, and access to the environment and explore how this activity can be scaled up. They aimed to capture how community anchor organisations understand 'scaling up' and to identify the challenges faced in achieving this within their local context and the wider public health ecosystem.
- 7 **Art at the Start** aimed to evaluate the experiences and health outcomes of families participating in the art therapy service. They aimed to explore commonalities and differences in local conditions for setting up art therapy services, and to consider the additional reach generated by having an art therapist on-site and fostering partnerships between cultural organisations, local government, and NHS institutions.
- 8 **Branching Out** aimed to scale up elements from an established mental health art-in-nature programme from school-based approaches to whole communities. They aimed to set up a sustainable partnership across Cambridgeshire and Peterborough and to explore how the art-in-nature programme can be scaled up using community-based volunteers (Community Artscape). They additionally aimed to develop toolkits for supporting future scale-up programmes.
- 9 **Connecting Root** aimed to support the scaling of green social prescribing services through design and collaboration in Walsall. They aimed to establish a green social prescribing network in Walsall and explore the methods and processes required to scale voluntary sector organisations within green social prescribing.
- 10 **Inspiring Ashfield** aimed to provide a bespoke enriched offer of activities to Social Prescribing referrals in order to revive the local third sector. They aimed to understand how Inspiring Ashfield provides place-based support to Social Prescribing, and to enable the transfer and scaling up of the initiative. They additionally aimed to produce and disseminate a template for the transferability and scaling up of place-based support for Social Prescribing.
- 11 **Scaling up Human Henge** aimed to review cultural heritage therapy programmes, to produce and evaluate a scaled-up programme, to evaluate value for money and disseminate findings.

3. RESULTS

3.2.1 Synthesis - derived themes (aims and purpose)

Overall, the projects prioritised the understanding, planning, and implementing strategies to facilitate the broader adoption of effective interventions across different regions and contexts.

Scaling:

Scalability looked different for different projects. Some aimed to roll out their services to multiple local authorities whereas others aimed to create the conditions within which scalability could take place, for example through adapting the service for different audiences or creating toolkits to aid in the process of scalability. Arts for the Blues for example focussed on planning and implementing actions for scaling up an intervention addressing depression in healthcare and cultural sectors; Prescribe Heritage Highland aimed to establish conditions conducive to scalability for a non-pharmaceutical intervention in remote areas; Wild Swimming looked to create an evidence base and mechanisms for scaling up local approaches; Branching Out looked at developing toolkits for scaling up art-in-nature program delivery, whilst Connecting Roots worked towards scaling green social prescribing services, providing a system vision, policy recommendations, and network establishment.

Creating an evidence base:

Various evidence-based strategies were outlined. Prescribe Heritage Highland aimed to evidence the improvement of referral pathways for mental health services; Wild Swimming focussed on co-creating an evidence base and sample content for wild swimming; SP4ALL created guidelines for training programmes; Art at the Start aimed to evaluate experiences and health outcomes; Connecting Roots looked at establishing system vision and policy recommendations.

Programme design:

Various programme design elements to deliver non-pharmaceutical interventions within health service frameworks. Prescribe Heritage Highland for example looked at implementing interventions rurally, where the outdoor activities and exercise groups exist and are popular, but challenges exist in service design. Wild Swimming for example looked at how a more 'joined up approach' would allow the full range of agencies involved in the process to be involved in service delivery.

Addressing inequalities:

Programmes identified the need to connect to underserved sections of the community. SP4ALL for example identified barriers for ethnic minorities accessing social prescribing programmes. Rooted in nature identified the drivers for nature-based participation in young people, whilst Branching Out for example looked to mitigate health inequalities by working with children from low-income households and those with risk factors of adverse mental health.



