PHOENIX RISING

EVALUATION REPORT 2021–22

GREEN CLOSE

THE wildlife TRUSTS
Lancashire, Manchester & N Merseyside

Mandala Wellbeing

THE GATHERING FIELDS
WELLBEING CENTRE

Environment Centre | Lancaster University

University of Brighton

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INTRODUCTION

Image: Phoenix Rising participant sowing wildflower seeds at The Gathering Fields, 2021

WHAT IS THE PROJECT?

Phoenix Rising was a new programme of activities for Social Prescribing for South Cumbria, North and Central Lancashire: it delivered a year-long programme of wellbeing activity for disadvantaged communities and those suffering from health inequalities from March 2021–March 2022 focusing on the themes of art, nature and movement.

Phoenix Rising was delivered by four key partners: Green Close, Mandala CIC, Lancashire Wildlife Trust and The Gathering Fields who worked closely with Lancashire and South Cumbria NHS Foundation Trust (LSCFT) Recovery College. The work built on the success of a visual art, mental health and wellbeing programme (The Phoenix Project) delivered remotely by Green Close in partnership with the Recovery College during 2020.

During the year Phoenix Rising delivered a series of creative, environmental and movement workshops, and was led by 11 experienced wellbeing engagement practitioners, who explored ways of using the environment, visual arts, yoga and movement to engage with people to enhance their mental wellbeing and physical health.

In total 310 workshops were delivered, creating 1093 participations. A further 4116 audience members were identified through open public events and exhibitions. However due to the nature of the events and how some people engaged with the programme we only hold data for 220 individuals. 396 people received wellbeing support through the provision of quarterly Phoenix Rising Wellbeing Newsletters. The Phoenix Rising Facebook page has 341 followers, a Facebook exposure of 28,300 and Facebook interactions (people interacting with posts about the offering) of 1,148.

The programme was funded by the Thriving Communities Fund with additional investment from Active Lancashire, Lancaster & Morecambe Clinical commissioning Group, Lancashire & South Cumbria (NHS) Trust, Lancashire Wildlife Trust, The Baring Foundation, Kirkby Lonsdale CIC and some private sponsorship.

WHY WAS IT DONE?

The success of the Phoenix Project meant that Green Close and (LSCFT) Recovery College wanted to further its offer and grow more health and wellbeing opportunities in the area. The college had not been able to deliver activities in the North of Lancashire or South Cumbria and many of these communities had particularly suffered with lack of access to support as a result of the COVID-19 pandemic. Mandala CIC and LWT had also been delivering online and remotely to individuals who were suffering and collectively we all felt a real need for our work to be developed together.

WHAT DID THE PROJECT AIM TO ACHIEVE?

The project aimed to help individuals from deprived and isolated communities' access high quality support to assist their mental and physical health and wellbeing needs. It aimed to connect with social prescribers and enrich and strengthen the social prescribing offers available in Central & North Lancashire and South Cumbria Lancashire. It also acted as a developmental opportunity for three not-for-profit organisations to work together to explore how a more connected offer across different disciplines might enhance the participant experience.

HOW WAS IT DELIVERED?

The programme was delivered in genuine partnership between the four key organisations. Each organisation led on workshop delivery from its own specialism: Green Close offered visual arts activities – ceramics, textiles, photography, drawing and environmental arts activities, Mandala offered a range of movement activities including yoga, chair-based yoga, groove, Lancashire Wildlife Trust offered nature based environmental and conservation activities from their My Place to Grow programme and The Gathering Fields provided an inspirational space with access to a yoga studio and wildflower meadows for a series of Field Trips (away days). Here, participants came together to access the full offer of nature – art – movement, often trying something new in a supportive and nurturing environment provided by the whole team.

The programme began with a number of pilot visual arts workshops held in Kirkby Lonsdale (April–May 2021) followed by the launch of the full programme of activities in June 2021. The programme was designed to offer a series of courses of six weeks duration with three 12-week terms in different locations. A range of aligned events and an online wellbeing newsletter was also sent out to all registered participants. The programme was modified during the autumn to provide on-going weekly activities in the same location.

Green Close acted as the programme lead with some support coming from Mandala CIC. Mandala led on the marketing of the programme and initially the Recovery College led on bookings and recruitment. However, in response to participant feedback and our evaluation team the team established a new independent website for the programme and managed bookings and recruitment themselves for the last five months of the programme. The Phoenix Rising core delivery team met weekly online for the majority of the programme from June 2021–February 2022 with occasional face-to-face meetings depending on COVID restrictions.

The team created online taster workshops which introduced participants to the workshop leaders, which helped broker the anxiety about trying something new and meeting others. Where possible partners collaborated on new programmes of work *i.e*. Breathe & Draw sessions were held in the yoga studios of Mandala in Preston and Art & Nature sessions were held at Brockholes Nature Reserve. Courses varied in their type, process, length and duration, but the majority were 2 hours long, with movement workshops lasting up to one hour.

The team also held several exhibitions and events collectively:

- World Suicide Prevention Day at Preston Bus Station, September 2021 where *Clouds of Hope* was delivered by two artists
- Tree Dressing Day, December 2021 was celebrated by various groups at The Gathering Fields, Brockholes and Kirkham
- Green Monday was held at Brockholes Nature Reserve, 17th January 2022 an event to challenge stigma and provide wellbeing and respite for Blue Monday.
- Phoenix Rising Exhibitions of participant artworks were held at Brockholes Visitor Centre (January–February 2022) and Morecambe Library (March–April 2022)
- National Wildflower Meadow Day June 2022 was celebrated at The Gathering Fields with visits and workshops delivered by partners

EVALUATION

The Phoenix Rising team worked with researchers from Lancaster and Brighton Universities to evaluate the impact that taking part in the Phoenix Rising Project had on individual team members, social prescribers and participants. Quantitative, descriptive and narrative feedback was gathered from partners, social prescribers and workshop participants via surveys, evaluation and feedback forms, and semi-scripted interviews. The process adhered fully to the Lancaster University code of conduct for ethical research.

PROGRAMME EVALUATION

APPROACH

An evaluation strategy was designed to understand and evidence the impact of the Phoenix Rising programme. The Phoenix Rising Evaluation strategy focused on three key areas, working with three different groups, as shown in Figure 1. In addition to quantitative outcomes, qualitative information was collected in the form of interview and focus group data which was used to explore the potential underlying mechanisms that may have driven the changes in the outcomes.

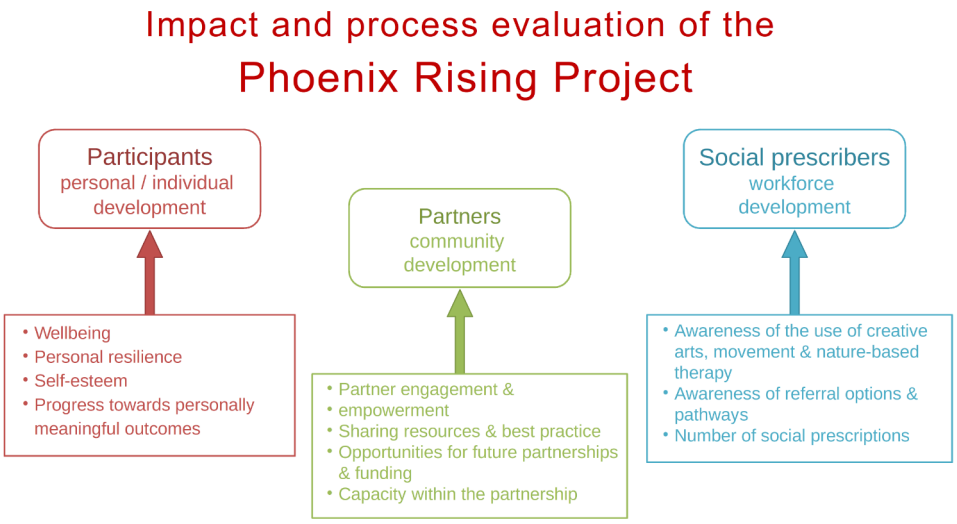

***Figure 1**. Diagram showing the impact and processes evaluation strategy three key groups (participants, partners, and social prescribers) in The Phoenix Rising Project.*

INDIVIDUAL DEVELOPMENT – PROGRAMME PARTICIPANTS

This area of the evaluation focused on participants and included anyone who took part in at least one workshop provided by the Phoenix Rising programme. Immediately on registering for a workshop, participants were sent a link and asked to complete the baseline survey. This consisted of a questionnaire with categorical questions, scored using Likert scales. The questionnaires covered 7 areas related to mental wellbeing:

1. Wellbeing: Warwick-Edinburgh Mental Wellbeing Scale, hereafter WEMWBS (Tennant et al., 2007),
2. Depressive symptomatology: Patient Health Questionnaire, PHQ-9 (Kroenke & Spitzer, 2002),
3. Anxiety: Generalised Anxiety Disorder, GAD-7 (Spitzer et al., 2006),
4. Personal resilience: Brief Resilience Scale (Smith et al., 2008),
5. Self-esteem: Rosenberg Self-esteem Scale (Rosenberg, 1965),
6. Loneliness: UCLA Loneliness Scale (Russel, 1966),
7. Progress towards personally meaningful goals: measured on the Goal Based Outcomes scale (Law & Jacob, 2015).

Participants were also invited to set up to three goals they hoped to achieve by participating in the Phoenix Rising project. The choice of goal was given in a short answer format and was unprompted.

At the end of their workshop sessions, we sent each individual participant a link to the follow-up online questionnaire. They were again asked to score their mental wellbeing using the same questions and scales, allowing us to determine what, if any, improvement had occurred in their wellbeing during their participation in the Phoenix Rising Project. Each participant was also asked to rate their progress towards each goal which they set during the baseline survey using a 10-point scale with 0 indicating “no progress” and 10 “goal complete”.

We additionally asked for feedback on the workshop each participant had attended. They were first asked to rate this against a Likert scale from 1 (lowest approval rating) to 5 (highest approval rating) and were then also invited to provide a short commentary regarding their overall experience, as well as to rate their level of learning, progress to recovery and closeness to achieving their goals. Participants were also invited to comment on the delivery and organisation of the workshop.

Finally, we asked participants if they would be willing to be interviewed to provide more extensive feedback relating to their experiences of the Phoenix Rising project. We partially scripted semi-structured interviews, which were conducted virtually by Lancaster University researchers. Where consent was given, interviews were recorded and transcribed to enable subsequent thematic analysis. Extensive notes were taken instead in interviews with participants who had stated a reluctance to be recorded. We also offered a free-form feedback form as an alternative. This consisted of two sections: participant background, and progress, and invited responses in long answer format that would provide the basis of a qualitative case study. Participants who experienced difficulty completing the baseline and/or final questionnaires were encouraged to complete one of these case study forms instead.

COMMUNITY DEVELOPMENT – PARTNERSHIP WORKING

This area of work aimed to explore any potential changes in the ways community-based support providers operate as a result of collaborating and delivering the Phoenix Rising programme. For the purpose of our evaluation, programme partners were taken to include anyone who was involved in the design or delivery of the Phoenix Rising programme, e.g. community-based support providers and NHS partners. Both the impacts on project partners and the enabling processes were explored via focus group discussions conducted at the beginning, mid-point, and end of the programme, and by analysing the minutes of project partner meetings. The focus group questions centred on engagement, experiences of and learning outcomes from working as a community of practice. We also explored partner views on opportunities for sustainability, including future partnership models.

This evaluation strand focused on exploring the experiences, successes and challenges of partnership working. To do this, focus group discussions and team meetings were analysed in order to answer the following questions:

1. How has the partnership working been experienced by programme partners?
2. What were the key perceived benefits and barriers of partnership working?
3. To what extent has the partnership enabled learning and development for project partners?
4. What were the key enabling processes?
5. What is the potential for sustainability of the partnership?

Thematic analysis was carried out to answer each of these questions, and the key emerging themes are presented in the Results section.

WORKFORCE DEVELOPMENT – SOCIAL PRESCRIBERS/REFERRALS

This area of work aimed to understand whether the programme has been successful in engaging social prescribers and other referrals in the programme and to identify any key barriers that needs to be addressed for fruitful future collaborations and more streamlined reference processes. Social prescribers and referrals included anyone with experience of referring individuals into community-based support offers, e.g. social prescriber link workers, GPs. Impacts on workforce development were explored via an online survey/phone call with referrals at the beginning, mid-point and end of the programme. We asked social prescribers/referrals about their awareness of the use of creative arts, movement and nature-based wellbeing provisions, knowledge of referral options and paths, and reach figures, *i.e*. how many individuals they have referred to this or other programmes during the past 12 weeks. Underpinning processes were understood from qualitative data collected via the online surveys/phone calls, project partner meeting and project partner focus group discussions.

Image: Phoenix Rising Yoga & Movement leader Emma Lowther-Wright leads a 'Groove' session with participants at Morecambe Library, 2022

RESULTS

Participants – personal and individual wellbeing

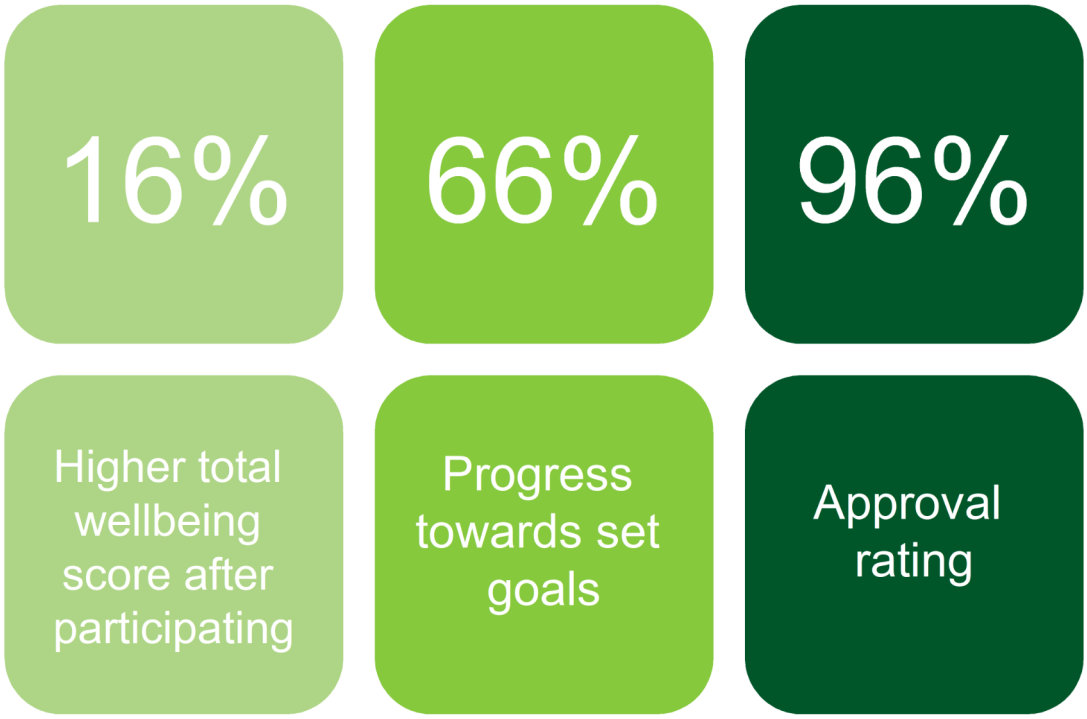

***Figure2**. Key findings from Phoenix Rising Project 2021–2022.*
"Percentages show differences in wellbeing scores, progress towards goals, and approval rating between baseline and final surveys.

