

Kirkham Futures

## Kirkham High Street Heritage Action Zone

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Evaluation report of Year 2 social prescribing pilot  
programme

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## 1 Summary

Fylde Council, together with Historic England (HE), commissioned a pilot programme of social prescribing (SP) courses and groups, as part of Kirkham High Street Heritage Action Zone and Kirkham Futures. The programme was delivered by Phoenix Rising (PR), a regional SP partnership and included a variety of short-term, weekly courses including chair-based yoga, heritage walks, arts and crafts, gardening, and cookery.

An independent evaluation of the pilot programme was conducted by two research consultants (Toby Williamson and Dr Eva Cyhlarova). The aim of the evaluation was to collect information about participants attending the programme, their individual and community wellbeing, and the views of key individuals involved in the delivery of the programme. Information about achievements of the programme and its challenges was also collected.

A face-to-face focus group was conducted with six participants from courses and groups that were part of the programme. An online questionnaire explored course participants' wellbeing and sense of community. In total, 16 people completed the questionnaire at the beginning of courses and eight at the end of their course. The mean age was 69 years (range 54–80) and 15 reported as being White; only was one male. Six responders completed the questionnaire at both timepoints, but the numbers were small to compare the scores before and after the courses. Five interviews (face-to-face and online) were carried out with facilitators involved in delivering the programme and individuals from stakeholder organisations. Monitoring data about programme participants collected by PR was also used in the evaluation.

### **Aims, participants, health and wellbeing impact**

There was a good understanding and broad consensus about the aims of the programme involving both health and social gains. Most people felt it had met these aims, but some responders felt it was still developing and taking time to embed itself.

In total, according to the monitoring, data 70 participants attended the PR courses, and 40 attended four or more sessions. 46 people attended heritage days and ten people attended art workshops.

Most of the evaluation participants were older, White women, experiencing health issues, bereavement and loneliness. Views were expressed by course participants and others that the programme needed to reach out to other groups, e.g. men; parents with children; a family member accompanying an older participant; working people, e.g. by weekend and evening, intergenerational sessions.

Course participants and facilitators all described health, wellbeing and social gains, including new friendships and learning new things, e.g. about the town's heritage. There was a wide consensus that the programme had enabled participants to make new connections and relationships, which were developed and sustained beyond the sessions and therefore building community, e.g. new community group set up by participants, Friends of Kirkham Library, from the gardening group, a WhatsApp and coffee group from the yoga / heritage walking group. As only six participants completed the questionnaire both at baseline and follow-up, results for individual and community wellbeing were inconclusive.

### **Course organisation, partnerships, communication and promotion**

PR, the courses and the facilitators all received praise from course participants and stakeholders. Examples were given of the programme building good relationships with other community

organisations and groups, e.g. the library, Grow Kirkham CIC, and the Kirkham archive at St Michael's Church.

Considerable thought and careful planning had gone into the programme by PR and the facilitators, using their experience from running similar programmes elsewhere in the region, and included taking account of the need to engage sensitively and at the right speed with people in Kirkham before starting the programme.

Finding suitable venues at suitable times was a challenge (PR had hoped to have weekend sessions but could not find appropriate venues). Some groups were limited by space, e.g. cooking, gardening. Ensuring some groups were pitched at the right level was a challenge, e.g. groups involving physical activity.

Participants, PR and local stakeholders all agreed that promoting and communicating about the programme was difficult. Challenges included: raising awareness of the programme and what the courses involved; the requirement for weekly booking which could only be done online; no dedicated phone number for the courses; facilitators needing to be able to communicate with participants in order to let them know about sessions coming up; understanding how the programme fitted with other activities that were part of the wider Kirkham Futures project, and ensuring communication about this was co-ordinated and up to date.

Some course participants felt that the names of the courses were misleading and might put people off, e.g. people with mobility issues not realising that the heritage walks and gardening group were accessible.

Although course participants understood the benefits of online booking all of them felt this could be improved and needed to be more inclusive of people who were not able to go online, e.g. assistance with booking.

Responders expressed a need for a dedicated phone line staffed by someone who could answer questions about the groups, encourage people to attend, and book people onto courses. Up-to-date and easily accessible website would be helpful, with links to PR's website.

Most participants found out about the courses through Facebook, seeing a poster or advert, or word of mouth. At least 23 people were referred to the programme via SP but not all attended. Only one survey responder reported being referred to the courses by their GP. Fear was suggested as one possible reason; perhaps the fear of trying something new or doing something somebody thought they had no talent in, e.g. art, although PR described how they worked hard to reassure people and try and dispel these ideas.

### **Sustainability, evaluation, suggestions for improvement**

Sustainability and continuity of the programme posed challenges both for the organisers and participants, though some of the groups connected with the programme could help with this.

Some suggestions for improvements included: attracting more diversity in terms of courses offered and people attending (especially men); courses offered at evenings and weekends if suitable venues are available; a dedicated phone line / person who could answer questions about the courses, assist with online bookings, communicate with participants, etc; ensuring communication across all the Kirkham Futures programmes and activities was up to date, co-ordinated and information was shared across organisations, websites, etc.

Participants and organisers questioned how inclusive the evaluation was given that participants had been contacted online and the reluctance of some people to complete questionnaires. The idea of co-designing the next evaluation was suggested.

## 2 Introduction

This report describes an evaluation of a pilot programme of social prescribing (SP) activities, part of Kirkham High Street Heritage Action Zone and Kirkham Futures, and commissioned by Fylde Council and Historic England (HE). The programme was delivered by Phoenix Rising (PR), a regional SP partnership, and started in January 2022. The programme consisted of a variety of short-term, weekly courses, including chair-based yoga, heritage walks, arts and crafts, gardening, and cookery. Although originally planned to end by 31 March 2022, the programme was subsequently extended into the summer of 2022 (and beyond).

The evaluation of this pilot programme was carried out by Toby Williamson and Dr Eva Cyhlarova, two independent consultants with extensive heritage, wellbeing and evaluation expertise.

### 2.1 The Kirkham High Street Heritage Action Zone

Kirkham in Lancashire is a town and civil parish of 7,194 people and situated midway between Blackpool and Preston, in the borough of Fylde. In 2020 Kirkham was selected as one of the areas to benefit from the government's £95 million programme to revitalise local high streets. This involved the establishment of a High Street Heritage Action Zone (HS HAZ).<sup>1</sup> Through this initiative, 'Kirkham Futures', Fylde Borough Council (lead partner) is working in partnership with Historic England to unlock the potential of Kirkham's historic high street, fuelling economic, social, and cultural recovery. The project will transform disused and dilapidated buildings into homes, shops, workplaces and community spaces. It is also intended to help improve the health and wellbeing of individuals living in Kirkham, and the community more widely.

### 2.2 The Kirkham Heritage Health and Wellbeing programme

Part of the HAZ initiative was a plan for a four year 'Kirkham Heritage Health and Wellbeing' programme (reduced to three years as a result of Covid). A feasibility study into the programme was carried out in 2021 by independent consultants (Helen Shearn Associates).

The key objectives of this programme are:

- To establish a Heritage & Wellbeing Consortium with key partners and, together, develop and run an exciting, innovative 3-year programme of culture, heritage and wellbeing activities and interventions;
- To improve and enhance local people's health and wellbeing (physical and mental) using social, cultural (including heritage, arts etc.) and community assets in Kirkham;
- To target and connect the community programme to those who need it most;

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<sup>1</sup> For more information on HS HAZ see: <https://historicengland.org.uk/services-skills/heritage-action-zones/>

- To engage more people in heritage themed activities and to increase their understanding and appreciation of the work of Historic England;
- To contribute to the existing evidence base on the effectiveness of heritage and wellbeing SP interventions through a programme evaluation and action learning with an academic partner.