3. RESULTS

3.3 Methods employed within projects

- 1 **Arts for the Blues:** This project used an NHS intervention model with NHS Talking Therapies; incorporating arts psychotherapies, CBT, counselling for depression, and psychodynamic psychotherapy. Existing evidence was integrated with new input from the public, staff, service users, and creative ideas. Twelve group therapy sessions through the charity MIND and other settings supported model development. Findings acknowledged the need for further evaluation. Additional methods: Realist synthesis; WHO 9 Steps of scaling; PARIHS framework.
- 2 **Prescribe Heritage Highland:** This project employed semi-structured interviews and focus groups to explore diverse perspectives, barriers, and facilitators. They conducted exhaustive literature and policy reviews, alongside an evaluation of scalability, additionally noting areas where improvements were warranted.
- 3 **Wild Swimming:** Concentrated efforts on addressing health inequalities associated with wild swimming through a collaborative approach. The project enlisted arts and humanities researchers, key stakeholders in swimming, water quality, and health, as well as patients/public. A Public Engagement Group panel was leveraged alongside focus groups for critical reflection on the research process and outcomes.
- 4 **SP4ALL:** Adapted a methodological approach from co-mentorship; this included a pragmatic survey and focus group approach mainly due to underwhelming participation rates. In addition, obstacles hindering successful outcomes were considered and reported.
- 5 **Rooted in Nature:** Applied community development principles to foster collaboration across diverse sectors. The project employed photo-elicitation to facilitate effective communication of young participants' ideas and perspectives. Alongside this, the project discovered and reported on areas of improvement and need within the sector and academic field.
- 6 **ARCHES:** Employed a community-based participatory research methodology for a collaborative approach, which included the formulation of a theory of change as an integral component of the research proposal. The project further acknowledged areas in need of enhancement.
- 7 **Art at the Start:** Employed action research embedded within the gallery setting. The project engaged art therapists, gallery learning teams, and families as active collaborators. They utilised a blend of quantitative and qualitative methodologies for data collection and evidence generation, and highlighted potential areas for improvement.
- 8 **Branching Out:** Employed an exploratory multi-level mixed methods approach to scrutinise the implementation of an intervention. They focused on implementation outcomes, particularly acceptability, appropriateness, and feasibility, and raised concerns of areas of further need.
- 9 **Connecting Roots:** Centred efforts on the expansion of green social prescribing services in collaboration with voluntary sector organisations. The project envisioned a system to support scaling, in order to co-create a network and devise methodologies for scaling voluntary sector organisations. The project identified further areas requiring attention.
- 10 **Inspiring Ashfield:** Combined a Theory of Change approach with the World Health Organization's ExpandNet framework. They captured the place-identity approach, communicated it to new areas, and co-produced tailored models. A Theory of Change model was developed for evaluation and the transfer of knowledge to new areas.
- 11 **Scaling Up Human Henge:** Used a mixed-method approach involving quantitative and qualitative measures. The quantitative dataset was populated using a questionnaire combining three well-established measures: the Shortened Warwick-Edinburgh Mental Wellbeing Scales (7 items); the Personal Wellbeing Index; and the EQ-5D-5L measure of health-related quality of life. Qualitative data was collected at the end of the programme using two in-person focus groups.

3. RESULTS

3.3.1 Synthesis - derived themes (methods)

Programmes typically encompassed validated methodologies within their design, focussing on developing an art intervention but also in collecting evidence for its efficacy.

As such programmes reported various evidence syntheses, including collaboration with stakeholders, mixed-method research, community engagement, adaptation based on practical experiences, and the need for further research in the field.

Evidence synthesis:

Most projects conducted feasibility studies which collected evidence for the purpose of the project. Arts for the Blues for example used evidence from NHS Talking Therapies, psychological theory and epidemiological data from the World Health Organisation to underpin the methods used for their place-based arts initiative. Scaling up Human Henge for example built on previous research in the field assessing the value of heritage sites for wellbeing.

Collaboration:

Several projects talked about the importance of collaboration with stakeholders. Connecting Roots for example focussed on co-creation of a local green social prescribing network with voluntary organisations. Rooted in Nature for example utilised a research design that connected and valued multiple perspectives and voices with the aim of developing community spaces.

Mixed Methods research:

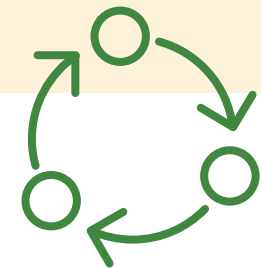
Most projects used a mixed methods approach utilising focus groups, interviews and quantitative measurements through wellbeing scales.