PARTICIPANT WELLBEING

Number of completions

25 participants completed the baseline survey, and **22** completed the final survey. However, only **4** completed both. Our mental wellbeing evaluation, progress to goals, workshop evaluation and feedback are therefore based on **43** surveys. However, as only **4** participants completed both surveys, we analysed 21 baseline and **22** final surveys as independent samples and used appropriate statistical methods (independent samples T-test) to determine the significance of the reported differences. In addition to the on-line surveys, **13** participants completed the alternative case study form. **7** individual interviews were also conducted.

ANALYSES

WEMWBS

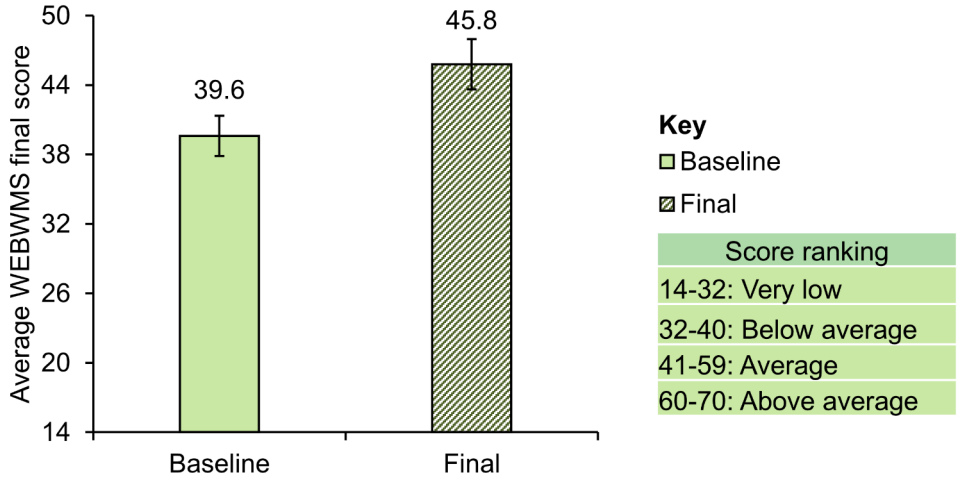

Figure 3. *Bar graph showing the average total wellbeing scores before taking part in Phoenix Rising sessions (baseline survey) and after completing them (final survey). p-values from independent samples T-test =* ***0.02***

Participant wellbeing, as measured by the average WEMWBS score, was 16% higher in the group that filled out questionnaires having completed workshops when compared with those who filled out their scores before starting their workshops, as shown in Figure 2. The total mental wellbeing score increased from 39.6 to 45.8, *i.e.* from a rank of 'below average mental health', to 'average mental health', after completing at least one workshop session. This is shown in Figure 3. Despite surveys being completed by two random groups of individuals rather than the same participants, the difference was found to be statistically significant (p-value < 0.05) meaning it is unlikely to have occurred by chance.

The 14 questions in the WEMWBS questionnaire were then further categorised into four themes adapted from Ryff's Scale of Psychological Wellbeing: growth/purpose, mastery/acceptance, autonomy, and positive relationships. **All four of these dimensions of wellbeing were substantially higher in the individuals who completed the final surveys compared to those who filled out the baseline surveys, as presented in Figure 4.**

Both growth/purpose and autonomy were 11% higher in the final surveys, with a score of 2.9 compared to 3.2. While the differences in autonomy and growth/purpose were not statistically significant, they demonstrated a clear trend and were significant at the 10% confidence interval. Scores relating to mastery/acceptance were 14% higher amongst the participants who completed final surveys, up to 3.3 from 2.8 amongst the baseline respondents. Positive relations were rated 15% higher in final surveys, from 2.8 to 3.4. The differences between baseline and final scores in mastery/acceptance and positive relations themes were statistically significant ($p < 0.05$).

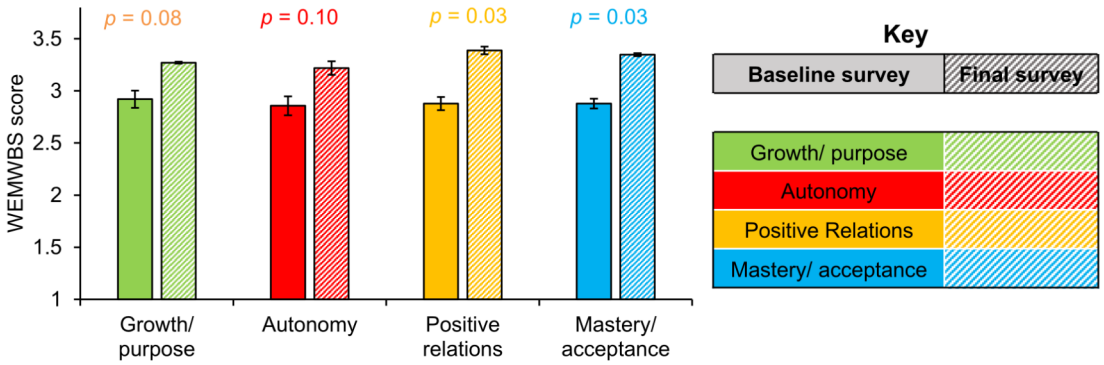

Figure 4. *Bar graph showing the average total wellbeing scores categorized into themes before taking part in Phoenix Rising sessions (baseline survey, solid fill) and after completing them (final survey, hatched lines). p-values show outputs from independent samples T-test (values lower that 0.05 denote statistically significant differences).*

Further improvements in mental wellbeing

An overwhelming majority (97%) of questionnaire, interview and case study participants stated explicitly that they felt that their mental wellbeing had improved, with the key improvements related to confidence and self-esteem.

> ***"It's brought me out of my shell at 60!"***
>
> ***"I can just now go out and about and feel like I know some people which helps with confidence."***

Interviewees and case study participants also stated that participating in Phoenix Rising workshops had improved their sense of purpose and autonomy and expressed that participation was essential to their routine.

> ***"It is like a lifeline. It is like a 'press the reset' button on a Friday... I know there will be a huge release of energy, and I just look forward to doing that."***
>
> ***"Phoenix Rising has helped me to find who I was. I know my outlook has changed and I know that without the classes I would still be sat in my jimjams all day doing nothing."***
>
> ***"Sleeping better, feeling more confident. I am so proud of myself for sticking with the group on Monday."***
>
> ***"Sitting in the meadow, collecting wildflower seeds to help Brockholes reseed the meadows helped by giving me a sense of purpose, a feeling of doing something good, to help nature, to help the conservation project; but it also gave me time to stop and look around and appreciate the little things in nature that were happening all around me. It was a beautiful experience and knowing the name***

of wildflowers in my local environment helps me to feel connected to the places I see them and provides a sense of belonging. I recognise the wildflowers on the walks I do in my own local area and I take satisfaction from knowing what they are called."

Depressive Symptomatology and Anxiety

Overall, depressive symptomatology and generalised anxiety scores were 50% lower in the group that completed questionnaires after workshop completions, as shown in Figure 5. Depressive symptomology was 53% lower in the final survey when compared to the baseline, as shown in Figure 5a. The average total score for the group that completed the questionnaire before starting the workshops was 13.2, *i.e.* a score rank of 'moderate' depressive symptomatology, while the average score for participants who had completed workshops was 6.1, *i.e.* a 'mild' depressive symptomatology score. The score for each of the 10 questions related to depressive symptomatology was significantly lower in the final group than the baseline with the largest difference in statements related to restlessness. Restlessness was 68% lower in the group that completed the questionnaires after completing workshops. The smallest differences were seen in general lack of interest/pleasure in tasks, which was just 44% lower in the group that had completed workshops.

Generalised anxiety disorder scores were also 49% lower in the group that had completed workshops, again moving from a ranking of 'moderate' to one of 'mild', as shown in Figure 5b. The largest anxiety-related differences related again to restlessness, which was 60% lower in participants who completed the final survey, while the smallest were seen in a statement related to worrying which was just 40% less. All differences recorded in anxiety and depression statements were statistically significant, meaning that it is very unlikely that these differences happened by chance.

Personal resilience and self-esteem

Overall, the brief resilience score was 17% higher in the group who had completed Phoenix Rising Project workshops compared to those who had not yet participated, with scores of 2.4 and 2.8, as shown in Figure 6a. While both scores are ranked in the 'low resilience' range, the difference shows a statistical trend (p-value = 0.07). The highest difference in score was seen in individuals who had completed Phoenix Rising workshops in the statement: 'I tend to take a long time to get over set-backs in my life' at 3.2, which was the only statement to score within the 'normal resilience' range. The average self-esteem was 40% higher in the individuals who had completed workshops compared to those who filled out baseline surveys, as shown in Figure 6b. Self-esteem scored 13.0 in the baseline group, ranked as 'low self-esteem', and 18.1, ranked as 'normal self-esteem' in the final survey respondents. This difference was statistically significant ($p = 0.003$) meaning this was highly unlikely to have occurred by chance. Statements related to self-respect and self-value showed the biggest differences between the two groups, with scores that were 89% higher in the group who had completed Phoenix Rising workshops.

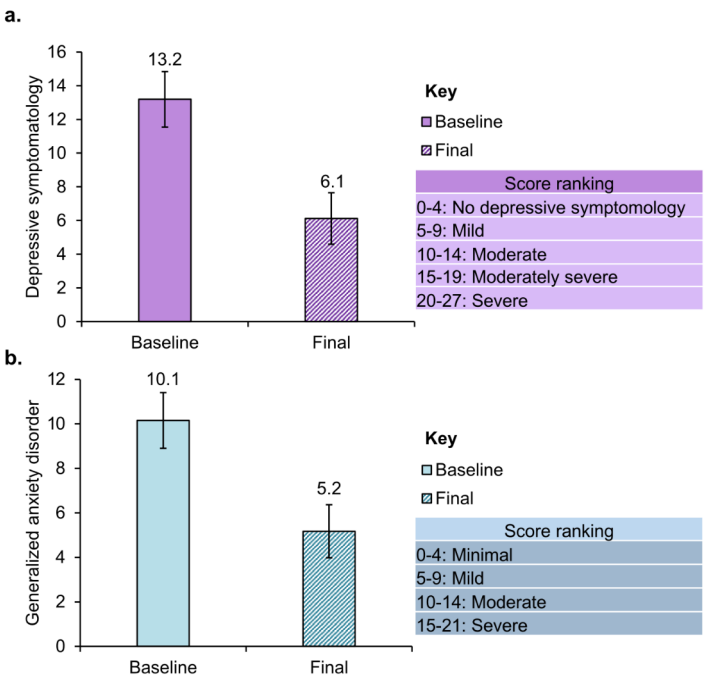

Figure 5. *Bar graph showing the* ***a****. Average total depressive symptomology scores and* ***b.*** *Generalized Anxiety Disorder scores, categorized into score rankings before taking part in Phoenix Rising sessions (baseline survey, solid fill) and after completing them (final survey, hatched lines).*
p-values from independent samples T-test: ***p value: a. = 0.07; b = 0.003***

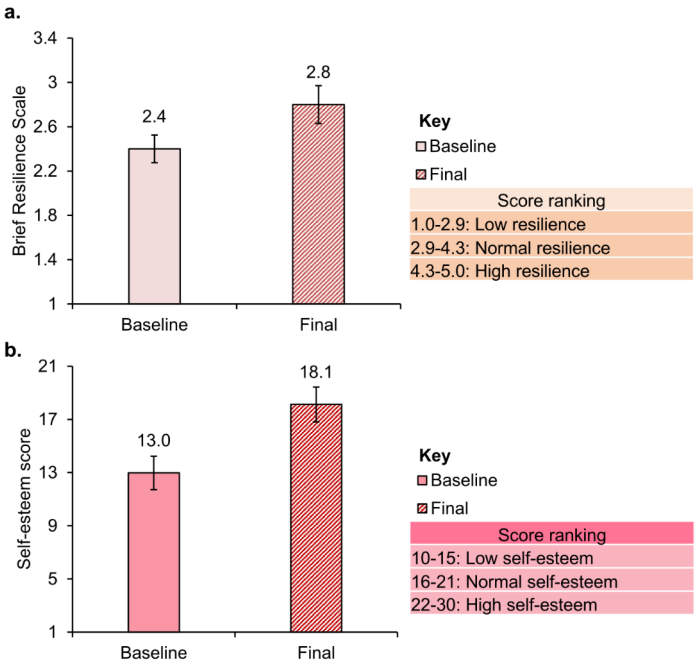

Figure 6. *Bar graph showing a. Average Brief Resilience Scale, and b. Total self-esteem score, categorized into score rankings before taking part in Phoenix Rising sessions (baseline survey, solid fill) and after completing them (final survey, hatched lines). p-values from independent samples T-test:* ***p value = 0.07 (a.) And < 0.001 (b.)***

Loneliness

UCLA Loneliness Scale scores were 17% lower in the group that had completed Phoenix Rising Project workshops, as shown in Figure 7. Loneliness scores were 13.5 *i.e.*, a ranking of 'moderate loneliness' in the group who completed surveys before participating, and 11.1 *i.e.*, 'average loneliness' in those who had experienced at least one Phoenix Rising workshop. While the difference was not statistically significant, the *p*-value was under 0.1, suggesting a clear and strong trend between the two independent groups.