The feasibility report proposed five main areas of work for the programme to achieve these objectives:

1. Adopt improving 'community spirit' as an overriding objective.<sup>2</sup>
2. Link heritage-based activities with SP in Kirkham.
3. Develop a programme of activities for years 2-4 (2021-24) using four broad heritage themes: sustainable textiles; life stories & memories; healthy living & food; heritage skills and crafts (see 4.2 below for more details).
4. Ensure appropriate monitoring and evaluation of the programme.
5. Underpin the programme with the necessary infrastructure, co-ordination, staffing and funding.
  - Co-ordination is being provided by an independent consultant, Helen Shearn, who has expertise in the arts, heritage and wellbeing sectors.
  - The programme involves the creation of a new, fixed-term, fulltime 'Local Heritage Health and Wellbeing Coach' based in primary care in Kirkham. This is a new and innovative role and has attracted national interest (appointment to the post is in progress). The role will involve linking people with health conditions to SP activities and will have a specialist heritage focus.

It should be noted that the impact Covid had on the duration of this programme and the importance of getting projects going on the ground in Kirkham generated significant pressures of time on the SP programme described in this evaluation.

### 2.3 Social prescribing

Social prescribing (SP) has become a significant element in health care in England, as set out in the government's 2019 Long Term Plan for the NHS.<sup>3</sup> People with long term health conditions, disabilities or experiencing loneliness or isolation in contact with primary health care, other statutory or voluntary sector services are put in touch with a SP link worker. Working with the individual, the link worker then helps to identify and connect people to community groups and statutory services for practical and emotional support that will meet their health and wellbeing needs.

Although SP link workers are a very important element of SP, the way that SP can also be understood and practiced may often be less structured, with individuals identifying their own support needs for their health and wellbeing, and referring themselves directly to community groups

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<sup>2</sup> See: <https://www.rsph.org.uk/our-work/programmes/community-spirit-programme.html>

<sup>2</sup> <https://www.england.nhs.uk/personalisedcare/social-prescribing/>

and activities to meet these needs. The SP programme described in this evaluation involved this less structured approach as well as SP link workers.

### **Phoenix Rising Social Prescribing Pilot Programme**

The SP programme evaluated in this report was a central element in the commencement of the wider Heritage, Health and Wellbeing programme, in line with the objectives and work areas described above. Phoenix Rising (PR), a SP partnership project, were commissioned to run the programme starting in January 2022 and ending in March 2022. PR provide free courses and activities across arts, physical activity and nature to support wellbeing across communities in Central and North Lancashire and South Cumbria.<sup>4</sup>

Initially four courses were planned to run weekly for varying lengths of time (and different start dates) up until the end of March. The evaluation was originally planned to run for the same length of time. However, it was agreed that the SP programme would be extended to run until the end of 2022 and the evaluation was also extended so it could collect data until May 2022, and included data from a fifth course.

The five courses evaluated were as follows:

- Gardening / nature
- Textiles / art
- Cookery
- Chair-based exercises (including some yoga techniques)
- Heritage walks

Nearly all the courses had both a strong emphasis on local history and heritage as well as a health and wellbeing theme running through them, and often made links between the different topics.

Some examples include:

- the gardening group had an emphasis on what herbs could be grown locally and their uses;
- the cookery group made links between food and wellbeing;
- the art group followed on from the cookery group and often based its themes on the recipes used earlier in the day (while also being careful to reassure and support people who believed they could not 'do' art);
- the textiles group was called "Stitch away stress";
- the heritage walks involved a gentle stroll around Kirkham with the facilitator telling people the history of various buildings in the town.

The courses were held in different venues in Kirkham and numbers were limited by size of venue but ranged from 8–20 people each. The courses were advertised through leaflets and posters distributed to the local library, GPs, etc. newspaper adverts and social media. People could self-refer to the programme, but it was also promoted to local SP link workers so they could recommend it to people with disabilities, long-term health conditions or who were lonely or isolated that they were in contact with.

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<sup>4</sup> [www.phoenix-rising-wellbeing.co.uk](http://www.phoenix-rising-wellbeing.co.uk)

In addition to the courses PR held 'taster' sessions for the programme that began in late 2021, as well as monthly heritage open days and art workshops in March, April and May 2021. Although some consideration was given to how these might be included in the evaluation, as one-off or less regular events they did not fit well with the main purpose of the evaluation and no significant data was collected from them.

Running roughly in parallel with the evaluation was an ongoing community consultation process to collect data from the wider population in Kirkham about individual and community wellbeing, and their views on Kirkham Future's broader heritage programme. This could provide important baseline data for individual and community wellbeing which can be used to compare with participants of SP programmes in the future, but at the time of writing the full findings from this consultation were not available.

### **3 Aims of the evaluation**

The original aims of the evaluation were (i) to assess the impact of the pilot SP activities on individual and community wellbeing, and the use of health and social care services; and (ii) and assist with the development of the evaluation in Years 3 and 4.

The evaluation collected a significant amount of data about achievements of the programme beyond the aim described in (i) as well as some of the challenges (including for the evaluation). These findings relate to the aim described in (ii) but are also relevant to the development of future programmes and activities for Years 3 and 4, and so are reported in some detail.

## **4 Method**

### **4.1 Design**

The evaluation followed a mixed-methods design, collecting both qualitative and quantitative data using (i) an online questionnaire, (ii) online and face-to-face interviews, and (iii) a face-to-face focus group.

### **4.2 Materials**

#### **Interviews and focus groups**

Interviews with key stakeholders were used to gather their experiences of the SP activities and their impact on participants wellbeing, connections with the community, use of services, and delivery of the programme.

A focus group (FG) was conducted with course participants after they have taken part in SP activities to collect in-depth information about their experience of the activities, their impact on their wellbeing and connections with the community, and their use of services.

#### **Questionnaire**

A questionnaire was designed and included questions about demographics, recent use of health and social care services, and the following standardised scales:

- Wellbeing: Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS), 7 items (Stewart-Brown et al 2009);



- Social connectedness: UCLA loneliness scale, 3 items (Hughes et al 2004);
- Community wellbeing: Brief Sense of Community Scale (BSCS), 8 items (Peterson et al 2008).

### 4.3 Participants

#### Interviews and focus group

The following key stakeholders were invited to take part in interviews: facilitators and staff employed by PR and directly involved in delivering the courses; staff working for organisations that referred people to the courses and / or supported the courses to take place (e.g. social prescribers, venues where the courses took place); members of local organisations and consortia involved with the programme.

#### Questionnaire

The questionnaire was available online and a link was shared with course participants through course facilitators and local organisations involved with the programme. Paper copies of the questionnaire were also made available.

Course participants who completed the questionnaire were asked to give their email address if they were willing to take part in a face-to-face FG.

### 4.4 Procedure

#### Interviews and focus group

If stakeholders agreed, they were sent an information sheet and a consent form. Interviews were conducted face-to-face or online by the two members of the evaluation team in May 2022.

Course participants who indicated in their questionnaire that they would be interested in taking part in a discussion group were invited by email to a face-to-face FG. All participants were given an information sheet and a consent form.

The discussions were recorded, and notes taken during the discussions were revised according to the recordings.

#### Questionnaire

Course attendees were encouraged to complete the survey before (baseline) and after (follow-up) they participated in SP activities.

#### Monitoring data

The evaluation team were also given access to monitoring data collected by PR, which recorded attendance numbers on each course, as well as one-off arts and heritage-based events and workshops organised by PR for people living in Kirkham that were associated with the programme.