Adaptation:

Several projects outlined the need for adaptation based on project delivery and experience. Arts for the Blues for example recognised the imperative need for further evaluation and commitment to continuous improvement. ARCHES for example formulated a theory of change, acknowledged areas in need of enhancement. SP4ALL for example shifted from co-mentorship to a pragmatic survey and focus group approach, acknowledging obstacles hindering project delivery, with the need for a responsive approach to challenges.

Gaps:

Rooted in Nature, Arches, Art at the Start, Branching Out, Connecting Roots, Inspiring Ashfield, and Human Henge all contribute to the call for further research by discovering areas of improvement, acknowledging the need for enhancement, raising concerns, envisioning systems for scaling, and expressing reservations, collectively emphasising the importance of continuous inquiry and refinement in their respective projects.



3. RESULTS

3.4 Participants engaged in projects

- 1 **Arts for the Blues:** 225 Managers, practitioners, researchers. Therapists, artists, arts therapists, service users, lived experience.
- 2 **Prescribe Heritage Highland:** 110 Mental Health Referrals.
- 3 **Wild Swimming:** 2000 survey of low-income households, focus groups and public engagement groups.
- 4 **SP4ALL:** 543 survey respondents, training participants, focus group participants.
- 5 **Rooted in Nature:** 181 social prescribing link workers, young people and researchers.
- 6 **ARCHES:** 242 internal and external stakeholders, community members, community focus group participants.
- 7 **Art at the Start:** 2779 infants and caregivers, those in receipt of a low income; those fitting indices of multiple deprivation (IMD).
- 8 **Branching Out:** 85 Artsclapers, children and teachers.
- 9 **Connecting Roots:** 500 people with lived experience, charities and those fitting indices of multiple deprivation (IMD).
- 10 **Inspiring Ashfield:** 444 individuals who were low engagement and hard to reach.
- 11 **Human Henge:** 25 Mental Health Referrals

3.4.1 Synthesis - derived themes (participants)

A total of around 7200 participants took part in phase one of this programme, a large number of whom were those working within the system. The majority of participants were from underserved, low income households, and those fitting IMD scales.



3. RESULTS

3.5: Impact and outputs from projects

- 1 **Arts for the Blues** impacted routine service delivery in the NHS through its implementation of the service through its integration of arts therapy into NHS Talking Therapies, a service which previously only offered cognitive Behaviour Therapy. The project attracted local, national and international attention and provided an example of best practice in the field.
- 2 **Prescribe Heritage Highland** fostered new partnerships, particularly rural organisations who were not previously joined up. Additionally there was a development of existing partnerships including helping and developing a charity that was already in the field. The project provided mental health training to staff and linked to existing organisations and people working in this field.
- 3 **Wild Swimming** created and disseminated academic journal articles, presentations, blogs and artwork, and media. The project had an impact on policy through an All- Party Parliamentary Group.
- 4 **SP4ALL** will be providing training and guidelines in the coming months.
- 5 **Rooted in Nature** produced academic outputs such as journal articles and creative outputs such as visual infographics, blogs and public engagement.
- 6 **ARCHES** reduced health inequalities through its use of space and place and development of innovative approaches. The project identified challenges to scaling; its case study approach provided insight into longevity, scalability and colocation.
- 7 **Art at the Start** impacted families (measured through pre and post evaluation) through improvements in wellbeing and attachment in participants. New collaborations were formed, alongside continuing professional development offers as well as policy impact.
- 8 **Branching Out** found that the project resulted in: Increased confidence, improved relationships, greater happiness, creativity, engagement as a learner, and wellbeing. The project engaged in professional development. There was an impact on funding impact including making a real change to the public health landscape. A change in practice in schools was implemented as well as instigating change on a national level.
- 9 **Connecting Roots** created policy recommendations alongside the development of a green social prescribing network in Walsall and the development of scalability methods.
- 10 **Inspiring Ashfield's** academic findings contributed to the emerging field of social psychology of health equality; the project improved the understanding of the relationship between health inequalities and place.
- 11 **Scaling Up Human Henge** produced conference papers, academic journal articles, an online guide and a volume of edited papers as a result of the project.