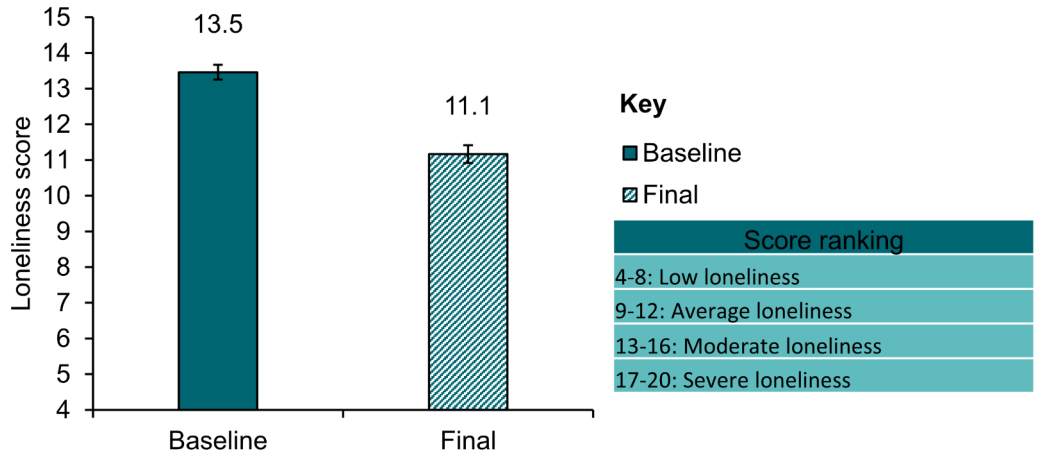

Figure 7. *Bar graph showing the total average UCLA loneliness scores before taking part in Phoenix Rising sessions (baseline survey, solid fill) and after completing them (final survey, hatched lines). p-values taken from independent samples T-test.* ***p value = 0.08.***

Improved positive relations and reduced loneliness case studies and interviews

Responses from interviewees and case study participants were consistent with quantitative survey results as the majority stated that their goals related to positive relations such as meeting new people within the community. Participants particularly viewed Phoenix Rising as an opportunity to transition from lockdowns caused by COVID-19 to much-needed interaction with others as restrictions eased:

> ***"[Phoenix Rising] came just at the time when I was wanting to do something outside the home because lockdown had kept us all inside."***

Half of the participants who completed case studies and interviews stated that they particularly observed and appreciated the sense of community and co-operative spirit that workshops created:

> ***"It was good it was aimed at a cross section of abilities and so on. It was very welcoming."***
>
> ***"Team building has also played a huge part in my re-development, helping to re-build my confidence and make new friends."***

Moreover, one of the case study participants stated that they appreciated the companionship that Phoenix Rising workshops offered:

> ***"The company of like-minded people is so beneficial."***
>
> ***"You had a particular time to focus or yourself, your life, learn new skills, and connect with other people."***

Three interviewees and case study participants felt The Phoenix Rising Programme also helped develop, sustain, and re-ignite important relationships with others outside of the workshops:

> ***"I started to feel slightly negative towards being here only because my family are mostly elsewhere, but now I just feel completely different about that I am perfectly happy to stay here, doing things and I can go out now and meet up with my family whenever I want… It has it has made me feel like I belong. Which I had absolutely no feelings about that whatsoever before, so it has made a big difference to my life."***
>
> ***"The program has added value to not only my life but to those around me. Family and friends have seen a change and my husband says from his perspective – 'a happy wife means a happy life'… I no longer spend my days doing nothing. I have reconnected with friends."***

Goal associated outcomes

Overall, the 22 participants who completed the final survey rated their progress against a total of 50 goals. As there was a lack of baseline data to inform us of their starting point, we assumed that each goal was new at the start of the workshops (meaning that goal progression was scored relative to a starting point of zero). We categorised the 50 goals set by those participants into the same four wellbeing themes of growth/purpose, mastery/acceptance, autonomy, and positive relationships as before.

As shown in Figure 4, **nearly half (22) of the 50 goals were associated with mastery/acceptance, while 12 were related to positive relationships, such as meeting new people.** 8 goals featured growth and purpose, and 5 goals related to autonomy.

The average rating of progression towards the goals was 6.6 out of 10. The highest progression, at 7.2, related to goals associated with both growth/purpose and autonomy, and the lowest to positive relations at 6.2. Progression related to mastery/acceptance was also relatively low, at 6.3. Notably, two thirds of the participants who rated their progression toward their goals over half complete (*i.e.* 5 out of 10orbetter) gave total wellbeing scores in the 'average' range. The Phoenix Rising Project 2021–22 positively enabled participants to set and achieve highly personalised goals. However, it must be acknowledged that external factors, such as the removal/relaxation of COVID restrictive measures over the duration of the Phoenix Rising Project may have influenced participants' progression, or their perception of their progression to their goals.

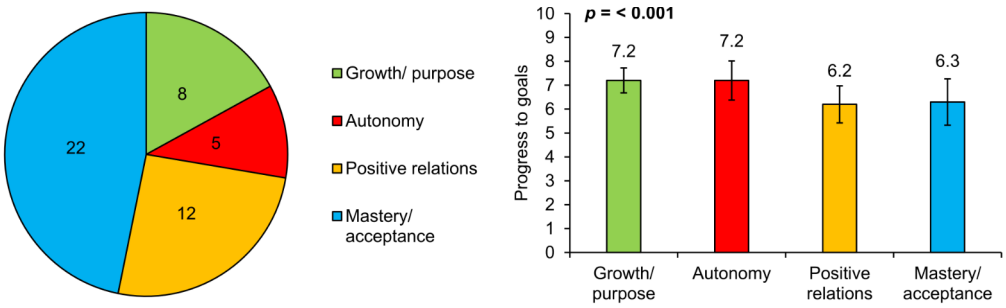

***Figure 8**. Bar graph showing a) the number of goals set categorized by wellbeing themes, and b) the average progress towards set goals by theme. p-value for Welch's test shows that goal progression was statistically significant.*

14 of 22 participants that completed the final survey participated in workshops related to physical movement, such as dance or yoga, and 3 in physical outdoor activities such as litter picking. This was reflected in the goals set, with 68% of them related to increasing physical fitness, losing weight, or aspiring to be more active. However, progression toward the physical activity-related goals was nearly 11% lower than the average at just 5.9. 32% of the goals explicitly related to improving mental wellbeing, and the level of success against these goals was noticeably higher than other categories at 7.4.

Image: Phoenix Rising Artists Sue Flowers & Danielle Chappell-Aspinwall begin a visual art pilot in Kirkby Lonsdale in response to an expressed community need in South Cumbria, April 2021

Effects of COVID-19

In the group who completed questionnaires before workshops began, 17 out of 21 participants had contracted COVID-19 or had a family member contract COVID-19. Most participants stated that COVID-19 had impacted their physical health; 'very much' for 10 individuals and 'a little' for the remaining 7. All participants stated that COVID-19 more severely affected their mental wellbeing, with 15 participants stating that their wellbeing had been 'severely' impeded, *i.e.* by the greatest possible amount. When asked to choose options as to how it had affected their mental health, 8 participants stated that COVID-19 had increased stress or anxiety, 5 that they had a fear of going out and meeting others, 2 said that they had experienced a deterioration in an existing mental health condition, 1 reported a feeling of low mood and irritability and 1 said they felt isolated. 7 participants felt more than one category applied to them, and 1 also added they feared the societal apprehension of COVID-19.

PARTICIPANT FEEDBACK

We collated extensive feedback from the final participant questionnaires, case studies, and short interviews into key themes: general experience of workshops, key aspects of wellbeing improvement, teaching and interactions, and legacy and sustainability.

General participant experience

Overall, 96% of feedback was positive: 21 out of the 22 participants gave consistently positive reviews. When asked whether they enjoyed The Phoenix Rising Project 2021–22, 19 participants replied affirmatively. Only one questionnaire participant gave a consistently negative review, apparently as they felt that one workshop's scope was above their skillset. All participants felt that they had learned something by participating in the workshops. When asked which workshop was their favourite, a third of participants stated yoga and a quarter groove dance. When asked why they had identified these workshops the overwhelming theme in the responses was fun and enjoyment. All participants who completed interviews and case studies also gave generally positive feedback:

> ***"It was excellent, very professional, well organised."***
>
> ***"Just being there is enough, because the energy in the room, the smiles and the music is so uplifting, improvement in physical and mental wellbeing is inevitable…"***
>
> ***"I have found it so beneficial to relaxing my mind and also helping to ease my body."***

When asked if there was anything they could think of to improve, 6 out of 22 of the participants who completed the final survey had no suggestions. Most suggestions put forward were related to continuity, with 5 participants simply asking for 'more'.

"The only thing I would like to do is to do more and especially for the dance just to add some new ideas. But I still wouldn't fault it, I would be happy to do the same thing all over again."

Quality of workshop delivery

A large majority of participants highly praised project partners and course leaders in their delivery of the Phoenix Rising Workshops.

"She is clearly very, very talented and being able to pass that onto others as I say in such a constructive and enthusiastic way is not something everybody can do."

Participants also appreciated that the leaders created an inclusive and supportive atmosphere within the workshops which they felt was conducive to mental stability and growth.

"She [had a] very relaxed informal style, and [was] inclusive and supportive so you didn't feel like there was anything wrong, it was all valid…"

"The enthusiasm of the teacher and her suggestions of movements that we could make, and her outright extraversion was just quite incredible to see. And it really makes you think that you can't make a fool of yourself. It was wonderful."

Several participants expressed that they learnt or re-learnt new skills or attitudes, particularly towards physical movement relating to wellbeing. This corroborated questionnaire results related to goal-based outcomes relating to physical activity.

"I haven't done yoga in years, and it was a really nice way to kind of get back into it. And kind of touch and reconnect with it."

"I didn't know the power of dance and movement. I didn't realise how much it could be a mood changer, just incredible. But I don't know how much of it was being with others doing it. I think that might have been the difference. […] I think it was being with other people who were enjoying the music […] And another thing that I realised that I didn't know was I am not as unfit as I thought I was!"

"If I have had a long day at work and I feel kind a bit stress or tension whatever, I think of yoga as something I can do to help with that. Whereas I guess in the past I didn't really."

Legacy and sustainability

97% of participants also stated that they would be interested in participating in other programmes like Phoenix Rising and would recommend Phoenix Rising to others.

Several interviewees and case study participants stated that the location of workshops related to sustainability, and they appreciated that most of Phoenix Rising workshops took place in central and accessible venues, and that workshops were unique and essential to the area:

> ***"I think a lot of people had come by public transport or walking and just you know a welcoming space [is needed]."***
>
> ***"No other services in Preston that cater this type of mindfulness and wellbeing sessions […]"***

Another theme related to economic sustainability. 5 interviewees and case study participants stated that they were aware that the Phoenix Rising project was relatively short-term and expressed concern regarding the finality of the programme. Many expressed hope that the project workshops would continue:

> ***"Hoping you are able to get more funding as I feel that this will grow."***
>
> ***"It would be detrimental to vulnerable people if Phoenix Rising were made defunct due to lack of funding."***
>
> ***"I would very much like to continue to attend these sessions if they are available."***

When asked about the sustainability and continuation of Phoenix Rising, 3 of the 7 interviewees stated that they felt that the Phoenix Rising programme was already sufficiently sustainable regarding workshop materials and content.

> ***"Same with movement… [it] doesn't need to cost the planet anything."***

2 of 22 participants who completed questionnaires stated that more publicity and advertising was needed. This was echoed in 3 interviewees' statements.

> ***"I think the old fashioned way of just advertising things on a poster in the venue where it is going to take place should just come back again. Not everybody is online, and the people who you are trying to reach are not online. So, anybody older, or anybody who is just feeling disconnected from society… if they see a poster, the details are right there."***

Three survey participants did suggest improvements were needed around workshop delivery, including a need for better consideration of barriers to physical ability. A number of the respondents expressed disappointment that a field trip was cancelled due to COVID. However, only 2 participants suggested improvements were required in the workshop content: they would have preferred more art-based choices and a greater focus on integration between different (types of) courses.

COMMUNITY DEVELOPMENT – PARTNERSHIP WORKING

Image: The Phoenix Rising Team, from left to right: Sue Flowers – Green Close, Jenny Reddell – Lancashire Wildlife Trust, Helen Leece – The Gathering Fields, Shaun Everitt – Recovery College Lancashire & South Cumbria (NHS) Foundation Trust and Emma Lowther-Wright – Mandala CIC

EXPERIENCES, BENEFITS AND BARRIERS TO PARTNERSHIP WORKING

The Phoenix Rising programme partners have provided a very unique combination of art, nature and yoga/movement wellbeing offers in three key areas: North Lancashire, Central Lancashire, and South Cumbria. Programme partners have entered the partnership with different levels of past partnership working experiences. For some of them, this way of working was very new and a great opportunity to work more collaboratively.

> ***"This is my first time working in this way, I have always been independent…I am the newbie, I kind of feel like sometimes I am catching up on social prescribing and learning an awful lot. And really enjoying collaborating and being part of a wider team. I feel there is such a richness in the skills that we have to pull and bring together."***

Others have had more experience of partnership working, but this programme offered an opportunity to strengthening the working relationship with existing partners and collaborating with new partners from different disciplines that they would not necessarily done in the past.

> ***"It was partly about strengthening our working relationship with the [NHS partner] and working with new partners."***

"Looking forward learning more about the benefits of the different disciplines and inform our own practices as well."

"We worked with the team on the original phoenix project and given the success of that project, we were keen to be part of it again... We are always keen to learn from different approaches and disciplines and how they can positively impact on mental health." **(NHS partner)**

Overall, the partners' experience of working with other third sector organisation was very positive, they reported high levels of excitement, enjoyment, and pride, especially when it came to the unique provision they designed collaboratively:

"I am very proud to be part of it."

"It has been a real joy to be part of a team …and work with people from different disciplines, with different experiences and different strengths."

"collaborative approaches so that when we do if we could do an art and nature session that had two together or an art and yoga session so I am super keen on that."

"what has been really nice with this is that we are not in competition with each other not only are our geographical areas but our skill sets are complementary rather than competitive."

Programme partners talked very positively about their partnership across the third sector – they reflected on key values their provisions can bring to communities and individuals, which they felt were especially strengthened when working in partnership.