## 5 Analysis

FG and interview data were analysed using content analysis (Bryman et al 2004). Following a detailed examination of the data, major and minor categories were established according to emerging themes. These were reviewed to ensure they should not be merged or sub-categorised. Quantitative data were analysed using SPSS 27.

## 6 Results

In the following section, we report the combined results of the interviews, FG and questionnaire data.

It is important to bear in mind that the sample sizes were small and yielded mixed results. The qualitative data do not reflect the quantitative data, and vice versa, so it is difficult to draw any firm conclusions. As only six individuals completed the measures at both timepoints, it was not possible to compare the scores between baseline and follow-up. In fact, the number of FG participants was the same as the number of individuals completing the questionnaire at both baseline and follow-up (N=6), which makes the findings from both sources of data equally valid. Nevertheless, both the qualitative and quantitative results give an indication of the general wellbeing of course participants at baseline.

### 6.1 Evaluation sample

#### Focus group

Six course attendees participated in the FG (five women and one man). Three of them also completed the survey (two women and one man); their average age was 66 years, and all were White English.

#### Interviews

Five stakeholders were interviewed. Three were employed by PR and directly involved in the delivery of the programme (e.g. as facilitators). Two were employed by partner organisations involved in referring people to the programme and/or supporting the programme.

#### Questionnaire responders

The online questionnaire was completed by 17 responders before (baseline) and 11 responders after courses (follow-up). Some entries were unusable and the analysis included 16 participants at baseline and eight at follow-up. Only six individuals completed the questionnaire at both timepoints.

Only one responder was male; 15 were White and one was from BAME background. The mean age at baseline was 69, ranging from 54 to 80. One responder reported being referred to the course via their GP or other health professional because of a long-term disability. Most responders were retired, which was expected as the activities were scheduled during weekdays (Table 1).

Table 1. Occupation of questionnaire responders

	<b>N</b>
Retired	12
Volunteering	1
Working full time	1
Working part time	2
Total	16

## 6.2 Course attendance

### Phoenix Rising monitoring data

Participant numbers and the average number of participants attending each course from January to May are shown in Tables 2 and 3. In addition to the courses, PR organised three heritage days and two art workshops in March, April and May. In total, 46 people attended the heritage days and ten people attended the art workshops.

Table 2. Number of participants attending PR courses

<b>Total number of participants</b>	<b>70</b>
Male	5
Female	65
Attended four or more sessions	40
Attended only one session	15

Table 3. PR courses attended

<b>Course</b>	<b>Average attendance for each session</b>
Gardening / nature	4
Textiles / art	7
Cookery	4
Chair-based exercises	15
Heritage walk	8
Average across all sessions	8

Questionnaire responders provided information about which courses they attended (Table 4).

Exercise classes were the most frequently reported (7 responders), followed by art and cookery (3 responders each).

Table 4. PR courses attended by evaluation participants

<b>Course</b>	<b>N</b>
Gardening / nature	2
Textiles / art	3
Cookery	3
Chair-based exercise	7
Mindful walking	1
Not attended yet	1

## 6.3 Aims of the programme

The main aim of the programme has been to improve and support the wellbeing of people living in and around Kirkham by providing a variety of courses and activities involving arts, physical activity and nature, with an emphasis on local history and heritage. It also aimed to be delivered as a SP programme to engage people who experienced a range of health conditions such as depression, anxiety, mobility problems, heart disease and obesity, as well as loneliness and social isolation. Through connecting people – via their GPs and SP link workers – to specific heritage-based activities

the programme aimed to give people more control over their health and social needs, provide practical and emotional support, and improve both individual and community wellbeing<sup>5</sup>.

Interview participants were asked what they thought the aim of the programme was. There was a broad consensus, which reflected the stated programme aims, that it was about improving the physical, mental and emotional wellbeing of individuals as well as helping them develop positive social connections and reduce loneliness (especially after the lockdowns, as one person pointed out) through participating in a range of courses and activities. One interviewee described a programme aim as:

*Getting people more mobile, more active, to improve their overall wellbeing, physical wellbeing, mental wellbeing, emotional wellbeing.*

The community wellbeing aspect of the programme was mentioned less although this was implied by references to increasing the activities available in Kirkham and building connections between people. One interviewee was clearer about the relationship between individual and community wellbeing:

*Individual wellbeing was at the heart of it, individual wellbeing [with] sequential growth which would hopefully have a longer-term impact on the wider community.*

There was also not much reference to the heritage aspect of the programme although one interviewee described a programme aim was to enable people to engage more with the heritage of Kirkham. Increasing digital inclusion was also mentioned.

Although FG participants were not directly asked about the programme aims, several discussed their reasons for attending in terms of health issues, bereavement issues and needing to meet people. One participant said:

*I'm recently bereaved. I dedicated the last five years to my wife in a care home so I dropped out of society, this is a way of getting back in, to meet people.*

#### **6.4 Organisation of the programme: what worked well**

PR used their experience of setting up and running similar programmes elsewhere in Lancashire and Cumbria to inform their approach in setting up the programme in Kirkham. This was clearly indicated by describing taking a slower approach in Kirkham compared to previous programmes and being very mindful of the fact that PR were not from or known in Kirkham. This approach was summed up well by one interviewee:

*At the heart of [the programme] there needs to be that really embedded connection with local people...we took a slower approach when we were working in Kirkham...Because in small communities...if you get it right the legacy sticks a bit longer, so it's about gentle and sensitive negotiations and understanding... We are very conscious that while we are all from Lancashire, but not from Kirkham, and the place belongs to the people within it, so let's not step on any toes, so let's work 'with' and 'for' rather than 'to'.*

Some of the practical details of what this approach involved were described in the evaluation, although the course themes were based around recommendations in the feasibility report for

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<sup>5</sup> <https://www.kirkhamfutures.org/plans/health-and-wellbeing-programme>

Heritage, Health and Wellbeing programme produced by Helen Shearn associates in 2021, and the experience of PR. Careful consideration was given to course timings and venues; a variety of venues were deliberately chosen for different courses (e.g. library, community centre, church) knowing that people might have different preferences for the type of venue they felt comfortable in. PR had hoped to run courses at the weekend to widen accessibility but there were no available venues that were suitable.

PR were aware of the importance of promoting and publicising the programme effectively. They were aware that many people would not find out about them digitally because they were not online or because of digital exclusion so they worked hard to put posters up and leave flyers in places where they were likely to be seen, as well as putting an advert in the local newspaper, the Kirkham & Wesham Advertiser. Publicising the programme with flyers and posters in GP surgeries proved successful but some FG participants found out about it via Facebook. Word of mouth was also important; several FG participants and interviewees mentioned this. Neither FG participants or interviewees thought that many people had been referred via their GP or SP link worker.

Table 5 shows how questionnaire responders found out about the activities they had attended. Facebook was most frequently mentioned as a way of finding out about courses (6 responders).

Table 5. How participants found out about the courses

<i>How did you find out about the course?</i>	<b>N</b>
Facebook	6
Poster at GP	2
Paper	2
Local website	1
Community centre	1
Library	1
Friend	2
Total	15
Missing	1

One FG participant described how they found out about the course:

*At the doctor's surgery, I had a health issue. Due to Covid you can't keep getting up to look at a noticeboard because you sit in your place and wait for your appointment so I took a photo with my phone, I couldn't read it all or write it down or remember it all, not that I'm savvy [with technology] but that was the only way I could find out more about it*

An online booking system was used for each course in the programme which required people to book onto a session every week. This helped to encourage people to turn up, enabled facilitators to know how many people were coming each week, and to let people know if a course was not on one week for some reason. FG participants understood the benefits of this. One person said:

*They [PR] need to know how many people would come, and if you book way ahead you might not be able to go one day and then you would take a place, so I sort of understand that.*

PR recognised that online information and booking systems might be challenging for some people, especially older people, but examples were given of where family members had helped people book

and library staff also booked people onto courses if they were unable to do it themselves (some FG participants were aware of this). Although difficult for some people at first, this was thought to become less of a problem because as one interviewee put it, “everyone is more into a routine and knows how to do it”.