3. RESULTS

3.5.1 Synthesis - derived themes (impact and outputs)

Understanding gaps in the service:

Almost all projects highlighted the need for further research in this field. Arts for the Blues emphasise the need for further evaluation in its NHS intervention model, Prescribe Heritage Highland underscored areas requiring improvement through exhaustive reviews and scalability assessments. Wild Swimming advocate for additional research by involving diverse stakeholders and leveraging critical reflections for addressing health inequalities. SP4ALL, having adapted its approach due to participation challenges, identified obstacles hindering success and signifies the necessity for ongoing investigation. There was a particular emphasis on co-location and addressing partnerships, particularly with rural areas.

Creating systemic impact:

Some projects created real systemic impact, changing the way NHS and local partnerships work. Arts for the Blues for example attracted national and international interest in their ability to integrate arts-based therapies into therapeutic practice. Others changed the delivery of place-based partnerships and evidenced how good partnership working can create impact – Prescribe Heritage Highland for example worked with the NHS Highland Health Improvement Team to integrate heritage based social prescribing which had not been done before within NHS Scotland. Branching Out created real systemic impact in the way public health bodies allocate funding to interventions through schools, evidenced by the impact of this project.

Outputs

Outputs ranged from academic, conference, media, political and policy (e.g. APPGs) and in the co-creation of local partnerships.

Psychological impact:

Projects evidenced improvements in wellbeing, confidence, learning, attachment through quantitative psychometric measures alongside qualitative methodology.



3. RESULTS

3.6 Barriers and enablers to project delivery

- 1 **Arts for the Blues:** Enablers included the ability for the programme to be easily adaptable to the local services, which allowed it to be clear, collaborative, and transformative. This was a result of organisational enablers. Barriers included a lack of resources such as funding.
- 2 **Prescribe Heritage Highland:** Enablers included the ability to forge good partnerships with help from the NHS. Barriers included slow rate of referrals, slow pace of life in the third sector, and rural transport issues; not many people live within these areas. Since healthcare is medicalised, it can be unresponsive to such initiatives. Other barriers included funding constraints.
- 3 **Wild Swimming:** Enablers included the success of engaging people with lived experience, creating partnerships within the community and funding. One of the bigger barriers to this project were time and resource constraints.
- 4 **SP4ALL:** Organisational enablers included the ability to forge good partnerships within the community, and the engagement that came with these partnerships.
- 5 **Rooted in Nature:** Barriers included the constraints of funding, excess paperwork, staff turnover, lack of green space to use, problems with reaching out to deprived communities, and issues such as GPs being unaware of what social prescribing is.
- 6 **ARCHES:** Enablers included good allocation of resources, such as funding, and the ability to forge good partnerships and collaboration. Barriers included time constraints, the constraints still in place due to COVID and the slower pace of work in third sector.
- 7 **Art at the Start:** The project found that the policy landscape allowed the project to thrive and form new and meaningful collaborations. These were particularly helped through the All-Party Parliamentary Group. Barriers included institutional constraints arising from when local statutory services are not on board with the project.
- 8 **Branching Out:** Enablers included partnership collaboration, funding, and the reality that a good programme was in place third sector already. Barriers included the recruitment of volunteers, the barrier to participation due to deprivation, having to use teaching assistants and existing infrastructure, and the NHS not being conducive to change or incorporating the project on board.
- 9 **Connecting Roots:** Enablers included community partnerships and enthusiasm for the project between sectors, and the fact that research innovation was met with open arms. Barriers included funding: there is a sense of job insecurity and reliance on voluntary work as a result of funding constraints, which makes it unfair for staff who are unable to commit for long periods. Geography was also a barrier, as well as the reality that real partnership building takes time and trust.
- 10 **Inspiring Ashfield:** Enablers included practical support, support from funders and access to good local knowledge. Barriers included unexpected delays, academics leaving, and COVID related constraints.
- 11 **Scaling Up Human Henge:** Enablers included the success of multidisciplinary team working, and the successes associated with collaborations and partnership. Partnerships could also be a barrier as they could pull the project in different directions.