"Excited about partnership working, we are stronger when we all work together."

BEING MORE FLEXIBLE AND MORE PERSON-CENTRED

The programme partners strongly emphasized the importance of being person-centred when supporting individuals. This was clear in the ways they talked about their participants and being able to offer a variety of support.

"let's make it of meaning for the participants and because we all really care about participants not that other people don't … we have taken on quite a strong kind of bespoke element to the work. So I am really conscious that I am trying to signpost people to the offers to, we are all trying to signpost to other offers and enrich the participant experience so it works for them."

Programme partners observed and discussed several benefits of their person-centred approach. They felt that the programme was lifechanging for many participants and participants' wellbeing has improved because of participating in the PR activities. This finding corroborates with the narratives and/or survey responses of participants (see pages 23).

"This project has taught me a lot and I have seen the huge benefits in participants, this service is outstanding and the experience with participants is immeasurable when collecting evidence. I found the feedback forms could not really reflect their experience properly. This project has changed people's lives, and this occurs in an organic way, with subtle changes and this is down to the professional and person-centred approach of the delivery partners. "I mean they are always fairly person centred but… I tend to take people on a process that… that tries to break down the fear and then we play with different materials and then with time people get more comfortable with, and with the playing and the making they kind of realise it is good for their wellbeing."

Programme partners also noticed improvement in people's confidence and anxiety levels. This is in line with the results of the participant interview/survey data analysis, where participants' anxiety and depression symptoms were halved in the questionnaires completed after participating in Phoenix Rising workshops.

"We have some lovely little kind of anecdotes and little emails back from people. There is one woman that was really struggling at one of the visual arts taster sessions messaged me to say that she had since then she had got a job, and… that the workshops were part of her coming out of her anxiety and the whole COVID situations. I had no idea, I knew she was struggling when I was working with her but I had no idea it had that level of positive impact on her."

Programme partners also emphasised that offering a space where people could connect to others and have a sense of belonging was beneficial and resulted in feeling more connected and less lonely. This is in line with the results of the participant interview/survey data analysis: loneliness was lower in groups who had completed workshops (see page 15)

"we have had feedback from participants that their mental health has improved at a time when access to free counselling support and GP services have been restricted. We have reduced loneliness and isolation and provided connection, coping skills and confidence."

Their person-centred way of working was also evidenced in the way they made changes to the programme in response to the feedback from individuals to be more inclusive and cater for a wider group by switching to more consistent provision.

"When social prescribers meet someone in need they want to be able to get someone into a programme but too often our programme has already been running and we don't know when the next start will be. We have responded to this now by switching to ongoing classes rather than terms with set start times."

"4 or 5 in person sessions are not long enough to make a lasting difference. We need to be able to offer longer programmes and have shifted the programme accordingly."

BEING GRASSROOTS AND MORE RESPONSIVE TO COMMUNITIES' NEEDS

In addition to being responsive to participant needs, partners highlighted that the being grassroots community-based organisations enabled them to be more responsive to communities' needs.

> ***"we are grassroots and connected with other grassroots organisations embedded in community and so we know what will work well, how and where. We are able to ask communities what they need and want."***
>
> ***"if you are trying to do something that is engaging the public, on a, in a very interactive way not being able to modify and change it easily in response to a programme that is evolving and changing in response to community need it is not going to work… It is something that the voluntary sector is really good at because we are so responsive and we just do things so quickly. Because we have to, we have got to you know"***

NHS partners also felt that the programme was successful in reaching communities.

> ***"The project has had a clear direction and I feel that the ambitious plan to reach a wide range of communities has been very successful."***

One of the reasons for this, was identified as is having more autonomy than statutory services, which enabled more freedom and flexibility in decision-making compared to other organisations.

> ***"And we not had many people to report to, we have been transparent… but it is not somebody's job to write a report. There is no box-ticking, everything that we do to be done, and it is all person-centred. We just want to deliver the best programme to the communities that we said we would serve and all of our decisions were based on that."***

BEING COMMUNITY-BASED AND CHALLENGING STIGMA AND CLINICALISATION

A further benefit of the partners' provision is the fact that it is based in community settings. Community-based offers were perceived as a form of provision that enabled de-stigmatisation of support and users of such provisions.

> ***"the NHS try and refer to us, as a non-clinical offer, because it destigmatises, it destigmatises the support that that person is getting… I like that idea because I think it breaks down the sort of stigma that you know, and it normalises the wellbeing offer that it is you know it is relevant to everybody."***

However, partners identified a dilemma and discussed that by labelling their provision as a wellbeing offer they may actually narrow their reach by targeting individuals who are more in need of mental (or physical) health support, and hence clinicalising their offers.

> ***"…we are putting on a health and wellbeing offer, then clinicalise it or try to clinicalise it and… we lose some of the value of it being a social community-based activity. If that makes sense. So I think for me those are some of those kind of issues."***

To resolve this dissonance, they aimed to be as inclusive as possible and target people who may not be linked to social prescribers or other NHS referrals.

> ***"I know you are really keen to do that sort of targeted marketing but whether we do need to sort of be a bit more, erm… shout a bit more about it and let people… Ideally the social prescribers will signpost people and they will sign up but there is probably a whole load of people that are out there struggling that don't even know about social prescribers that may well benefit from."***

However, when it came to other target groups and a broader marketing and PR strategy. Key decisions had to be made to identify specific groups that may benefit from the support, due to limited resources:

> ***"With regards to wider PR, tightly budgeted programme, so trying to make sure that PR is in line with target groups. Trying to be really really targeted."***

This leads to the next section, which presents the key challenges that the partners experienced during their Phoenix Rising partnership.

COVID-19 RELATED CHALLENGES

The Phoenix Rising programme was delivered in the middle of a global pandemic which inevitably impacted on the programme's delivery as well as referral processes. Due to the pandemic, partnership working required flexibility and adequate contingency planning. The delivery was deliberately planned flexibly to enable responsiveness to participants' needs and changes in circumstances, however this made the marketing process very challenging.

> ***"…normally we would have well I certainly would as project manager wanted to have a kind of programme laid out, ahead of me at the beginning of the process and we just, we all felt we couldn't do that because of COVID, and we wanted to take into account how people were feeling about coming out of lockdown and the anxiety."***
>
> ***"I think it is probably harder because it is all mapped on top of this really weird COVID landscape and we are all really experienced practitioners, and we have got used to adapting to COVID, but the landscape has just constantly shifting… so we have not been able to sort of sit down and go right, this is our programme we deliberately wanted to be flexible and say right if the first term doesn't work we will change it a bit, but I think that is probably a challenge from a marketing point of view."***

The COVID-19 pandemic also impacted on referral processes. A key source of referrals would have been GP surgeries, however, many of them were not open during COVID-19, or were

overwhelmed by managing the pandemic, which meant that they could not support the referral process, and marketing of the programme activities needed to shift to other venues.

> ***"We had a lot of support from a handful of GPs but they were then so overwhelmed with COVID and vaccination roll out."***
>
> ***"Challenge of not being able to market it to people who are going to GP, because they cannot go to their GP. So we marketed, through social media, website, link workers, and other partners, which clearly been quite successful for those available in the evening…but needs more thinking about people available during the day."***

Moreover, during this period social prescribers were also perceived to be concerned about referring people to activities, due to being worried for the wellbeing of participants.

> ***"Even where we have got really positive engagement with some social prescribers they are only just starting to get back out referring… There has been a lot of, and then there is a whole there is a whole issue of you know you have had 16 months of the government telling you it is dangerous to go outside"***

A further challenge was that restrictions impacted on bookings and delivery, they could not allow for drop outs as numbers were strictly set, so they would not be able to work with more people, in case there were no drop-outs.

> ***"The other thing that is difficult in COVID time because we had number restrictions."***

Moreover, many of the activities needed to take place outdoors, which introduced further challenges due to hot or cold weather.

> ***"Yes it is, it is just getting indoors isn't it, that is the challenge right now."***
>
> ***"When delivering nature-based sessions in winter it was often challenging in the colder season to make it comfortable for participants and for myself delivering sessions."***
>
> ***"It could be the fact that it was so hot last week. No one was like, everyone was like no way."***

Furthermore, the budget was not sufficient to enable the constant adaptation dictated by changes in restrictions due to the pandemic.

"It's constantly hard to get to budget management and other admin needs when we are delivering in the sea-change of delivering during a pandemic. The sands are constantly shifting but our budget, allocated time, outputs and capacity remain the same."

All these challenges required constant contingency planning, which has had a negative impact on project partners' wellbeing.

> ***"The constant contingency planning and amends has been physically and emotionally exhausting. As project lead, I feel I am carrying this and am grateful for our 'wellbeing budget' which I think I'll need to dip into soon."***

ORGANISATIONAL AND STRUCTURAL CHALLENGES

Another area where partners identified key challenges in their partnership working was related to differences across the partner organisations' locations, procedures, work patterns, available resources, and capacity. Most of the challenges have resulted in useful learning that was either implemented in the next stage of delivery or has been noted and will inform for future partnership working.

Geographical area covered by organisations

Firstly, a key challenge was to be inclusive and cover a large geographical area, including South Cumbria, North Lancashire, and Central Lancashire. However, this brought on logistic challenges and costs for partners and made it challenging to remain responsive to the needs of specific communities.

> ***"I was very sceptical about the geography at the beginning of this project I thought we are never going to be able to make it work between Preston and North Lancashire… The distance and area we covered was also at times difficult when communicating with participants."***
>
> ***"I think the geography has been hideously challenging from my point of view ((laughs))… Travel was also an issue, long distances to deliver and for me being a rural destination meant the travel costs were high and I am not on a public transport route."***

Partners started with a programme plan to be inclusive to all partners' main areas. This was also perceived by NHS partners as a good strategy to increase diversity and geographical spread of the offers.

> ***"Partnership working allows a much more diverse offer as well as having the benefit of a better geographical spread."***

This meant that the provision was moving around from one location to another relatively frequently. However, while this had seemed the most inclusive approach, partners soon realised that this is not suitable for remaining responsive to the needs of specific communities in the different areas:

> ***"Geography is just beyond a challenge isn't it. It has been a problem from kind of day 1 in terms of what even when we were writing the bid it was kind of what are we going to focus on erm… and it feels like we have been, the ambition for the work in a way has spread too thinly because it is kind of, south Cumbria, North Lancashire, and Central Lancashire are really big patches and each patch has got its own set of issues and communities."***
>
> ***"I am probably more conscious of the geographical kind of spread than most because I started delivering in South Cumbria and none of the others have done any delivery in South… and actually it was very successful they had tasters and the community was really champing at the bit to get out there, and I have been getting kind of erm… feedback saying you know when are you doing something***

up here, and it is really hard to kind of build that, build a quality offer and expectation and then for it not, so I have been looking at different ways of trying to continue that but it needs investment really."

Moreover, the changes in location also did not work for social prescribers who needed consistent locally available offers. Therefore, the partners responded to their own and the social prescribers' observations and changed the frequency at which the programme moved between locations to every roughly 6–12 weeks. This made the delivery more focused on specific areas, which was beneficial for engaging social prescribers resulting in more referrals.

"Social prescribers wanted a regular offer, so from that we realised we had a fault in our offer... we always knew the geographical patch was massive… but we designed it so it was inclusive for all of the areas and therefore relevant to all of our organisations, but actually we realised that it wasn't relevant for social prescribers' needs. We had some very nice social prescribers in a couple of locations but they wanted offers locally. It was very nice to be able to redesign the programme and try to offer more consistently in one location and we have seen the benefits of that, which has been nice."

Differences in work patterns and resources across organisations

A further challenge partners talked about was related to the differences across organisations in terms of their work patterns, offers, and resources. All partners were non-profit, organisations however, the size of the organisations varied greatly with some of them being small rural organisations whilst other larger organisations, which resulted in different work patterns and discussions around protecting partners' wellbeing and ensuring sufficient breaks were taken from the programme.

"I am very protective of my weekends… I don't work weekends, and I often come back on a Monday morning to lots of messages from these guys having worked all weekend and that makes me feel… I mean I don't, I set allowance that let myself off because I am not going to change the way I am working because I haven't got the brain capacity… but I would wonder if it is something that you guys need to be protective of. Because you know, especially because you are all working because you are not working in those sort of bigger organisations which you get the holiday and all that kind of stuff but at the same time means that you might end up doing 7 days a week on Phoenix Rising and I wouldn't have said that was particularly healthy."

"I think some of that is down to the nature of freelance work rather than the salaried work and there are absolutely healthier and unhealthier ways to working and I think it is erm… so some of us decided to do delivery on the Sundays or weekends because it was more accessible for people. So, erm… I have had to, it is a challenge to look after oneself, I have had to try and say well I am working on a Sunday so I am going to have a day off in the week."

These organisational differences were also reflected in the availability of IT resources and relevant IT skills that were needed for partners to collaborate efficiently. Resulting from the differences in resources, partners discussed challenges in sharing their calendar or working on a shared calendar that caused problems with planning and scheduling events.

> ***"IT stuff like we have been trying to, we haven't got a very satisfactory calendar to work the way we all work and we tried, that has been an ongoing problem and it is because we all have different computer skills plus… you know things actually available to us. And that has been a bit of an issue."***
>
> ***" I think my biggest challenge has been like you say is the IT…I think that was my kind of biggest challenge. You know just trying to I am just not that…and most of my days are spent working outside on the land and with flowers and the you know kind of like in nature so it is not something that I spend a lot of time with, so I did struggle with that really."***

There were also issues with security system of the NHS partner that meant that emails were not delivered from voluntary organisations, causing barriers to cross-sector collaboration and to the development of integrated care provision.

> ***"I have one big issue…every now and again the NHS firewall seems to bounce back my emails… That's a real issue for me, because I am trying to work in partnership in this way and the systems that are embedded within and across some of those spaces are not enabling us as third sector organisations to connect."***

Resource and capacity issues

Regardless of the size or type of the organisations' resources allocated to and capacity to work on this programme on top of other commitments seemed to be challenging for all partners.

> ***"I think I would add one of the biggest challenges has been everybody's capacity that everybody is working on something else…"***

The lack of capacity was discussed in multiple contexts. Firstly, partners talked about their project governance and management. A solution that worked for partners to manage their limited capacity better was to organise regular weekly 30-minute meetings to discuss the key actions and problem solve together.