There were a number of very positive comments about PR, the course facilitators (‘practitioners’), the organisation of the programme and communication with other agencies involved. One interviewee said:

*[Phoenix Rising] have been excellent. The practitioners have been absolutely lovely... They’ve been professional, excellent with the people who’ve come to the groups and they’ve always been really good at communication, we usually know exactly what’s happening so it’s been great.*

Interviewees thought the courses in general were right for the people they were intended for:

*They are pitched really well for the kind of people who perhaps are struggling a little bit... there is a purpose to the sessions, the focus isn’t on people’s loneliness or vulnerability it is on gardening, outdoors.*

*In terms of the sessions I’m teaching I wouldn’t have changed what they are. I think they’ve worked pretty well.*

Facilitators were pleased with how their courses had run. One facilitator had a group of around 25 people who came to her sessions (not all at the same time) and she thought the scheduling of her sessions helped with them being consistently well attended. The same facilitator was also pleased to have been part of the programme:

*It’s a really interesting project, it’s been great to be involved with it. It’s good to be able to see the benefits it’s having...I can see with my own eyes how much people are getting out of what we are doing and they are enjoying the different aspects, so that’s been really good.*

Some FG participants were very complimentary about the skills of the facilitators. One FG participant said:

*I think we have to thank our teacher...who is very, very good, she has a very calming manner.*

Another FG participant described how the facilitator had helped with other initiatives:

*[She] was the catalyst for that. [She] was very good at responding to the needs to the group.*

The adaptability of the PR and the facilitators was also mentioned as a positive:

*The topics have been good, because particularly with the gardening group they have evolved a little bit. So they started with the garden project which has been absolutely beautiful, but then it’s evolved to being sort of edible recipes using the herbs [grown] and a bit of folklore. That’s been really nice, because they’ve responded to the group.*

From a social prescribing point of view the programme was very welcome in providing a wider range of activities, encouragement and support for people with particular health conditions;

*It is an absolute goldmine for me. My job is ‘planting seeds’, getting people to follow and do things, if you haven’t got any seeds to plant, you can’t do anything.*

## Creating partnerships in the community

A particular achievement of note was the success PR and the programme had in building positive partnerships with other organisations based in Kirkham. This was commented on by several interviewees and examples were given by FG participants.

A very positive relationship had developed between PR, the library, and the two courses that were held at the library (the textiles and the gardening group). One interviewee said:

*It was lovely to do work in the library, there's a lovely feeling there and they really value our presence and they were just opening up again [after Covid], so it gave the opportunity for new people to come into the library, to join the library*

The library recommended the programme to library users and was able to develop its own services to the community by providing, where needed, people with digital help to book a course online. An interviewee who worked at the library described this:

*One of the things we've offered if anybody can't access email, send them to us, and we will book them in, so we did have quite a few people coming in to book onto things... so that has been really good because we can offer digital services to people. Most of them don't want it but it's that opportunity to help people.*

The gardening group at the library also developed a link with a local community environmental, horticultural and wellbeing group Grow Kirkham. One of the Grow Kirkham organisers joined the gardening group, became involved with a Friends of Kirkham Library group (set up by a member of the gardening group), and there was a strong possibility that Grow Kirkham would take responsibility for supporting the gardening group after PR withdrew. (Since the evaluation was completed, it has been reported that the gardening group will continue until the end of 2022 and Grow Kirkham will assist with maintaining the garden). As one FG participant put it:

*I joined the Grow Kirkham group. We heard that Phoenix Rising funding will finish eventually [and] we wanted to continue gardening there [the library] and we wanted Grow Kirkham to become involved, to kind of adopt it.*

PR were also careful in how they developed their relationship with St Michael's Church, home to the Kirkham archives collected by Martin Ramsbottom, so that heritage-based activities could take place there and connect with the archives. Although the evaluation did not include anyone from the Church or the archives, the activities that have continued to take place suggest the relationship has been positive. This was how PR's approach was described:

*It's really sensitive work because it is their archive, and there's a sort of nervousness around... we need to go at the speed of the community, and what people want.*

The hard work and commitment that PR and the facilitators had put into organising and delivering the programme was recognised by interviewees. One person said:

*They have all worked extremely hard to get to where they've got to, it has been a massive effort.*

## 6.5 Social prescribing

There was a good number of referrals to the courses, but it was unclear from the monitoring data how many of these came through an SP route. PR estimated that 10–15% of referrals came from an SP link worker or GP, but referral information (requested when people booked onto courses) was not always clear or available. Limitations of SP were also noted by interviewees:

*We haven't had massive amounts of referrals from GP surgeries, it's a chicken and egg situation, I have referred about 23 to the projects, whether they have gone and stayed with the projects I don't know, we don't keep them on, I know a few that have gone, I have had feedback..... I can't make them go, I can only tell them about the service and see if they are happy about going and will go.*

Although some referrals came from GPs and social prescribers, there were mixed reports about working with GPs:

*We haven't particularly worked very closely with GP surgeries. [Facilitator] has sent marketing materials to them but I think again it's this strange post-covid world where people don't necessarily have the capacity.*

One facilitator's experience was very positive, with a GP following up on their patient:

*She said she was really delighted that a GP had rang her during the session to see if their patient had turned up and she overheard her say 'yes, I'm here now'.*

Interviewees described that people did not know what SP was and whether it was for them, but they also acknowledged that over time people would understand what this new programme can offer.

*One lady in cookery session said I wanted to come but I didn't know if I was ill enough. It is for anybody that needs to access it. They felt awkward.*

*We are a relatively new project [an SP service], the GPs are inundated, during the pandemic...It will get better, people need to understand what we do .... it's the same with PR, people have got to understand what they do and not be frightened of it, fear is a huge thing with our clients.*

Some FG participants were aware of SP, although none said they had been referred by an SP link worker or GP. A couple mentioned that they had seen a flyer at a charity shop or a GP surgery. They pointed out that because people have less contact with their GPs now, they do not find out about available activities.

*So many people don't go to a GP now, you are very lucky if you get a face to face with anybody, so we are not seeing so many professionals now who say 'I suggest you do this', it's just not been happening.*

One interviewee spoke about SP indirectly when they said the following in relation to what the programme was about:

*Getting people to think differently about their health, empowering them to be able to make choices about their health that doesn't involve going to their GPs.*

In this respect the programme reflects the broader SP practice described at the beginning of this report, which does not rely solely on referrals from SP link workers or GPs. Most survey responders said they had found out about the programme themselves but evidence from the FG suggested that



participants had a variety of health and wellbeing issues that were fairly typical of SP participants more widely.

It is difficult to compare this programme with other studies about the impact and benefits of SP on health and wellbeing, as most of the literature focuses on larger, longer term SP programmes where participants have all been referred via SP link workers (Bickerdike et al 2017). A briefing from the National Academy for Social Prescribing (NASP) identified that twice as many women than men were accessing SP, and common reasons for referrals to SP were for anxiety and depression, isolation and loneliness, social needs or exercise; in very broad terms participants of the Kirkham SP seemed to reflect this (NASP 2022).

As an indicative comparison, Table 6 compares the Kirkham programme with two other SP programmes; an Arts on Prescription programme in Sydney, Australia, and a Creative Alternatives Arts on prescription programme in St Helens, Lancashire (Poulos et al 2018; Whelan et al 2016). The comparisons should be treated with caution as data collection methods varied but again, the Kirkham programme is by no means atypical and participant numbers compare favourably.