3. RESULTS

3.6.1 Synthesis-derived themes (barriers and enablers)

The NHS as a barrier and enabler:

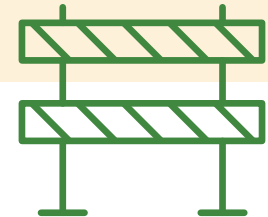
The NHS structure can actually be conducive to gaps and change. When a gap is identified, it can easily be filled with something new, alternative and needed if existing structures and systems could deal with flexibility and newness. Both Arts for the Blues and Prescribe Heritage Highland evidence this, in successful and new partnership working. Other projects found the NHS infrastructure was not conducive to change and working on the hoof in an agile way was the only way to get by. Art at the Start for example used the political leverage of an APPG in order to create systemic change.

Funding:

Funding was described as both a barrier and an enabler, with several projects commenting on how things can slow down or grind to a halt if no further funding is in place. Additionally with funding shortages community organisations might rely on volunteers to staff their projects, which is not always sustainable.

Collaboration

Collaboration and partnerships can be both barriers and enablers. Partnerships take time to grow and trusting relationships need to be fostered and made over time. There are different paces of work and different styles of work in different sectors.



4. DISCUSSION

4.1 Organisational culture

Projects spoke about working between sectors, some citing that the pace of life is faster in the third sector in comparison to academia, policy or health. This in some cases created a 'silo' effect where the organisations work towards varying drivers and demands, alongside individuals with complex needs. This at times was a clear barrier to the type of collaboration needed to enable deprived communities, which the third sector is key in reaching out to. Rooted in Nature for example noted that a lack of efficient contractual systems within academia meant that VCFSE partners were unable to be managed in a timely manner. Branching Out noted the challenge of 'hierarchy of evidence' in the culture of the NHS, which prioritises large-scale, quantitative evidence over small-scale, rich, qualitative studies. However, it was noted in several instances that when flexibility is given to the third sector (through reliable contracts, partnerships, funding, evaluation and staffing,) community organisations are simply allowed to do what they know best – this allows organisations to deliver at pace and achieve anticipated outcomes.

4.2 Improvement

Projects talked about improvement, innovation and creating change, particularly in the improvement of existing services. Connecting Roots for example noted that building from the community up and understanding the local conditions, interdependent systems and wider determinants was key to improving systems. It was noted by Arts for the Blues that NHS Talking Therapies mainly offers cognitive behavioural therapy, which is not always appropriate for all areas of mental ill health. Identifying this gap in service provision, they were able to push alternative treatments such as creative psychotherapies to the forefront. This in turn led to more research in the area and contributed to changes in service provision, as well as the opportunity to showcase best practice to an international audience. However, the success of Arts for the Blues was only possible through reduced bureaucracy within the NHS, allowing for alternative therapies to fill the gaps in service on an ad hoc basis.

4.3 Collaboration

When collaboration worked, it was key to successful project delivery. However successful collaboration is the result of relationship building and taking the time and effort to build trust and gain local knowledge. Some projects noted that collaboration may need to be encouraged or even forced a little bit or mediated to find middle grounds. SP4ALL noted that having more involved and interested partners on the project, which lead to further support, dissemination and training opportunities in the future. Others noted that collaboration involved finding compromise between different sectors – Rooted in nature noted the mismatch between research timelines and how long processes might take at university administrative levels. For this project, delays occurred to collaboration agreements and in paying external advisors.

However where it worked, collaboration was effectively used as a means of joining up a fragmented system. Prescribe Heritage Highland noted as one of their enablers ***“strong partnerships with organisations and links with rural communities. The University of the Highlands and Islands experience of working in rural communities and with clinicians as well as third sector and community groups was very helpful.”*** For Arches, ***“An equally important enabler was the participatory and collaborative approach taken to this investigation by the research team and community anchor organisations. This meant that a significant part of the early work of the project involved developing a shared understanding of what the aims of the project were and in particular what the community organisations meant by terms such as ‘scaling up’. It was important to the research team that there was a shared agreement about purpose and definitions of key terms that reflected the community anchor organisations’ experience.”***