> ***"…we have all got sort of different models. So we that, ideally we would have, I don't know, we just had to be responsive to everybody's what everyone is capable of doing and we have ended up, we hit on this kind of half hour Friday meetings."***
>
> ***"everybody has other work that they gotta get on with and quite limited time to give to the project, so the solution for that was organising the Friday meetings, which are very light touch, but it means we can get a lot done, we are not taking detailed minutes."***

They felt that being involved in the delivery as well as project management and marketing of the programme enabled to use resources more efficiently and respond to challenges more promptly.

> ***"It is different when a project manager or marketer really understands the delivery of the programme... there is usually a lack of understanding between project managers and deliverers, which causes inefficiencies."***
>
> ***"All of us who were managing the programme were also involved in the delivery of the programme, so the learning was immediately applied, that probably wouldn't have happened in lots of other contexts."***

Another area where capacity issue was discussed, was the referral and participant engagement process, partners felt that carrying out the engagement work properly was extremely time consuming, which added an extra challenge to their already stretched capacity to plan and deliver sessions.

> ***"Reaching participants and link workers was challenging and it felt we had to do a lot of extra work to reach people as well as planning and delivering sessions."***
>
> ***"Capacity of ourselves to actually root out who the social prescribers."***

However, capacity issues extended beyond the scope of the programme and partners also found the number of events and meetings that they were invited to very overwhelming. These meetings have the potential to lead to future partnerships. However, when they missed events they feared that they might have missed opportunities, .

> ***"There is so much going on, there is so much going on that it is really hard to kind of, this is what I mean about like not being able to keep track of people and events and stuff and then you just think oh I am not there, and then that is missing out on crucial audience and you just have to, some point go I can't do everything…Capacity issues were not only present in third sector partners but also in NHS and university partners. In terms of the evaluation team, the allocated funding to evaluation was very limited and illness within the team led to significant challenges overseeing, reviewing and completing the evaluation"***
>
> ***"I think I am just really saddened that… our lead researcher was unwell… and really grateful to you for stepping in as best you can … it feels like yet another challenge for the project… think being able to have the luxury of contingency would have been amazing. So I am now going back to it, trying to carve bits out for evaluation."***

Capacity issues of the NHS partner meant personal communication (previously shown as a successful strategy) regarding baseline and follow-up survey completion with participants was not used during this programme. This resulted in a negative impact on the number of survey responses, which were key to evidence impact on the areas identified by programme partners, e.g. wellbeing, resilience, and symptomatology.

> ***"I have done one or two things to make it easier for myself as well. It was very labour intensive because I was doing everything manually last time so this time***

it is a lot easier… although that might have, had a knock-on effect of not as many questionnaires being filled in, I was spending hours and hours last time, sending emails out and it is yes it was very time consuming so, it has been slicker definitely.“ **(NHS partner)**

ACCESSIBILITY ISSUES

Challenges with booking – directly with provider vs via third party

In line with the capacity theme discussed above, capacity issues were also discussed in terms of managing bookings into the courses. This task was first managed and overseen by the NHS partner and this generated discussions around whether third sector providers should accept referrals directly. The benefits of NHS provider managing referral meant that third sector partners resources could be focused on other areas, e.g. delivery.

However, partners early on identified that using the NHS partner booking system was not the most efficient method and did not free up any capacity for them due to the additional administration associated with having a third party to manage the bookings.

“Inefficient because we have got to copy and paste all of the people’s details for every single course, over to our own system in order to be able to communicate with people about anything.”

“I don’t get the email saying somebody has booked so I can’t you know, respond. There is no personal buy-in I have to ask for a list and I can’t see where it has come from it is, I can’t use that to email people I have actually imported people into my own system to be able to email people after classes which is an extra layer of admin, that I wouldn’t have if we had the booking system.”

It also meant that providers were not in control of the referral process, they could not connect with referrals or participants on a personal level before booking and that meant that drop-outs were more prevalent.

“Also my experience of the [NHS partner] it is quite a removed… brand isn’t it, so I think it is, it is one of those things that it easy to book on, not worry about taking a place and then not worry about cancelling because there is no person there is there. You are not seeing somebody that you are letting down. Whereas with what you are doing you have got local community groups, you are taking your place and it is easier for you to say please do let us know in advance… I think there is more likely to feel a connection to the person that you are getting the service from whereas I don’t think you get that with the [NHS partner].”

“And also having the ability for a social prescriber to email you directly and say, can I book on with you and just bring so and so along.”

“You need a friendly kind of accessible kind of way for that social prescriber to be connected with whoever it is who is running, because so much of it is about trust and confidence and ease of communication and access that that, that bit it is as

much about the relationship between you and those social prescribers by adding in a… quite a cold, distant mechanism, you are probably not doing yourselves a favour."

Having a third party to deal with the bookings also made the marketing activity very challenging.

"…it is more to do with we don't have the control. It is really hard for me with the marketing because I have to ask each time for the number. I can't see where you know they are kind of coming from..."

Digital exclusion – impact on booking and evaluation of the provisions

A further issue was that the lack of a dedicated website was confusing, the marketing was for Phoenix Rising but pointed to the Green Close website and the booking system was Eventbrite, so two brands not related to Phoenix Rising which is who people were told was running the programme. The website and booking system had inclusivity and accessibility issues for to participants, which meant that some of the participants could not book.

"The booking in system and usability for participants was an obstacle, at times the feedback for people was it was not easy to access. The biggest challenge was reaching people to let them know what we were offering."

"… the marketing (is)direct to Green Close website where Phoenix Rising is … and they click the description, the click book it goes to event, which is really horribly laid out we have had calls from people saying its fully booked or they can't book somethings which is just because of the layout, perhaps they have not understood it."

Digital exclusion was a key barrier for participants to book on courses and complete the programme evaluation. To address this, partners introduced and implemented paper-based registration and data collection processes.

"Using Eventbrite you have to have a phone and that capacity to book on online, to be able to access the courses…Which brings another accessibility issue p."

"The demand for online questionnaires rather than paper, the reference to Eventbrite registration numbers which people lose and forget reduces accessibility and therefore return rates. We are seeking to address these issues in partnership with the university to improve accessibility and therefore return rates."

Due to all these issues, the third sector partners decided to take control over their own marketing and booking systems. They set their own website up that enabled flexibility when it came to promoting activities but also more control over the process and direct relationships with participants. They also implemented different booking methods, e.g. phone calls, to make the registration more accessible.

"Taking telephone bookings for Kirkham is a bit too much on top of everything else. However – it is so important. Since our advert in the Kirkham Advertiser I've had 10 phone calls (& related bookings) from people who don't really use the internet or who don't have an email… It's important to have a phone number for accessibility purposes but we don't really have the budget/ capacity to back this up… Costs need building in for future delivery."

Equitable partnership – financial remuneration for providing services

Some of the challenges impacting on cross-sector partnership working, e.g. IT systems, have been already discussed. However, cross-sector collaboration was further inhibited by the inequitable allocation of public funding to support delivery of wellbeing services across sectors. This unfair system generated negative emotions in third sector providers.

"There is a degree of anger & frustration in the core team about the statutory services expectations on the 3rd sector. It seems to be a lack of appreciation of what we do and understanding about the financial precarity and impact of our work."

"I did a lot free sessions for NHS pain clinic, where NHS staff was paid, but I was doing free sessions. And I was told by somebody who worked there that we do meditation but nothing as in-depth as you, and I was doing it for free, and presumably the person not doing it in-depth gets paid… It is an expectation that I would work for free… I cannot do that, I gotta eat…CCG funding, NHS funding that's what we need."

They expressed concern about allocation of funding for social prescribing and community health which is focused on signposting and referral, but not actual delivery, without funding for delivery, there will be nowhere to refer participants to. Partners also felt that statutory services should enlist support from the third sector to make services and provisions more accessible to communities.

"It is known and acknowledged that social prescribing saves money for the NHS, they know this and they put money into link workers and () Recovery College() and then there is no money for delivering. And I don't know what they think, how we will deliver…"

The challenges discussed above, *i.e.* booking and evaluation processes, and the negative feelings resulting from the unfair allocation of public funds may all have contributed to issues in cross-sector partnership working. This seemed to deteriorate during the programme, which was evidenced in the narrative of third sector partners and by disengagement of some of the public sector partners, e.g. NHS partner stopped attending the focus groups and key meetings.

"I feel like I want to say something about the NHS partner… they were seen as a key partner at the beginning, but because they were not doing delivery they tried to assist with marketing. That role wasn't there for partnership working really, and they did not have the capacity. There was this really big thing about how the

third sector engages with the health service in its all different formats, whether it is social prescribers, GPs, and [our NHS partner] you would have thought would have been the most easy to connect with, particularly as we had previous working relationship with them …I am not quite sure what happened, there were challenges around the system that they were using for booking, the Eventbrite system and with the evaluation, people didn't get follow-up email, which have massively impacted on the data collection."

Whilst there were several challenges that the partners needed to address, many of these challenges resulted in important learning. Some these have been already discussed in line with the associated challenges, e.g. taking control over marketing and booking processes, enhancing accessibility by addressing key issues leading to digital exclusion, and offering more consistent delivery. The next section will focus on other key learning that emerged from the narrative of programme partners.

LEARNING AND DEVELOPMENT

Learning and capacity building from partnership

Working in multi-disciplinary cross-sector partnership has resulted in several changes and improvements in the usual practice of partners. Most importantly, third sector providers emphasized the importance of enhancing their practice as a result of working in collaboration with other providers from different disciplines, which enabled a unique combination of different wellbeing practices.

"Well I have learnt an awful lot about kind of what these guys can offer which is fabulous and how we can really benefit like the participants I work with. I am just more and more just encouraging the guys I work with to do as much as they can from the Phoenix Rising project because it is brilliant, it is really complementary to what we offer that has just been ace … it is something I have wanted to do for ages, kind of I know recognise the sort of benefit of particularly art in nature stuff and I am not very creative, erm… so I have always sort of not exactly shied away from it but always wanted somebody else in the room with me to do it with me."

"One of the things for me that has been really fab has been the amount of outdoor delivery work I have been doing and it is kind of because of the partnership work we have been, it is kind of like, I really, I wanted to do our outdoors partly because of COVID, but partly because my work is inspired by nature and building those connections and having a partner…who has got that infrastructure there ready…so I can just go in and do what I am good at, was like, is like gold dust for us as an organisation and I would love to do that, you know more of that delivery … I have enjoyed applying my skills to slightly other context."

"It has been fabulous to have experts from other fields, we have strengthened each other and we all learnt from each other."

Learning was also discussed in the form of developing new knowledge and skills, e.g. around partnership and health systems.

> ***"I like have been a sole trader for 6 years and battled on my own so it has been great to connect up with these guys. And I kind of feel sometimes like I am always trying to catch up with what they are doing, and I think it is completely new to me even social prescribing I have never been exposed really to that I have just kind of worked with small groups and organisations... So it has been quite hard at times and at times I have felt like I don't know if I can do this or I don't even know if I have, have any benefit but actually as it has gone along you know I have kind of, I feel that yes I want more, more of it and you know I have learnt so much from each and every one of them and also seen how it is all kind of pulling together and the strength in that really."***

Moreover, partners talked about how they have implemented the learning in new ways of working with vulnerable participants in the community.

> ***"I am definitely working differently, when something is publicly funded, you definitely thinking about that there has to be a where next… I am actually doing it differently, someone has asked me to do a one-off thing for people with anxiety and I said no, because they have nowhere to go after. So I said let's think strategically and see if they can fund a programme. There has to be a where next that has fundamentally changed my thinking…it has fundamentally changed how I look at things for more vulnerable members of our community."***
>
> ***"I had to really shift my teaching method to accommodate everybody. I have got sessions now where I have been working with people for 3–4 months and then a new person turns up, it makes it harder to deliver because you are catering for all eventualities. The set up time was really important, it is always important but it is easier when you work with the same group of people."***

Having academic partners in the team was also perceived as beneficial for the partners, as it provided opportunities to learn about research methods.

> ***"Yes, [I have learnt] different skills, methods of evaluation."***

NHS partners highlighted that having an academic partner was importance for strengthening the evidence-base for such multi-partner community-based approaches, which may have positive impact on future income generation.

> ***"I think something like this I would like to think would be something that as a trust we would invest more in because I think we have done a lot of kind of single partner work where you are doing something very short term for a short period of time. But with this having research behind it, it gives it that sort of credibility for want of a better word that this is an effective programme, and you know we can cover an awful lot of ground with one project, it doesn't necessarily need to be art and sort of for wellbeing all the time and that sort of thing but that sort of multi-partner approach might work for all different kinds of diagnoses or different you know, different areas."***

Image: Phoenix Rising participant working at a Breathe & Draw session held at Mandala, Preston

ENABLING PROCESSES UNDERPINNING LEARNING AND SUCCESS

Project partners identified a broad range of factors that contributed to the success of their partnership, which are discussed next.

Effective communication for problem solving and reflections

A key underpinning factor of their successful work was being able to maintain effective communication that worked for everyone. This was especially important in such a complex multi-partner programme.

> ***"Co-ordination and communication can sometimes be difficult especially with multiple partners."***

"Communication between all of us, and it has not been easy you know it has not been easy throughout coming out of COVID on a personal level and then kind of developing this on the back of that but I think it feels really strong to me."

"Everybody's capacity that everybody is working on something else erm… so it has been quite a journey working out how to find a good way to communicate between us and kind of make it work."

Partners praised the project manager for effective co-ordination of this multi-partner team.

"I think we pick up the threads really quickly as a team we all communicate really well, I mean Sue is an absolute legend at keeping us all in line."

At the beginning of the programme, partners scheduled bi-monthly steering group meetings with minutes taken, but they realised that these were not beneficial in resolving emerging issues.

"Originally I thought a steering group would be all of our partners coming together to help us plan and coordinate and … reflect on how well things were going and what we needed to do, and I am now you know it is actually our Friday morning meetings are the way we get things done. And the, they feel a bit tokenistic these steering group meetings…but again it is the usefulness really of I don't like meetings for meetings sake. So we will perhaps review that."

As discussed in the resource and capacity issues, a shorter weekly meeting was the best way for project partners to solve problems efficiently.

"They have helped us… get to know each other better, meeting regularly and just kind of action problem solving together."

In addition to problem solving, these meetings also enabled reflections and honest discussions that built trust and knowledge and further strengthened the bond between partners.