Table 6. Comparison of the Kirkham programme with other SP programmes

Programme	Duration (months)	Number of courses	Total participant numbers	Survey participant numbers	Women %	Men %	Average age	Average course attendance
Kirkham	6	5	70	16	93	7	69	8
St Helens	12	6	70	57	75	25	<65*	7
Sydney	18	6	140	127	74	26	78	n/a

\* Average age not known; the majority were under 65, but over 70% were aged 41 or over.

The majority of SP studies (including St Helens and Sydney) showed positive outcomes on participants' health and wellbeing, but most of the studies had methodological limitations.

## 6.6 Individual wellbeing

Many of the FG participants were lonely and isolated (only partly due to Covid); some were recently bereaved, and some had various health conditions. As one practitioner observed:

*The feedback was really lovely, they [participants] went to the groups, were lonely and isolated, maybe suffered bereavement, and struggling generally, and they found a group of people who were in the same situation. Phoenix Rising encouraged them to get together and meet up.*

Another facilitator pointed out that people found it hard to believe that these activities were meant for them:

*One lady said, 'I thought I had to be really unwell [to take part], is this for me?' was a big thing, 'am I worthy of this, is Kirkham worthy of this?' Came from quite a sad place I think, lack of worth, so it's been really lovely to plant some seeds and nurture some positivity.*

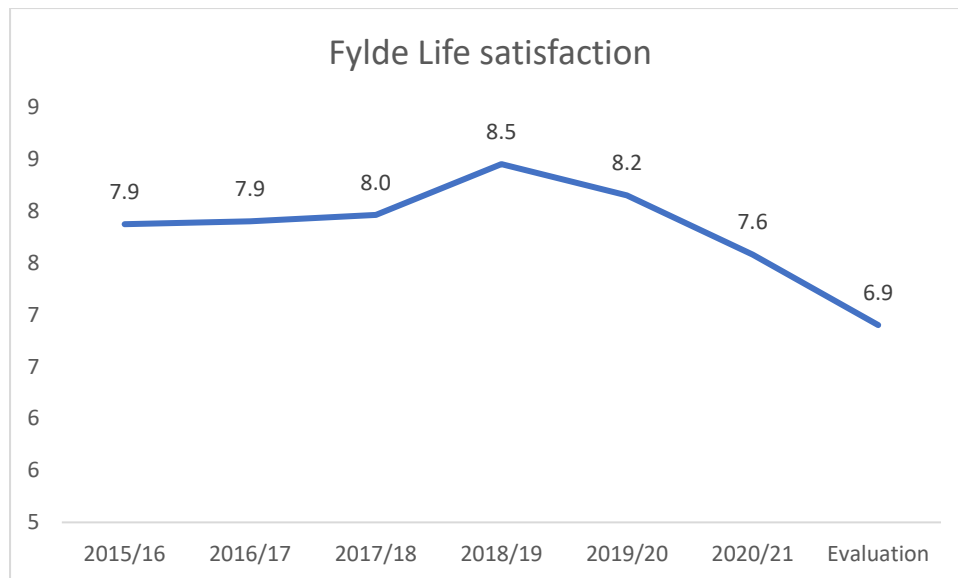
### Life satisfaction

In comparison with ONS life satisfaction data on Fylde over time, the average score of the questionnaire responders at baseline was slightly lower (6.9) than the average score of Fylde residents in 2020/21 (7.6; Figure 1). The mean score at follow-up was lower still (5.3), but the sample

size was too small to draw any conclusions. Five responders completed this measure at both timepoints; the scores remained the same in three cases and slightly decreased in two cases.

As most people completed the questionnaire only once, the results provide just a snapshot of their general wellbeing. Compared to the Fylde average, one might expect lower life satisfaction scores for SP users because of physical and mental health issues, loneliness, isolation etc.

Figure 1. Comparison of life satisfaction scores with ONS data



### Individual health and wellbeing

Course participants and facilitators described health, wellbeing and social gains, including developing new friendships and learning new things e.g. about the town's heritage. Responses included:

*My physical health has benefited, and my mind as well, I think because I was on my own for so long, because of Covid and my husband dying, my mind wasn't being used, and the ladies that I talk to have similar minds to me and we can have a conversation which is great.*

For example, chair yoga and walking were perceived as benefiting people's physical and mental health, despite some people having mobility issues. Some participants reported being more mentally active and being able to find enjoyment in other activities as a result of the courses. Others found more confidence walking again and being more physical.

*The chair yoga has been absolutely brilliant – there has been many benefits, we are almost asleep by the end, it is so relaxing.*

*I'm more mentally active now, I feel I have projects on the go and finding enjoyment.*

*I found enjoyment though the stitching, the sewing and embroidery techniques [in the textiles group] that I remember from years ago, I am able to do them, it has given me something else in my armour that I know is making me feel good.*

*The physical, with the chair yoga, that has been great, but also with the chair yoga it's been about, the breathing and being in control, which is very relaxing, but also social interaction*

*and the fact that you feel you belong to a group and you've got other people you can talk to which is great.*

Facilitators noted that some people were quite withdrawn and quiet in the beginning started sharing stories and experiences. They clearly saw the value that people were getting from the sessions and observed how people's confidence had grown. Participants were able to overcome their fear and try new things.

*I was a bit nervous at first and then I improved and I'm now doing a lot more, ... so yes, self-confidence, but you have got to be brave to come into these new things.*

*Once I was there, I was absolutely fascinated because it was using foods I wouldn't normally use, and the benefits of them.*

One facilitator noted how people in the group got to know each other and if someone did not come to a session, others asked about them, so "the community is looking after each other".

The mean wellbeing score of the questionnaire responders (N=16) was 22.7 (SD 5.8) at baseline, as assessed by the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS; Stewart-Brown et al 2009). This was in line with the mean score of the Population Norms in Health Survey for England 2011 (mean 23.6, SD 3.9; Stewart-Brown et al 2009). The mean score at follow-up was similar (22.5, SD 4.8), but only eight participants completed the questionnaire at follow-up, therefore the numbers were too small for analysis of changes between the two timepoints. Of the six responders who completed the measure at both timepoints, the mean scores increased for four participants and decreased for two participants.

The Kirkham evaluation is very small scale, and the findings were mixed as regards the impact on individual wellbeing. However, as previously pointed out, a number of factors unrelated to the courses could have influenced the quantitative data regarding individual wellbeing, and this was based on only six responders. The same number attended the FG and reported very favourably on the positive impact the programme had on them, and this view was echoed by the interviewees.

### **Social connectedness**

The FG participants very much enjoyed attending the courses and felt that social interaction and connectedness was "the most important thing". They valued meeting new people, widening their friendship groups, and seeing familiar people in Kirkham as a result.

*I have absolutely loved it, met some really lovely people there... everybody is so friendly, they help each other, I now see people in Kirkham.*

*So I found the course really interesting, for social interactions and to get to know people, it's really enjoyable I would happily pay for it.*

One facilitator described their role in enabling people to make connections:

*We made lovely connections in the group, it's the social interaction they have when they are living on their own, it's important beyond the teaching, I'm just creating the space for them to explore different things, those connections they are making they are priceless, really.*

At baseline, eight questionnaire responders scored 3–5 on the UCLA Loneliness scale (Hughes et al 2004) and would be considered 'not lonely', while eight people scored 6–9 and would be considered 'lonely' (Stephens et al 2013). Scores of 3 and 6 were the most frequent (both occurring five times). Of

the eight people who completed the scale at follow-up, three would be considered 'not lonely' (scoring 3–5) and five 'lonely' (scoring 6–9). The six responders who completed this measure at both timepoints showed mixed results; two had the same mean scores at baseline and follow-up, two had higher scores and two lower scores.