4. DISCUSSION

4.4 Organisational enablers

Positive NHS stories were told by Arts for the Blues, Art at the Start and Prescribe Heritage Highland: stakeholders of these projects acknowledged the project models as 'adaptable' across diverse contexts and user groups, most notably within NHS infrastructure. Prescribe Heritage Highland raised support from NHS Highland Public health improvement team which allowed for the delivery of the project across the Highland and Island areas. Arts for the Blues identified individuals with unmet needs at the primary care level and offered a service that was unavailable to them, significantly an adaptable and pre-established model of alternative therapies through arts modalities. This created a significant shift of attitude within the statutory organisations which indicated a greater need for the understanding of creative psychotherapies to mental health and wellbeing. Additionally, gaps in the system can make it easier for alternatives to push through as they identify a need:

This network offered us the currency and connections necessary to start to explore and traverse the complex systems of information governance, risk assessment and research ethics of which the NHS is the gatekeeper. Working across a range of sites in which we had various levels of existing connection with NHS and third sector providers, we found that the ease of navigating these systems to connect with newly formed infant mental health teams was dependent on the strength of the relationships we were able to develop. We also found that systems and structures varied considerably, even across different regions of the same organisation (e.g., the NHS) adding to the complexity of navigating the set-up of the service. From our experience, third sector organisations were better able to respond flexibly and agilely to the development of a new model of working. However, it is in the intersection of community based and NHS based supports where the broadest, deepest, and most inclusive intervention models can be made. Thus, it is critical that further work be done to provide a roadmap for these connections to flourish.

– Art at the Start

4.5 Engagement and Outreach

Low participation rates among vulnerable and underserved populations remain a key area of further need:

Social Prescribing was brought to a standstill during the pandemic and Link Workers across the UK still face substantial challenges in supporting their clients to avail of an appropriate offer, especially in deprived areas. Our work provides evidence as to how this can be done by illustrating a CVS (Community and Voluntary Sector) community leadership model (Inspiring Ashfield) based on specific modular steps (scoping, informing and coproducing a local offer with stakeholders and clients). Our findings provide a blueprint for how Social Prescribers and CVSs elsewhere can overcome similar challenges as well as a role description and costings for how this can be implemented.

– Inspiring Ashfield

Financial support (i.e. payment) for people working in this sector is limited and presents a challenge to increase uptake by people from ethnic minority groups.

– SP4ALL

4.6 Flexibility, ad-hoc and agile working

One key theme and insight throughout was the need for flexibility in the sector, identified by almost every project. Whether this is through partnership or multidisciplinary working, allowing ad hoc projects to fill gaps in services, or allowing third sector organisations to deliver projects at the pace they are comfortable with, flexibility and the ability to work in an agile manner can enable local systems to deliver successful and impactful projects.

5. CONCLUSION

Using a place-based case study allowed for a rich variety of data to be collected, and enabled projects to give a full and frank account of the challenges and successes of their project and its delivery. From the summary sections, five main themes were identified. Projects spoke consistently about: organisational culture, improvement and innovation, collaboration, systemic enablers, and reach-out.

An overarching theme emerged, that of the benefits of flexible, ad hoc and agile working. The pace of life in the third sector was sometimes a 'culture shock' for those working in policy, health or academia, however successful partnership working, including allowing the third sector to move at its own pace, allowed for smoother project delivery and greater impact. Projects spoke of the changing nature of the systems and infrastructure, noting that improvement, innovation, creativity and change were always key in developing new and improving services. Again, sometimes experimenting with making things less bureaucratic and complex could instigate real organisational behaviour change. This included organising more efficient ways for contracts, collaboration agreements and payments, but also allowing for organisational enablers. 'Good NHS stories' for example demonstrated that better service delivery and impact could result from the ability to be flexible with bureaucracy.

The findings from this place-based case study underscore the significance of flexible, ad hoc, and agile working within statutory organisations and the third sector, emphasising the transformative impact of embracing a culture that allows for experimentation and adaptation. The identified themes of organisational culture, improvement, collaboration, systemic enablers, and reach-out collectively reinforce the notion that fostering a dynamic and responsive approach contributes to smoother project delivery and ultimately enhances the overall impact of initiatives in the ever-evolving landscape of the third sector.

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