"Friday mornings, we do a lot of, a lot of kind of how's it gone, what is going on, what are the challenges, there is a lot of that conversation."

"The open discussion and weekly zoom calls were so beneficial and a much-needed space for us to talk openly and honestly."

Peer-support for better wellbeing

Honest and open communication also enabled trust across the project partners and allowed peer-support across the third sector partners that was perceived important in managing anxiety and supporting wellbeing.

"I love the reciprocity and support from our core team – [third sector partners] – there's a strong bond developing between us – our care & passion is the health & wellbeing of others – delivered in a bespoke way."

"I'm grateful for my lived experience of supporting others with mental health concerns – it's taught me to not invest too much of myself in fixing things, to take my own wellbeing needs seriously and I value the fellowship of our partnership at times like this."

"I found the team I collaborated with person centred and maintained a caring approach when difficulties occurred."

Peer-support was provided remotely during the weekly meetings, but also when partners spent wellbeing days together where they could share concerns and enlist each other's support.

"I think that's where I was quite keen at the beginning to kind of get some wellbeing days in. I know we are going to have one at the end of October or to have supervision, [11.14] supervision if we need it. But I also think the fact that you are really strong on that Jenny it is always like double reminds me that I need to do, I need to look after myself."

"I have been quite anxious about managing my own health. I was quite anxious about the onerousness of the project, the ambition of the project and it was wonderful that we got the money, but kind of achieving it all. When we had the first face-to-face meeting, we were able to sit down and I was very honest and I was able to share the fact that I have been feeling anxious with everybody. and the fact that there was this mutual support and… I immediately felt ok, because there was a team of people working with me who understood and would help me with that burden. So I know it's not all on me, which is very good."

Whilst peer-support was important to support partners' wellbeing capacity was limited.

"Nonetheless our capacity to come together to support each other is limited."

Two forms of enhancing wellbeing support was discussed: co-delivering sessions rather than being a sole provider in the space:

"I had an image of a much more holistic programme, where we could be co-delivering. One of the learnings we had from the PP is that is not helpful for someone to be delivering online on their own in an unsupported way and that we really need to look after the wellbeing of our workshop leaders. We are doing this within our best ability, but it would be much stronger if we could do co-delivery."

and having independent supervision to focus on concerns and wellbeing outside of the sessions.

"I would like to see more support for the delivery partners working hard to deliver sessions and deal with the level of mental health of participants. I feel it would be beneficial to have an independent supervisor not connected to the project to support the welfare of the facilitators. There was not enough space for that throughout the whole project. Dealing with the technical organization, balancing work, and personal life became a bit much and I felt at times that someone to reflect and discuss matters would have been very helpful."

Trust and shared values fundamentals of partnership working

Third sector organisations emphasized the importance of sharing the same fundamental values, mutual trust and respect as essential factors underpinning successful partnerships. In the case of Phoenix Rising, the shared value was providing person-centred high-quality community-based provision that is responsive to the needs of their communities. This was fundamental to their work and maintained determination despite all the challenges.

> ***"Phenomenal…Real sense of shared values, putting participants' needs first, and the empowerment of those vulnerable communities that has been at the heart..."***
>
> ***"I think there is a sort of trust and mutual respect that we can really kind of bounce off each other, with where appropriate which has been really, really lovely."***
>
> ***"many times working with other people who have not had similar ethics or professional values and I think all of us run on the same path on that way so I am more likely to invest more and more time with these guys you know for future projects and know that it is going to be, you know, supportive so I mean it is going to, it is broadening out for the participants but it has also broadened you know my world as well."***

Mutual respect and trust was predominantly discussed in relation to other third sector partners and this was less explicitly mentioned in relation to public sector partners, *i.e.* NHS or academic partners. The key values that third sector organisations fully embraced, included being person-centred and responsive to communities' and individuals' needs. Delay in implementing changes to booking and evaluation strategies meant that these organisations were perceived as less responsive to participants' and communities' needs

> ***"No barriers – except with the university evaluation team and the NHS Recovery College who have been less flexible in responding to community need and barriers."***

Third sector organisations made constructive comments on how the evaluation strategy could be improved by using more qualitative data collected using digital tools. These comments explicitly reflected that the evaluation strategy, although meant to be co-produced with third sector partners, was perceived as lacking a person-centred approach.

> ***"I am sure we can think more creatively to make the evaluation more person-centred so that we are not giving a form to someone we just met to tell us how shit your life is to make them depressed. That is more user friendly for those who are not comfortable in writing or reading. Using technology, talking to people, recording thing, just using technology and being more person-centred. More like a human library thing tell us your story in a way that you are comfortable with."***

Shared resources

A further enabling process for the successful partnership of the third sector organisations was the ability to unite their resources and make their offer stronger in this way. Sharing resources took place in various formats.

> ***"Sharing resources has been fine – we have shared knowledge, access to marketing, access to contacts"***

Firstly, partners were able to utilise and capitalise on each other's connection, which was beneficial for recruitment, networking, and future income generation.

> ***"the partners all already had strong links in communities and with other voluntary and social organisations and we were able to leverage this and widen it across more offerings to appeal to more people."***
>
> ***"For me personally it has opened up my work and offering to a bigger community and allowed me to become of the larger community and meet some wonderful people."***

So whilst covering a large geographical area was a key challenge, sharing networks and connections also enabled partners to navigate a larger geographical area more easily.

> ***"But, the fact that we have got the knowledge and the people on the ground or the sort of slight finger trails towards those people…it just means that you are not on your own trying to navigate that area. So it does make it slightly more achievable and therefore the community it makes the county, to me it is making, it actually makes that county feel a bit less massive."***

Third sector partners also recognised the importance of utilising their NHS partner networks and the benefits these partners can bring when it comes to promotion to potential referrals and help to free up some resources. NHS partners discussed that they offered help where this was possible, despite not being involved in decision making and information was shared effectively across sectors.

> ***"We have enjoyed working as part of the Phoenix Rising project. Although we have not been a key decision maker in the design/delivery process, we were still keen to offer our support where needed."***
>
> ***"I feel that we all have a good professional relationship and it has been easy to share information. As we're not a delivery partner, the information that we have been required to share has been qualitative and therefore easily accessible."***

However, third sector partners felt that the NHS partner could have done more for marketing the programme, *i.e.* adding programme information to all relevant platforms.

> ***"I keep discovering new platforms that we are not on and I am like why are we not on these and a lot of them are LSCFT and we are a partner of LSCFT so I am like why are we not on there, and then but I have no idea how to kind of address that, and it is a whole it is such a job in itself."***

There was clear evidence that partners shared their intellectual property in various formats, e.g. enabling access to joined marketing, which was also beneficial for participant.

> ***"Sharing knowledge of website and booking system…other partner has experience in partnership working. A lot of intellectual property has been shared, contacts have been shared."***
>
> ***"Yes I think it is about getting harnessing all the offer to, that whole kind of thing of thriving communities is actually harnessing our collective offer, and spreading the word."***
>
> ***"We have been able to promote the programme as a whole which is cost effective and efficient, and people are able to choose the right programme for them."***
>
> ***"I think the first thing that came to my mind was the kind of the shared platforms for marketing that across all of us we can reach a really big audience if we do a tweet and tag everybody else in with all, so I think that has been really beneficial. And certainly, Emma's previous experience on the marketing front she has been able to just step in and do it and totally gets it."***

Partners also shared document templates that facilitated collaboration, e.g. memorandum of understanding, and feedback from participants in case study format.

> ***"We all signed the memorandum of understanding [based on one of the partner's template] at the beginning about the security of information and confidentiality, we set all out at the start."***
>
> ***"[One of the partners] had case study template, which has been really helpful to supplement our struggle with the evaluation, so that we at least got some feedback."***

However, they felt that data sharing agreements should have been set up when collaborating more broadly with other organisations as this would be necessary to foster follow-up care for vulnerable participants.

> ***"I have enjoyed the collaboration with [another not core partner organisation] but think we should have sorted out a data sharing agreement for participant contact phone numbers. I find myself worrying about a participant who couldn't attend today due to poor mental health."***

As outlined in this section there has been an extensive learning across partners that was predominantly facilitated by their relationships, support and shared values. The next section will discuss partners' views on sustainability of the partnership.

FUTURE DELIVERY AND SUSTAINABILITY

Funding – key barrier to sustainability

All third sector partners agreed that the lack of public funding allocated to the voluntary sector to deliver preventive community-based wellbeing offers was very concerning and identified this as a key barrier to sustainable partnerships.

> ***"without funding the partnership is very fragile despite the willingness of partners."***
>
> ***"I am totally loving the delivery of this programme I'm so very concerned about its sustainability."***

Third sector partners identified that an ideal scenario for the sustainability of their partnership would be obtaining funding for an additional three-year period. This would enable a longer and more consistent delivery that would serve referrals as well as participants, a stronger evaluation strategy to strengthen the evidence-base of community-based wellbeing provision and support future income generation and sustainability.

> ***"an ideal scenario would be funding for a 3 year programme of the following subsidised places on classes already running, funding for ongoing free places that can be accessed at any time, and funding for a programme manager to promote the programme and administer evaluation and erm… follow-up on non-attendance."***
>
> ***"Secure funding for 3 years so that we can deliver a mixed programme across art, nature and movement that people can access at any point in time for a minimum of 6 months. Payment made for administration and promotion of the programme as well as delivery."***
>
> ***"A programme for minimum 3–5 years… a different kind of approach to how we manage the evaluation and data collection… making sure that we get that element right to make sure we can do a more sustainable programme."***
>
> ***"3 year funding so that we can plan ahead, build infrastructure and really get to work with people longer term and across multiple agencies to help them to make lasting change."***

NHS partners echoed this view and highlighted a model for longer term investment.

> ***"In terms of sustainability, I think that there should be a better defined pathway for long-term funding. For example, it would be beneficial to know that if a partnership ran a successful 6 month programme, this could then lead to semi-permanent/indefinite funding which could be reviewed on a regular basis".***

Partners felt that the lack of public investment showed the lack of recognition for their work and identified that there was a systemic barrier in reallocating funding to support a more equitable integrated care system.

"There is this continued expectation from the health sector that charities, organisations will get on with their work and find funding from somewhere else and there is nothing to do with them…if they actually recognised that there is a clinical benefit to what we do, it is not medicine based as of pharmaceutical… there got to be a rethinking about investment principles."

"we all know that prevention is far more cost-effective, but there is no money for prevention… so we need to slice the pie differently, but the pie has already been sliced, there is no appetite for any kind of change."

They strongly felt and expressed that investment should come from the NHS, e.g. from CCGs.

"CCG funding, NHS funding that's what we need."

"Investment from CCGs or other forms of NHS would go a really long way to help."

Third sector partners clearly expressed that radical systemic changes are needed in how public funds were invested as the current system was not sustainable.

"there has to be a fundamental change in thinking as that has to be through funding. Whether that's GPs being incentivized to reduce how much they are spending on pharmaceuticals and then that's ring-fenced to spend on social prescribing…I don't know but we can't continue in this way, can we there will be nobody to deliver?"

They identified that the high demand for community-based provisions but the lack of funding may mean that the quality of the provision will need to be sacrificed as people/organisations will take short-cuts to be able to provide provision in the community without experience and expertise.

"It is years of experience that we have applied of doing this complex work. It is not straightforward… it is not that I am going to do creative wellbeing and watch one of their sessions. I know they are already doing that because of the social prescribing agenda... there is something about quality."

They proposed that privatisation might actually benefit the third sector, as it would require a new way of thinking about how services are funded and provided.

"What has been painted as privatisation could be huge opportunity for the voluntary sector, because it is about local grass-root organisations actually saying here is a service that I can deliver... and they do know that they need to look at prevention."

Following from the funding considerations partners talked about different delivery models and strategies that could would despite the limited funding and resources available to them.

FUTURE DELIVERY MODELS AND SUSTAINABILITY STRATEGIES

Consistency is key for sustainability

Partners discussed different models of delivery that could aid sustainability, based on their experiences, learning from the programme, as well as interest for future work.

Firstly, at the beginning of the programme the partners' offers moved around every six week from one location to another within the area partners served. However, during the programme partners identified that for sustainability it would be key to offer more consistent delivery, which would facilitate more referrals from social prescribers and so would evidence the demand for the service. Once social prescribers are committed to the programme, they could support the sustainability by championing its importance for the communities they serve.

> ***"if you want it to be sustained at the end of it… you need to have at least social prescribers in some areas… regularly referring so that you can evidence the demand and a pathway. And those social prescribers will become quite committed to the programme and will then argue for that service that you are providing not to be removed."***

Partners indicated that a six-week delivery format is a common practice in the mental wellbeing sector, but noted that from their experience of this it wasn't enough to affect change.

> ***"The 6 week model is fairly baked in other organisations, but it doesn't work."***

Partners identified that in addition to serving the needs of social prescribers, consistency in delivery would also aid better marketing strategy and help to engage participants, especially those who were more anxious to attend community-based groups.

> ***"Those category of people you are only going to get the people to one-off events who have got the capacity and the confidence to self-serve. "***
>
> ***"…It is difficult from a marketing perspective because of the nature of the people and how we are getting referrals. I get a real sense that… it is, it is a barrier and that yes in the future it is having that consistency of once you have made that decision that step of yes I am going to ask for help, it then being available is like such a rather than having to wait a period of time. And it makes the social prescribers job so much easier."***
>
> ***"It takes a lot to have the confidence to kind of go out and meet somebody new…"***

Based on this learning, during the programme partners changed their delivery mode and offered more consistently in one area, which seemed to be working well in increasing the number of referrals from social prescribers.

> ***"I am seeing that working now because I am permanently at one location and social prescribers bring people and they bring them several times… The problem***

was that we were on this 6 week thing, which meant that there wasn't enough time between us getting confirmation that we are gonna go somewhere, then us contacting the social prescribers to let them know, then coming across a client who was relevant and then working with them to get them to the point to get them through the door.. by that time the programme has ended. I think the programme design meant that this couldn't happen. In another location a lot of the success is that we have been there since October and so it has got that, they just know we are there and they are just keep coming and bringing more people. It took 12 weeks to really bloom."

However, offering consistent service beyond the programme was seen challenging due to the lack of funding to enable this, as discussed in the previous section.

"we all seem to be enjoying working together and there is a sort of sense of strength in numbers and mutual support, so that partnership thing from us 4 working together feels very strong but we haven't got the kind of resource to back that up. So I think we would be looking at getting additional funding to try and grow something that is more sustainable."