## 6.7 Community wellbeing

There was a wide consensus that the programme had enabled participants to make new connections and relationships, which were developed and sustained beyond the sessions and therefore building community wellbeing and 'spirit', e.g. new community group set up by participants, Friends of Kirkham Library from the gardening group, a WhatsApp and coffee group from the yoga/heritage walking group. One course participant said,

*This yoga on a Friday has been a godsend for exercise and social interaction, and learning more about Kirkham I didn't know, and also for friendship. It's led on to meeting the ladies for coffee, our little circle group. We've become friends haven't we?... We are going to the cinema, so 'baby steps' have led to things.*

Facilitators described how the programme gave people the social space they needed, and also enabled them to have the confidence to move on and create their own networks. They felt that PR encouraged people to get together or have an event, and now people meet socially, go on walks together and do other activities, and develop sense of community.

*Most of them didn't know one another before starting the sessions and quite a few of them, they are all very friendly anyway, quite a few of them have developed closer friendships, they have a WhatsApp group, they go out for coffee after each of the sessions, they meet up separately themselves so in terms of the social interaction that's been really good.*

*It isn't just the group, we need to make that very clear, the group is the start of something other, the groups give people the confidence to go and do something else.*

Other community activities developed though the groups and people attended other activities that they found out about through the courses. They could see the benefit of 'word of mouth' and working in partnership with other local groups and charities. As one facilitator described:

*They are going off and doing their own thing. The way I look to work with growing, it is not just about them and their area, it's about growing with other people. It is already happening, people are bringing plants to share, sharing info outside the sessions, that's what it's all about, growing in their community beyond the planning and sharing food.*

There was some evidence that the momentum could be sustained beyond the duration of the programme, rather than just people relying on the activities provided by the programme.

*Sustainability, one of my worries was, am I going to plant a garden and none is going to be there to take it on, that hasn't happened, everyone has got really involved, it's wonderful, they are communicating outside the sessions, it has snowballed, they are meeting independently, centred around the garden.*

FG participants noted that a local school near the library is keen to get involved in the project, as there is not much green space near the school.

Questionnaire responders completed the Brief Sense of Community Scale (BSCS; Peterson et al 2008), which measures four dimensions (two items for each): needs fulfilment, group membership, influence, and emotional connection. Most people reported positive feelings about their community, and many ‘agreed’ or ‘strongly agreed’ with the statements in three domains: needs fulfilment, group membership, and emotional connection. Only the influence domain received mostly neutral responses (Table 7). The mean scores of six responders who completed this scale at both timepoints were inconclusive; two scores increased, three slightly decreased and one remained the same.

Table 7. Brief sense of community scale responses at baseline

	N	<i>Strongly agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly disagree</i>
I can get what I need in this community.	16	2	8	6		
This community helps me fulfil my needs.	16	1	7	7	1	
I feel like a member of this community.	16	2	6	8		
I belong in this community.	16	3	8	5		
I have a say about what goes on in my community.	15		3	10	2	
People in this community are good at influencing each other.	15		6	8	1	
I feel connected to this community.	16	2	8	6		
I have a good bond with others in this community.	15	3	6	7		

### Learning about heritage

FG participants also reported learning more about Kirkham and its heritage and that they saw the town in a different way since they attended the activities:

*I learnt a lot more about Kirkham than just coming to Morrisons...with the buildings, you’ve got to look up the buildings, I liked social history, I am reading a book about the mills of Kirkham and the industrial side so that’s led on to that, as more of a learning curve.*

*I’m seeing the area with new eyes, I’m looking at things more, that I wouldn’t have noticed before, I’m seeing things I’ve not seen even though I’ve lived here for years, I’ve walked this street for some time.*

### 6.8 Health and social care service use

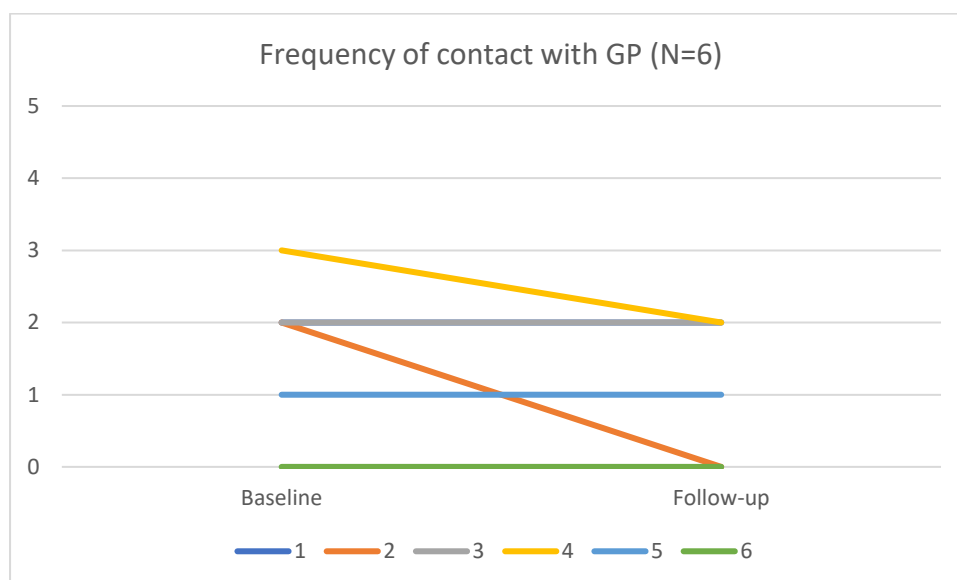
Many responders were not in contact with any health care services, and none were in contact with social care services at baseline (Table 8). Of those in contact with health care professionals, most (11) were in contact only once a month.

Table 8. Service use at baseline

<i>Approximately how many times have you been in contact with one or more of the following services in the last month?</i>				
<b>N=15</b>	<i>Not at all</i>	<i>Once a month</i>	<i>2-3 times a month</i>	<i>4 or more times a month</i>
GP	8	5	2	0
Other health professional, e.g. nurse	9	6	0	0
Social services professional	15	0	0	0

Of the six people who completed the questionnaire both at baseline and follow-up, four people maintained similar frequency of contact with their GP, while the contact needs of two others decreased in this time period (Figure 2).

Figure 2. Changes in GP contact frequency from baseline to follow-up



Neither FG participants nor interviewees mentioned any change in the use of services that was related to participating in the programme. The short time period and relatively low number of people referred by an SP link worker or GP made it unlikely that significant changes in use of services would have been observed.