Building on success to extend and expand

Partners discussed that they invested a huge amount of work to make the foundations of their offer high quality, solid, and sustainable. They did this because they wanted to be able to work together longer term, and offer sustained delivery to members of the community who need it the most.

"I think maybe it is something to do with the nature of the participants that we don't want to offer a year's worth of, or 6 week courses or termly courses or weekly courses and then it falls off a cliff and so we have, I think we have spent investing a lot of time getting to know each other's areas, getting to know each other… trying really hard to get to know the social prescribers in different ways and that is still work in progress because we are thinking about the future and how because I don't think any of us really wanted to do Phoenix Rising as a one year… I think we thought well if we are putting these roots down lets make them strong roots and hopefully they will grow."

"We are really interested in developing a sustainable, regular offer that combines our 3 areas of practice because we can all get on with our own areas of practice but what's… what is interesting is those crossovers."

Therefore, partners felt that they could build on their existing provision going forward.

All of the third sector partners have extensive experience and a very strong reputation in their communities. Going forward they felt that they should harvest their reputation and link up with larger established organisations to tackle the precarity of funding better.

"So [larger organisation] is a perfect partnership because they have got so much funding so many groups, so many opportunities; the libraries are probably quite

good, you know so it is really good [partner] has started to do with all that work because it is hopefully going to be a way of getting the Phoenix Rising work out there and established."

There was evidence for reciprocity from larger organisations, who reached out to Phoenix Rising partners based on their established reputation.

"From my perspective, is being able to work with trusted professional, we have worked with [one of the core partners] in the past and we know that they have a really good track record of working within community settings and with local residents. So we knew they would be able to deliver a programme with local people and explore feelings of wellness and wellbeing. So that was one of the reasons why we approached [the organisation] to partner with us for this programme." **(Larger organisation)**

Another consideration for future delivery was extending the offer to new areas…

"I am not going to have time to kind of brief you about it, but basically it would be a way of us extending our offer to [another area] with more resources coming in to the programme and for it to run beyond the lifetime of this programme."

"The development of a pilot programme in [new area] has been like a gift-horse to our programme. Without this investment as our Thriving Communities programme comes to an end – we'd be feeling pretty deflated."

…as well as to new target groups.

"retail and hospitality workers. Which isn't a group that I have targeted but is really easy to target you know… And they have had a really tough time they have worked all the way through, you know, the pandemic and had to deal with humans."

"More targeted courses based of targeted needs such as addiction recovery, shift workers, Muslim women."

However, they felt that raising awareness of their offer without having the security of knowing when and how the service will be available was very challenging.

"I think in some ways it is, it is a little bit of a catch 22 because I think sometimes you have got to have the offer there to raise the awareness it is difficult to raise the awareness before the offer is there. You would want to have an audience and people who want to attend before anything is on offer but you have kind of got to build it as you go along in some ways. So I think if Phoenix Rising does continue it will grow, organically anyway, it is just having that there all the time and then gradually awareness grows."

Peer mentorship and subsided place offers

The final sustainability models considered by the partners focused on offering commercially funded and subsided places for people who need the provision the most…

> ***"We could potentially have a look at putting on a class which is commercial say half, you know maybe 3 or 4 places commercially available and then the rest could be referred in again the cost is lower."***

…and developing a peer-mentor scheme, where more experienced participants could taking leading roles in delivery supported by an experienced practitioner.

> ***"...Some of the more experienced people I have been working with creatively can lead the group in a voluntary capacity when I am not there, which I find is very interesting in terms of development role."***

This section summarised the key benefits and achievements of partnership working during the Phoenix Rising programme and reflected on potential sustainability models. It also discussed some of the key challenges and as already outlined briefly engaging social prescribers and the challenges around the referral system were key barriers, which will be further explored in the next section.

WORKFORCE DEVELOPMENT – SOCIAL PRESCRIBERS AND REFERRALS

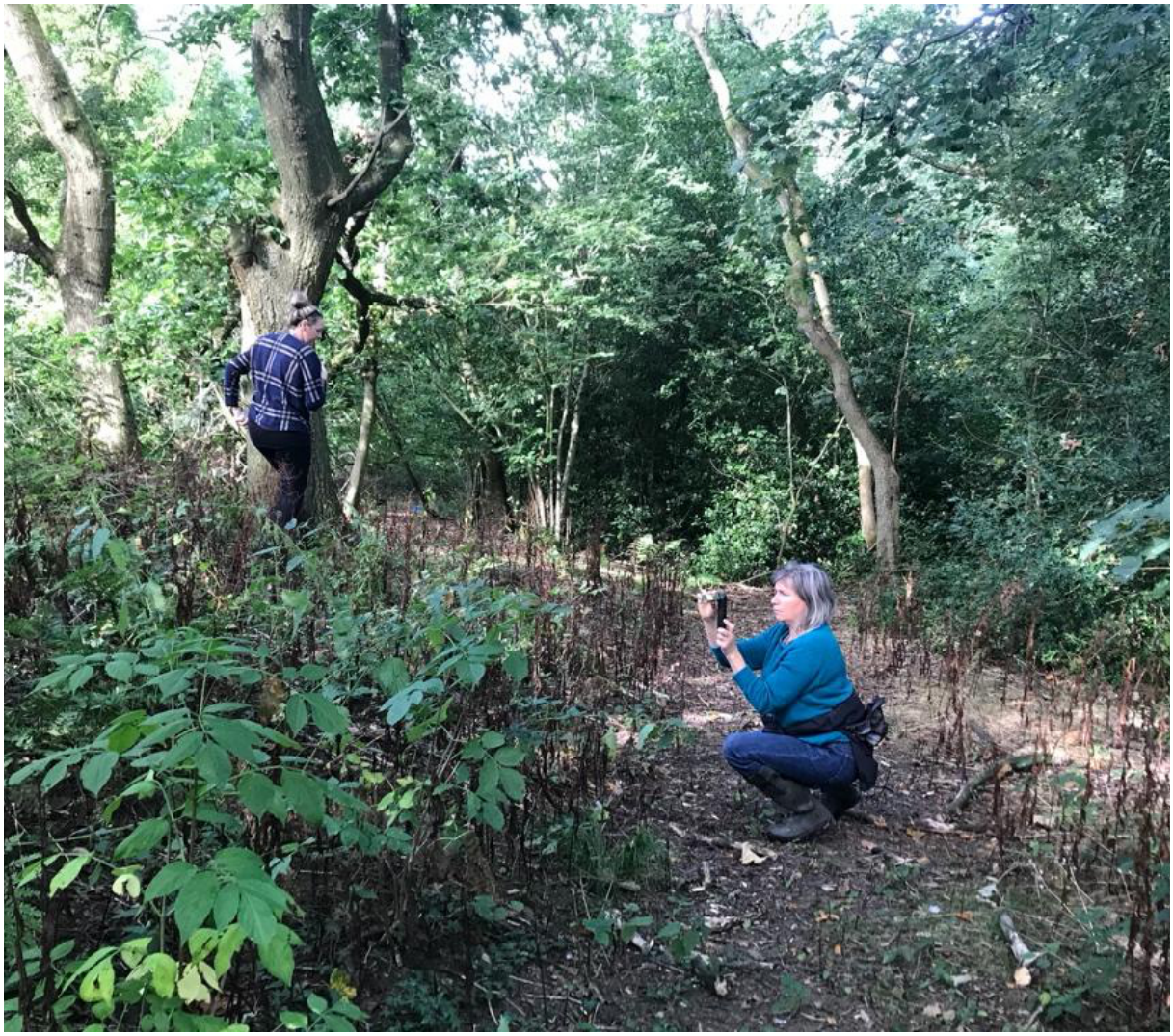

Image: Phoenix Rising Social Prescribers Art –Nature –Movement Taster Day in Melling 2021

The aim of this evaluation strand was to learn about the referral practice of social prescribers and explore whether the programme has been successful in engaging social prescribers, raising awareness, and enhancing the number of referrals throughout. We were also interested in exploring key barriers in the referral pathway as perceived by social prescribers. To do this first the partners organised a programme launch event where social prescribers and other referrals were offered the opportunity to sign up for this evaluation and complete a baseline survey. Referrals were contacted at mid-point and at the end of the programme and asked to repeat the survey. First, a summary of the survey responses will be provided, followed by a discussion of the experiences of project partners about the key challenges of the referral process (this information originates from the partner focus groups).

SUMMARY OF SURVEY RESULTS

At the beginning of the programme

Following the launch event in June 2020, five referrers completed the online survey (one GP and four social prescribers). Referrers reported that in the 12-week period prior to the baseline survey they made an average of 136 social prescribing referrals, this ranged from 6 to 500. Out of 84 (62%) referrals were made due to mental health or wellbeing concerns, ranging from 5 to 250. Out of these referrals an average of:

- 5 (4%) was made to creative arts activities, ranging from 0 to 15.
- 5 (4%) was made to nature based activities, ranging from 0 to 20.
- 25 (18%) was made to physical activity, ranging from 0 to 70.

The remaining questions were answered by four referrers. Two of them reported to be fully aware of all the community-based support and organisations, while two reported only being aware of the ones they use on a regular basis. This corroborates with the identified need for consistency in the delivery, as half of the referrers were only aware of regular offers. When they asked what would be helpful for **raising awareness of the available community-based provisions** referrers suggested:

- having a community-based support directory incorporating information about the available provisions.
- meeting with social prescribers,
- maintaining communication
- providing regular updates –who?

Three of the referrers reported that the identification of individuals needing support and the referral process were very straightforward and easy. One felt that the identification process was more challenging, but agreed that the referral process was easy. They felt that the main reason for **challenges in the referral process** included

- not having suitable transport for people to access support,
- social prescribers not being aware of available support in the community,
- and COVID-19 caused challenges in the referral process too.

Referrers felt the **referral process could be improved** if there were more:

- community based localities,
- support with transport
- face-to-face groups
- contact with social prescriber (preferred being based in surgery).
- Having information available on a flier showing all the details needed to help print off and give out
- A list of contact numbers with regular updates
- Non-email referrals, as many elderly people do not use internet

They emphasized that these would be especially important because not everyone is digitally aware and some people do not want to be, but are desperate to get back out there and access groups. This finding is in line with the perception of the partners around digital exclusion, as discussed in the previous section. Moreover, the short term (6 week blocks) nature of the programme offers meant that referrers were unsure where to refer participants, also in line with the partners' observation. This observation resulted in the Phoenix programme partners switching to longer term availability of activities rather than the initial 6 week blocks.

At mid-point of the programme

Only one of the referrers (a social prescriber) completed the survey. This person made **90** referrals over the preceding 12 months, out of these **70** (78%) was due to mental health or wellbeing concerns. None of the referrals were made to Phoenix Rising activities, or to similar activities provided by other organisations, as the referrer found that the offers were not suitable for the participants. The main reason for this was that the provision was not local enough to the community the social prescriber served and many people do not have access to transport to access activities further away. This social prescriber felt that fliers/leaflets are the best strategy for raising awareness of community-based provisions. They also identified that it is more challenging to identify individuals than to actually complete the referral process. She reported that her awareness of the available support offers increased over the past 12 weeks.

At the end of the programme

Only one referrer (GP) completed the survey. She made 20 referrals to social prescribing activities, but these were not made directly to the providers, but to the social prescriber link worker. Therefore, the nature of the activities and whether referrals were made to the programme is not known. However, all of these referrals were made due to mental health concerns. The GP felt that GPs knowledge of the available community-based support is very limited, and did not identify any change in her awareness during the preceding 12 weeks. For this particular referrer, identifying individuals was not challenging, but the referral process was. Agreed with others that flyers are the most beneficial for signposting and felt that self-referrals should be encouraged.

Engaging referrers in the programme and the evaluation was a key challenge. The next section will highlight the programme partners' view on what may cause this difficulty and will offer some strategies to enhance engagement with referrals.

Confusion around and challenges with the social prescribing infrastructure

Partners identified several issues with the social prescribing infrastructure and referral process. Firstly, they felt that the hierarchy, structure, and terminology of social prescribing and link workers was lacking clarity, which resulted in uncertainty for both participants and third sector delivery partners. . it was difficult for some partners to uncover who managed social prescribers…

> ***"…somebody in charge of social prescribers including link workers in [one area] altogether? Or is it just different organisations, or different…"***

…what the differences in terminology meant…

> ***"I think in Lancashire there is link workers, but there is also social prescribers and then there is also the other, all the other referring organisations the link workers seem most elusive I think."***
>
> ***"Isn't that not just another term for social prescribers. Socially prescribing link workers is what I have."***

…and what the social prescriber role actually included.

> ***"somebody suggested that the link workers had suggested that we had to go and tell the doctors what was going on. And I was just like isn't that the link workers job, I didn't understand why we would have to do that."***
>
> ***"…the whole point is that it has been funded through the NHS or whoever it has been funded by CCGs to bridge the gap between us and then and we are the ones who don't have the resources to do that, so that is why they are in place. I think or at least funded that way anyway."***

Voluntary sector partners showed empathy towards the challenges social prescribers face in their everyday work. Including the large areas that some of them need to cover, the enormous workload and lack of capacity due to often not doing the role full-time.

> ***"…our social prescriber link worker covers 3 different practices in 3 different areas... And she has got like half of her job is social prescribing and the other half is something different… so she is really, really stretched but you know really committed to doing the work."***

However, partners also felt that the engagement, competency, and agenda of social prescribers varied greatly across the areas that the Phoenix Rising programme covered.

> ***"One of the things that I think for the geography of Phoenix Rising is we have got this really; it is starting to feel like a really distinct difference in social prescribing methods. So [one of the locations] there is very few social prescribers, and they are really nice … but they cover huge geographical patches and there is not a lot of service provision…I have built some relationships with some people they seem keen to refer in."***
>
> ***"my experience of social prescribers [in another area] is they are not very active. I don't know if I just talk to the wrong people or they are not, at least they are not, they are not referring. Get referrals from other places."***

This inconsistency across social prescribing caused frustration in project partners.

"we have had a lot of frustrations and obviously there is COVID going on, and different social prescribers have different, seem to have different awareness and agendas."

"…how difficult it has been to contact social prescribers and get their details and build relationships and a lot of them will say they know everything that is going on, in the area but… I think a lot of them don't."