## 6.9 Organisation of the programme: challenges

### Getting the programme started: embedding and communicating

Although there was quite a wide consensus about the aims of the programme and the view that the programme had achieved these, a couple of interviewees expressed the opinion that the programme was still developing and embedding itself. This was not seen necessarily as a problem, but to some degree inevitable with a new programme like this, and making minor changes was seen to be a positive response to needs and demands. One interviewee said:

*I think it will develop, it will grow as time moves on, they [PR] are still figuring out what Kirkham needs. As they have set up projects [they have] been tweaking them as they 've gone along, to make them more fit for purpose... they have been really good with being flexible.*

Interviewees and FG participants were in wide agreement that it was a real challenge to publicise and get the word out to people living in Kirkham about the programme. Embedding the programme was seen by one interviewee as key to publicising it:

*This programme has been tricky, until things get embedded, people don't know what they are about.*

Despite the achievements in publicising and promoting the programme described above, particularly when the programme started, it was recognised that an organisation new to Kirkham, setting up new courses and activities in the community posed significant communication challenges. One interviewee said:

*When the sessions started I got quite a few comments, 'how on earth are we meant to find out about this?'*

Although PR employed someone to help market and publicise the programme, some interviewees felt there was still scope for more being done about this, especially given that the programme was likely to appeal to an older generation. One interviewee said:

*Ideally it would be nice to have a pamphlet or leaflet saying this is what's happening in the next 6 months, this is how you can book in the library, by email, online. It alienates the older generation, they feel a bit stressed already, it's not something they want to have to navigate.*

Another interviewee also described communication as a challenge:

*Getting the information out to people in a timely manner was definitely one [challenge].*

Although the monitoring data collected by PR indicate reasonable numbers attended the courses, several FG participants also commented on how the publicity and communication could have been better, though it was difficult to assess their ability or effort to find out about the programme. One FG participant said:

*I agree with lack of communication, a failing, which is sad. People haven't known about these courses.*

Another FG participant said the programme,

*[It] needs to be more widely publicised...there must be lots of other people who haven't seen a poster, who don't have Facebook, so somehow getting it out to those people.*

To some extent, however, communicating and publicising things that were going on in Kirkham seemed to be a bit of an endemic problem that was not specific to PR's programme. Some interviewees described how they had initially been given the impression that very little community activities happened in Kirkham, but then realised this was not the case once they started working there. One interviewee said about Kirkham in general, not in relation to the programme:

*I was told when I picked up the job that it was really quiet in Kirkham and there wasn't much going on but I found the complete opposite of that...but perhaps it's just not getting to people.*

This challenge around communication in general, was perhaps partly a reflection of how many people seemed to find out about the PR programme; word of mouth was as important if not more so, than more organised methods of communication. One FG participant commented:

*People knowing about these things, that's the key. It is word of mouth mostly, it's not just Phoenix Rising, it's everything else what's going on.*

## **Participants**

The overwhelming majority of participants were women. Based on the findings from the questionnaire, participants in the FG and what they said, and the observations of interviewees the majority were also older, retired and white. In terms of gender and age this was not representative of the population of Kirkham. Furthermore, while older people are more likely to experience disabilities and long-term health conditions, this applies equally to men as well as women, and one would expect a number of younger adults to also have disabilities and long term health conditions. The programme therefore was unable to attract significant numbers of men and younger people.

One comment from an FG participant was:

*It is all very well to us having something, but there's very little in Kirkham for younger people involved and if we want Kirkham to become alive again, we need the younger generation to come and stay in Kirkham.*

A further risk one interviewee pointed out was that the course groups became cliquy and unwelcoming to new members although there was no evidence that this had happened so far. The timing and themes of some of the courses were thought to be possible reasons for the lack of diversity in the groups. As one interviewee said:

*The sessions I teach are probably more appealing to an older population, or not necessarily an older population but and older or a less mobile population, without making sweeping generalisations. I can't imagine a chap in his twenties would be particularly attracted to a chair yoga session on a Friday morning.*

Suggestions from interviewees included the programme being more intergenerational in its approach and allowing young mums, and sons and daughters to attend as well, having activities that would appeal more to men, and running courses at weekends and evenings. However, if future programmes of this type retain an SP focus then this would have to be balanced with ensuring that participants also met these criteria.

## **Digital challenge**

Another communication challenge was a lot of the information about the programme and the booking system for courses being online. While it was clearly important that information should be available online, it is well documented that many older people experience digital exclusion because they are less capable, unable, or unwilling to do things online. Several interviews and FG participants commented on the difficulties that finding information about the courses and the online booking system caused. Some FG participants searching online using terms such as 'what's on in Kirkham' but the programme did not come up; it was only when they found out about the programme when they located the PR website. Once on the PR website, some FG participants found the online booking system difficult to navigate and did not realise at first that one had to book onto a session each week, rather than do a bloc booking. One FG participant said:



*It's very difficult for people of our age group who don't go online to book these things, especially if you have to book it very week. I am thinking of a lady, some friend booked her on, but she hasn't come back...and she was really good with information, she knew everything, she had lived in Kirkham all her life, but I know she's not online and it's very difficult for her to be online.*

Interviewees commented on this difficulty as well. One person said a challenge for the programme was:

*The booking system; people really struggle with that, finding out about the session, if they are not computer savvy.*

Another interviewee recognised that because the courses were likely to attract older people technology could be a problem, especially at the start:

*Some of them certainly do find technology a challenge... I think the system is a bit more of a challenge when you are setting yourself up as a customer, once you have done that and you are booking on again and again I think it's a little easier, but I think it is a bit clunky the first time you use it, particularly if you are not used to using a booking system.*

Digital exclusion was also an issue for the evaluation as course participants had only been asked for an email address if they wished to participate in the FG. As one FG participant pointed out:

*[X] is missing here, she goes to all the activities, but she is not online. She would definitely have been here but she didn't know about it.*

### **Lack of a dedicated phone line**

Communication difficulties were compounded because PR had no budget for a dedicated phone line which people could ring to find out about the courses. The need for a phone line seemed to be born out when the advert was put in the Kirkham & Wesham Advertiser and one of PR's project managers agreed to include her personal mobile number in the advert. This resulted in her being inundated with calls which was difficult to manage, even though it showed the amount of interest in the programme. Some of these calls were not just about the programme; a woman phoned up who was worried about her father who had early signs of Alzheimer's disease and mobility issues and was looking for help beyond what the programme could deliver, but PR did not have the resources to signpost her to other services.

It was suggested that other services, such as the local SP link workers or the library, might have been able to respond to phone enquiries about the programme and help with bookings, as well as signpost people to other services where needed. However, this had not been organised or agreed.

All the FG participants felt that a telephone number they could ring to get information, and also help with booking onto a course, would have been very helpful.

### **Getting the activities right**

Pitching the activities at the right level was mentioned by interviewees as another challenge because all the courses were open access. Facilitators were uncertain about the abilities, impairments and motivation of course participants turning up each week, which meant that they had to be adaptable and meet a wide range of needs. This was certainly the case for courses involving physical activity,

such as the gardening group where not all participants could go into the garden because of mobility issues, so activities had to vary to ensure access and that people were safe and engaged in different ways. One interviewee described this challenge:

*For example I have one who hasn't been for a few weeks but she's in a wheelchair so she has some mobility in one of her legs but nothing in the other, and so its finding the balance so you're giving people enough challenge that they are getting physical benefits but not making it too difficult so people are put off because they think it's too hard...Because some of the people who come are extremely mobile and want to feel that they've been moved quite a bit and others come mainly for the social contact it's fair to say, and the movement bit is a bit of a peripheral.*

One interviewee felt this partly came back to a communication issue and would have liked to have known more about people who were joining the course. One person was unable to fully participate in a course because of health reasons which they told the facilitator during the session. The facilitator would have preferred to have known this in advance of the course, if the person had been willing to share the information, and would have also liked to have given information about the course directly to participants (rather than via PR) before they joined, so people knew what to expect and were prepared. The interviewee said:

*If I was working for myself, that's what I'd do, have some consent form, medical form, something to say this is what is expected, what the sessions are about, are you comfortable, is there anything you want me to know. They are not always comfortable saying it in the session.*

### **Course names**

Several of the FG participants felt that the name of some of the courses were misleading and might put people off or lead them to believe they would not be able to participate in them. This particularly applied to the courses involving physical activity; having 'walking' or 'gardening' in the title meant some people with mobility issues initially thought they could not take part. One person was not going to join the heritage walk group until they found out that the pace and distance covered was very manageable, and another FG participant described their initial concerns (and how these were allayed) about the gardening group:

*I have mobility issues, I can't bend, my hands don't work. I had not gone to gardening because of that, I thought I am taking up a space when I could not do it...Then I saw it advertised, herbs and their usage, we are making things inside, and I thought, 'I can do that'. I came along and everybody's been really good, I was able to plant in a raised bed.*

### **Suitable venues**

Finding suitable venues at appropriate times when facilitators were available was a major challenge for PR. This was further complicated because of PR's commitment to use different venues to ensure accessibility and variety. PR had also hoped that some courses could have been run at weekends but there were no suitable venues available. The cookery course was particularly difficult to schedule because of the need for a suitable kitchen that could accommodate a group of people. In the end, the group had to be limited to six people because of the size of the kitchen (this prevented some people from joining the course who enquired about it). One interviewee described the difficulties with the cookery group:

*It was difficult to deliver because it was a lot of extra planning and prep, finding the right venue where there was a decent size kitchen, and the need to keep numbers low.*

The gardening group also was limited in space and had to restrict the numbers of participants.