Challenges with the referral pathways

Programme partners identified several challenges in the social prescribing referral pathways. Firstly, there did not seem to be enough referral coming through from GPs to social prescribers or mainly elderly people were referred.

"GPs were only prescribing, only referring to link workers elderly…so then this is actually the social prescriber was frustrated, the link worker was frustrated because they are not getting referrals from the GPs."

…and from referrers (both GPs and social prescribers) to community-based providers.

"I would love to get to the point where we felt like we were getting some proper prescriptions from doctors. You know like proper like there was some real good pathways…it would feel like a bit of a win."

They felt that often referrers only signpost people to community-based support, which is not sufficient and that offering some tasters of activities would be more useful.

"[At an event] I proposed a creative engagement and they couldn't come up with the money for that and I just thought this is really crap you know you want to be actually giving people a really good experience of the things that are on offer, not just signposting everybody because some of those people you know they don't want to go back with a handful of leaflets they actually want to talk to someone. Or do something."

"Also if they are engaged then they might go along, whereas if there is only signposting then they might be like it is a gamble about whether there is actually anything useful about these things. It is really difficult." They found that signposting is especially not adequate or appropriate for more vulnerable members of the community, who are expected to self-refer into community-based support.

"there seems to be a missing bit of understanding that actually people in need aren't always in a position to self-refer and they need someone to support them or they need to have a conversation with the workshop leader."

Engagement strategies for social prescribers and users

To overcome some of these challenges partners discussed a broad range of strategies to support future engagement and referral activities. Firstly, they emphasized the importance of providers building **personal relationships and rapport with social prescribers**. This may mean that engagement strategies should start narrow and broaden up with time.

> ***"The idea of trying to like work maybe work with one or two people in a smaller area build that relationship really strongly because no doubt that will be where you get the successes and then just sort of expand it out a bit."***
>
> ***"also having a kind of personal contact with the person that they are referring to."***

Partners felt that a key to building relationships and enhancing the potential for referrals is using **clear and consistent communication** about the available provisions.

> ***"I think consistency as well. Consistency and repeated communication, so there is a tendency sometimes to kind of put on something, advertise it to a social prescriber, and if they don't kind of respond the first time, assume that they are not then referring and stop and sometimes it, sometimes people have got workloads haven't they and you need to tell people things a million different times in a million different ways before you are asking the social prescriber to change a habit as well."***
>
> ***"…we have to understand that people the social prescribers have an awful lot of information out there that they are trying to grasp… It is a lot of information to kind of contain and kind of have prevalent in your mind. So, so it needs to be kind of easy for them to kind of refer into."***

Partners identified that **strong branding** and **handing out physical reminders** could be useful ways of aiding the memory of referrals about the available provision.

> ***"the Phoenix Rising brand is quite strong I think in terms of visuality and actually being able for people to remember it."***

A further strategy discussed was to engage referrals more actively in development phase of provisions, *i.e.* co-producing or **co-designing the activities**, which is likely to enhance their commitment to refer.

> ***"go to social prescribers and people that they have got on their caseload at that moment in time and say… were we to put on an activity for you and your cohort of people that you would refer what would it be, where would it be geographically and what time and date. Because a) that also kind of commits them in a little bit, to then sending people to said activity."***

Moreover, **offering shadowing/taster sessions to social prescriber** to try out the activities before they refer is likely to be beneficial as they will have a deeper understanding about the activity and more confidence to refer people.

"I think are really important to do are actually to kind of have social prescribers out being part of your delivery for a while… how do they know, how can they be sure about the quality of all of the bits of delivery if they don't know it.

Partners found the taster sessions very beneficial in their engagement work with social prescribers, some of the partners saw the benefits immediately, whilst others had to wait for the referral numbers to increase.

"[taster sessions] really worked. And those social prescribers are really engaged and you know and have been back since and they communicate and they you know they refer in."

"We did one for 4 people, which was brilliant and they all kind of left and went wow I didn't realise it was like this, it is so much better experiencing it now I know who I can refer to, and we can erm… at the end of it we were having a discussion about them finding, kind of pulling a group together to refer to into our kind offer and they were like you just learn so much more by experiencing yourselves."

"I also think that the social prescribing thing is really interesting because maybe, maybe the success, I have done so many tasters over the years… people booked on to those for taster sessions, and they will come along and they will enjoy it and we hardly get any referrals…but then every now and then I get a phone call from somebody who has been on a taster 2 years ago and has remembered it, and so I think it does work, it is just we have to be patient."

A further consideration and recommendation by partners **was ensuring to get the timing is right.** They felt that working with a tight timeframe was one of the key challenges, which resulted in providing short notice to both referrals and participants. Therefore, partners recommended allowing sufficient time for the activities to be planned, marketed, for the taster sessions to be delivered approximately one month before the activity, so that it is fresh in mind but allowing enough time for them to identify and refer people into the activity.

"One of the main challenges has been the timeframes involved. In particular, the funding is awarded and the project expected to start almost immediately, which leads to limited time for awareness raising and promotion."

"we have ended up with quite short turn arounds to let people know haven't we what we are doing so I think we need to get ahead of it a bit more."

"I would do [the taster session] just before you are going to be out there. I would almost send out something to social prescribers the month before you are doing whatever it is you are doing, saying we have got this event on we would really like you to see it in advance so we have booked, we have kind of put aside some free places for you, we would love you to come and spend the day with us and then, almost try to get them to commit to bringing somebody to the event."

"It may be that because it requires that little bit more of understanding as to what it is and the time period between us announcing it and the start it is too short for people to have considered it, thought it, figured it out, talked it over with somebody."

Partner also emphasized **making the provision as accessible** as possible to participants. Offering accessibility support was mentioned in various contexts and forms. For instance, partners talked about making short videos to help participants to find the location and information about what they will experience, which they felt would help to reduce anxiety around attending a group session for the first time.

"But I think it might be nice to have a little video saying… it is really super easy to get here, there is a map on our website, you can download it… and yes I don't know."

"I think that would be brilliant if we do it, I think that would be really sustainable as well because it is something that we all need in the future as well so that's really brilliant if we can make that happen. And it is a massive block."

"Maybe it is also more like you know this is the site. This is who we are, welcome, you know an introduction to the, we have done a little bit of that with some of the stuff we have done recently, we have done little videos of ourselves, so we send it to participants and then they meet us but actually we haven't done anything on this is where you will be working, this is where you meet, this is… and actually that would… cut down a lot of the anxiety about where am I going to this new…"

Another recommendation for making the sessions more accessible was to provide transport to those who cannot drive and keep some of the sessions online to cater to people with different needs. This was particularly challenging due to COVID restrictions as guidance changed on sharing transport.

"we have actually been given the go ahead for minibuses now, so in theory I could bring a minibus the only problem with that is… well it is two things one is do people want to get in it, but you know that is a question we can ask people. And it is only it would be 7 seats so it is not a big group so it would be enough. That is a possibility."

"Things that we have done during COVID for example, so the digital kind of evening sessions have meant that people who are busy during the day have been able to kind of attend those."

And finally, if referrers refer individuals into the activities, then **providing feedback to referrals** after activities, would also be beneficial.

"…if somebody does send a referral through to you, going back to them afterwards, after that person attended with feedback. So, as well if they are doing quite tough job trying to get people to attend all of these things, remember you know giving them something positive ((laughs)). So say you know closing that circle of you know it was amazing, whoever it was turned up, and all of those different things.

DISCUSSION

Image: Artwork created by participant for Tree Dressing Day, December, 2021

Whilst participant evaluation completion rates were low, the findings indicate that participants' mental health and wellbeing improved throughout their participation in the programme. This was evidenced from the survey, interview, and case study responses, where participants reported generally significantly improved mental wellbeing, and from the interviews and case studies, where participants talked about improvement in confidence and positive relations. Participants also identified key enabling processes, such as interacting with others in a supportive space that encourage creativity and openness (see pages 18–19).

Within sector partnership worked extremely well, third sector providers developed a strong bond and trusting relationships, they supported each other throughout the many challenges discussed in this report. Delivery partners fully endorsed each other's practice and shared common goals and values, which included providing person-centred support catering for diverse groups in their communities. The partnership enabled them to enhance their wellbeing practice by sharing resources and learning from each other. They developed a unique provision combining art, nature, and movement likely to appeal to and benefit many vulnerable people in the community.

Partners identified several challenges that they needed to address during the programme but issues around resources and funding was the most explicit, which resulted in some aspects e.g. marketing, administration, and evaluation being carried out within limited parameters, to enable more investment in delivery. Partners also reflected on different sustainable delivery models. For example, subsided places for the most vulnerable and a peer-mentorship programme, where more experienced participants would eventually become facilitators of wellbeing provisions, and hence generating a new community-based workforce.

On the other hand, cross-sector partnership was an area that was seen as needing more development. The lack of similarly strong bond is unsurprising, since public sector providers were on the periphery, not directly involved in the delivery of the programme. They also have very different operating procedures, which made them less prompt and flexible in responding to the needs of participants and communities mid-programme. There are certainly challenges in the operating procedures, e.g., of changing the approved research strategy, which requires ethics amendment and causes delay. Some of these procedures are in place to protect the safety and wellbeing of participants, but they also cause systemic barriers in effective partnership working.

A longer-term continued delivery would have enabled a stronger, longitudinal evaluation strategy, more beneficial for evaluation purposes. Having a longer timeframe to build the whole programme, including more time for healthcare partners, delivery partners and academics to work more closely together on marketing & booking strategies and the evaluation framework before the programme began could have mitigated many of the problems that ensued. However, the background of the impact of COVID on all partners is not to be underestimated: at the start of the programme one funder wanted to commence delivery straight away due to their understanding of community need, delivery partners were emerging from an economically precarious time where they had been developing alternative remote delivery models, NHS partners were dealing with an unprecedented health crisis, and academics were naturally aware of how long ethics approvals might take and were keen to help the team keep to their delivery schedule. Put simply the whole team had to deal with the impact of COVID on them economically, socially, and organisationally.

Whilst the intention was to co-produce the entire programme with the meaningful involvement of all partner organisations, this was almost impossible to achieve within the very limited time scheduled at the beginning of the programme. This meant that booking, delivery, and data collection all started at very short notice, almost immediately. This resulted in delivery partners accepting the strategies offered by public sector organisations, e.g., using Eventbrite as a booking platform, and more traditional research methods, e.g., surveys and interviews, for evaluation purposes without being able to meaningfully input to make these processes more accessible. The evaluators for the Thriving Communities Fund Wavehill, were not appointed until several months after the commencement of our programme so it was very difficult to fully honour their data collection requests retrospectively.

There has been significant learning in this field and all partners are delighted to be reflecting upon, reviewing this work, and working more collaboratively together in a new AHRC funded research project Phoenix Takes Flight (PTF) exploring the usability and scalability challenges with community-based health support via social prescribing. The evaluation strategy had both strengths and weaknesses: strengths included, focusing on three different areas (individual, partnership, and workforce), triangulating qualitative evidence from the different groups. Mixed method design was used to evaluate the programme's impact on participants' mental health and wellbeing, whilst also aiming to gain an in-depth understanding of the experiences of participants and key difference makers that might have driven changes in the outcomes. A further strength is that community providers with knowledge of their provision and clients were involved in identifying the key target areas where improvement was predicted and hence measured quantitatively (*i.e.* using surveys).

However, during the programme, the delivery partners identified that these questionnaires were problematic, as they were not suitable for the communities and individuals they worked with. Participants found them inaccessible and difficult to complete, stating that. they found the questionnaires too long and some of the standardised symptomatology measures too triggering. Possibly due to illness and within the evaluation team it was also uncovered rather belatedly that personalised communication with participants to remind them about the surveys was not being undertaken by the NHS partner. Personalised emails had previously been successful in achieving low attrition rates on the Phoenix Project; however, this strategy was not used here, and as all emails were automated, it is likely this had a negative impact on completion rates.

Whilst the questionnaires were not changed, some changes were made and implemented to make the programme more accessible, *i.e.*, enabling completion on paper, but completion numbers remained patchy and low. The used surveys have been extensively used with similar populations without major issues in data collection, however it is likely that participants may have found it overwhelming to complete numerous surveys at once. Engaging referrers with the programme and evaluation was challenging and has had limited success. A key reason for this could have been the initial short-term delivery, which meant that providers changed location every six weeks and were unable to offer a consistent provision, which was clearly needed for successful collaboration with social prescribers, as evidenced by later delivery models.

Whilst we only heard from a small number of referrers and providers, findings indicate that each party found the referral process challenging. Community-based providers emphasised the challenges around identifying, engaging, and developing a working relationship with referrers, all necessary to achieve regular referrals. Social prescribers expressed challenges around both identifying individuals (partly due to not receiving GP referrals) and identifying suitable support, *i.e.* due to unsuitable location, challenges of keeping up-to-date with the provisions. From the GP perspective, identifying individuals was not challenging, but having an awareness of and refer (referral route/option?) into community-based support directly was more difficult. There was uncertainty around the referral process and whether GPs and community-based providers should liaise with each other directly or through link workers. Therefore, future research is recommended into the social prescribing referral process.

Partners offered a broad range of recommendations to enhance engagement throughout the referral process. Based on partners recommendations a model for successful engagement was developed, see Figure 9. Recommendations covered each step of the referral process, and these are likely to be beneficial for future community-based provision planning.

Figure 9. Key recommendations for successful social prescribing engagement

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Evaluators

Dr Kirsti Ashworth, Lancaster University

Dr Barbara Mezes, Brighton University

Research Assistant Hattie Roberts, Lancaster University

Core Delivery Partners

Sue Flowers, Green Close Studios Ltd – www.greenclose.org

Jenny Reddell, Lancashire Wildlife trust – www.lancswt.org.uk

Emma Lowther-Wright, Mandala CIC – www.themandalapreston.com

Helen Leece, The Gathering Fields – www.thegatheringfields.co.uk

Workshop leaders

Alex Blomfield

Danielle Chappell-Aspinwall

Kremena Dimitrova

Alison Gough

Sue Flowers

Sakthi Karunanithi

Ginni Koppenhol

Helen Leece

Emma Lowther-Wright

Jenny Reddell

Deborah Woods

Partners

Chris Blenkharn & Tamasin Lamb CSI Project, Active Lancashire

Deborah Woods, Bay Blueprint For Recovery, Eden Project

Carole Edmondson & Sarah Robertson, the Forest of Bowland Area of Outstanding Natural Beauty

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