### **Co-ordination with the wider Kirkham Futures programme and other organisations**

FG participants and interviewees were unclear about how the SP programme fitted in with the rest of the Kirkham Futures initiative and other organisations involved with it in Kirkham. Only one FG participant was familiar with the Kirkham Futures initiative; the rest had not heard of it or only knew of particular elements. This was further complicated because other parts of the initiative also had a focus on heritage, including a cultural programme led by a consortium and a 'Kirkham Treasures' project. This didn't necessarily detract from the SP programme but some interviewees felt that there could have been better co-ordination and joined-up communication across the whole initiative and between organisations. This could have helped address the communication and publicity issues referred to earlier, at least online, by having consistent explanations of how different parts of the programme fitted together with links to the different projects on each organisation's website.

One interviewee said in relation to the different parts of the programme:

*It's just a shame that those things haven't crossed over more...because they have similar aims.*

Another interviewee felt that despite the challenges with communicating online this was a resource that should be used more to address this difficulty, and it might be that younger family members or friends become aware of the programme and then suggest it to someone who is not online. Joined up communication could:

*Better explain how all these things knit together, either how they are all part of the same project or part of different but complementary projects and we can tap into other people's resources to reach more people.*

A third interviewee described the confusion some people had about the different projects:

*There is still a bit of confusion between Kirkham Treasures [and PR]...They [participants] don't see the Bride of Kirkham [a Kirkham Treasures project] as anything different. They see that and say, "that's you isn't it because it's art?"*

The Kirkham Futures website clearly is an important source of online information but at the time of writing this report the only links to PR's website were in news items and there was no link in the section about the Health and Wellbeing programme.

### **Continuity, sustainability, resources and time**

The relatively short-term nature of the programme, especially before it had been decided to extend it, caused concerns for both participants and interviewees. This is almost inevitable with any programme like this which is successful because people don't want something to stop that they have been enjoying and benefitting from, and some may have become quite depend on. Some of the community networks and groups that the programme gave rise to may provide some mitigation for this but short-term SP programmes are not ideal for people who have long term health conditions, disabilities, or chronic loneliness.

Interestingly, this was not an issue that came up among the FG participants, although that may have been because they were more confident in seeking out and participating in activities, and socialising, as indicated by coming to the FG. However, one interviewee said:

*When I was able to tell the people in my groups that we were running beyond March and up until the end of the year they were all so pleased*

Another interviewee also observed this issue, as well as a possible solution:

*People get used to going. One lady said she lives for Wednesday mornings [when the session ran]. She was already starting to panic about what's going to happen [when they ended]. I guess the Grow Kirkham independent community group will be able to continue something, they can go from my sessions into there.*

PR was certainly aware of the issues that could arise if the programme had to come to an end:

*We had a nervousness about starting something off and that people benefited from and not wanting to be in that position and not being able to continue.*

In a similar vein, using a seedling metaphor to describe the programme and its participants:

*That's the hardest bit really, you are doing something and then suddenly you have all these seedlings that you've got to look after. 'Have we have got enough water and light? How big is this going to grow?'*

A couple of the interviewees described how they would have liked more of a lead in time to prepare the programme and how it would have helped to have had a budget to pay for more materials for the more hands-on courses, such as gardening. Offering one-off sessions was also questioned as they required a lot of preparation, but attendance could be quite low, especially in the winter months; one event only attracted four people.

## 6.10 Future evaluation planning

One interview emphasized the importance of the evaluation approach and the flexibility that is necessary to accommodate any unforeseen changes in the programme delivery by comparing it with another evaluation they had been involved with:

*So we based our evaluation framework on capturing a baseline and thinking that people would be doing 6 week block or 12 week block. And that just wasn't our experience. Some people attached themselves to the brand and moved around a lot, some people tried to do as many across the whole area. Then there were others who would only do one location. So we had to change how we were delivering, which had a knock-on effect on the evaluation because what we planned was different.*

They also noted that connecting with participants in different ways would enable multiple channels for data collection and capture a wide range of impacts of the programme. For example, some people may not like completing questionnaires, and other ways of data collection might be more accessible for some participants (e.g. collecting individual stories), although it may require more time and resources.

*I think to adequately capture individual stories, a lot of the work is really bespoke and quite quiet and quite discreet, and people build up trust so they will have conversations with a workshop leader they have got to know over the six week period.*

*It's informal, you have a cup of tea and it's just about having a chat about how its been and that's what I meant about building in the cost because it sounds not very much but actually you have got someone at the beginning and the end, and it's recorded, and that's the way you get the participation and you get really good information.*

There was enthusiasm for various partners involved in the programme to come together and co-design the evaluation, but adequate resources would be needed.

*So that's something I would do differently that we would have some paid time for all of us to plan the evaluation together. It would be lovely to co-design, the workshop leaders design something with you that they can make work. That would be nice.*

## **7 Suggestion for future programmes**

Future SP programmes in Kirkham should:

1. Have a budget for a dedicated phonenumber for people to contact to make enquiries about the programme, get assistance with booking onto courses, communicate with participants, leave messages, etc. A member of staff should have responsibility for taking calls and responding to messages.
2. Clearly demonstrate how they will engage with a diverse range of people who are most likely to benefit from the programme, including older men and younger adults with disabilities, long-term health conditions, or experiencing loneliness or isolation. This may involve forging new partnerships in the community with organisations and groups in touch with these groups; co-designing new activities and courses that will appeal to diverse groups; using different venues (e.g. sports facilities); hold evening and weekend session where possible; and use different forms of publicity. The demographic characteristics of participants should be closely monitored and action taken if there the programme is not engaging different population groups.
3. Explore and test out other definitions of heritage as course topics (resources / staff permitting), which might appeal to more diverse groups, e.g. work and sports heritage; outdoor conservation work, technological heritage, etc.
4. Consider piloting a course or activity that had an intergenerational focus, which could involve children and their parents, and adult sons and daughters of older participants.
5. Ensure course names and descriptions accurately reflect how inclusive the courses are for people with different impairments, disabilities and health conditions.
6. Consider including more course information on the online booking page about why people need to book each week, course accessibility, health considerations, etc.
7. Consider asking for more information about course participants when they book. While giving this information should not be essential to book, information about age, gender and disabilities / health conditions, etc. could be useful for the facilitators, and also for monitoring purposes.

8. Work in close partnership with other organisations involved in Kirkham Futures and press the Kirkham Futures Board to ensure consistent messaging and organisational links about the SP programme and other initiatives, are shared across all organisational websites. The Kirkham Futures website must contain clear, up-to-date information on the Heritage, Health and Wellbeing programme page, including links to organisations running SP programmes.
9. Future evaluations of SP programmes should be co-designed with local people and, if possible, involve people who may use SP programmes to assist with the evaluation.

## 8 References

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