Inspiring Ashfield – Final Evaluation Full Report
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Executive Summary

- Ashfield Voluntary Action's (AVA) *Inspiring Ashfield* Programme aimed to use Thriving Communities funding to bring together over 30 partners to deliver a calendar of online and in person events and activities to support the work of local Social Prescribing link workers
- Over the course of the year, *Inspiring Ashfield* encountered a number of barriers which limited the number of Social Prescribing referrals and the uptake of activities. However, it delivered 19 activities over 27 groups, reached a larger number of community residents and the experiences and adaptations of the programme are likely to be of use to other community and voluntary organisations
- The NTU evaluation detailed in this report comprises interviews with AVA staff (3), project partners (2), activity leads (10), beneficiaries (10) as well as conversations with link workers (5) and quantitative data from a small number of clients (9). NTU also undertook a community survey (388) to ascertain levels of need and desire for further provision in the area.

Analysis of this data indicated:

- Lack of awareness (80% respondents), time poverty (49%), lack of appeal of existing activities (45%), cost (27%), social anxiety and travel (18%) were all indicated by survey participants to be barriers to availing of existing community services. Over 70% indicated that they would like to see one or more new services
- Interviews with those delivering Inspiring Ashfield indicated good communication with service users and between AVA and activity leads. Communication between staff and link workers was more limited and between project partners was sometimes poor.
- Conversations with link workers indicated that they thought Inspiring Ashfield was a useful support which increased the range of available options, thereby enriching Social Prescriptions. However, link workers were unaware of the rate of activity uptake and did not consistently follow up on their clients' outcomes. Referrals were sometimes incomplete, placing the responsibility for making a Social Prescription on AVA staff.
- Low uptake was attributed by those delivering Inspiring Ashfield to the barriers posed by COVID-19 as well as the incomplete scoping of community need at the outset of the initiative. Adaptations included increased diversification of the content and mode of activities as well as increased scaffolding of client participation.
- For those who did engage in activities, the benefits of meaningful social connections were reported to have positive and sometimes transformative effects on their lives, improving health and wellbeing as well as increased personal confidence and community connectedness beyond the activity. This was supported by trends in the client survey data showing strong associations between group memberships, feelings of belonging, psychological resilience and wellbeing.

- Those who engaged in volunteering reported additional psychological and social benefits while lack of reward was often due to a mismatch between the needs of the patient and the activity or due to low numbers in the group detracting from the social benefits of the activity.
- Assertive outreach was an additional, alternative route to client engagement which targeted three deprived estates across the area. The gradual development of relationships of trust was used to provide a small number of potential community champions with intensive support. In the longer term, this approach is intended to foster community empowerment and autonomy.

In sum:

- Inspiring Ashfield provides a promising model of support for Social Prescribing which enriches the offer of activities available to link workers in the post-COVID era. While this potentially improves the quality of Social Prescriptions by ensuring a better fit with individuals' needs, it faces barriers in terms of appropriate referrals and uptake of activities.
- These barriers can potentially be addressed though better communication between project partners, better advertising of activities and more proactive scoping of community need, as well as through supplementing the approach with complementary ways of identifying and engaging community members.
- The adaptations already developed by AVA in terms of enhanced scoping of community need, scaffolding client participation and assertive outreach are promising. These should be of use to other Social Prescribing services and to Community and Voluntary Service organisations facing similar problems.

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1. Background to the Initiative

1.1 Programme context

Health inequalities in the UK have increased over the past decade, with some social groups now evidencing a stalled or decreased life expectancy for the first time since the 1900s. These inequalities have multiple social causes but primarily reflect economic disparities between geographical areas. Poor infrastructure, ineffective services and limited community assets all negatively impact upon the physical and mental health of local residents. These elements also leave residents vulnerable to unforeseen challenges with the most deprived areas also evidencing the strongest negative social, economic and health impacts of the COVID-19 pandemic.

In recognition of the need to address these complex interrelated social determinants of health, the NHS has developed a 'place-based' strategy. The logic of this approach is that, as the social determinants of health are specific to local areas, these need to be addressed by bringing medical and non-medical resources to bear at the site of their effects. Place-based partnerships between local health service providers, local government and third sector organizations aim to provide more integrated care to meet need within local areas. This 'health-in-place' approach also seeks to engage and empower local residents to take control of their own wellbeing and provide them with the resources and assets required to address the wider social determinants of health.

A key element of this strategy has been the development of Social Prescribing, which seeks to help those who are socially isolated or have other unmet psychosocial needs. Social Prescribing 'link workers' meet with patients to identify their needs and connect them into local community activities and groups. Arts, sports, social or skills-based activities meet different needs, but successful engagement with any one activity also brings social, emotional and psychological benefits which help to socially integrate the individual and provide resilience to the broader negative determinants of health.

While the initial aim of Social Prescribing was to make it available to 20 million people across England by 2022, the initiative has faced some challenges in its integration with local healthcare provision and

community infrastructure. The adoption of the Social Prescribing Link worker role is at the discretion of the local Primary Care Networks, who are not always convinced of the value of Social Prescribing and who often have competing demands upon budget and resources. Social Prescribing also faces challenges in terms of adapting to the unique needs of each area and indeed the different needs of various subgroups within the same area. Areas which are asset-poor provide a much more limited offer to referrals and serious disparities in the provision of Social Prescribing services to different ethnic groups have been noted. In effect, work remains to be done in ensuring equitable access to and provision of Social Prescribing across geographical and ethnic boundaries.

With the advent of the COVID-19 pandemic, Social Prescribing has largely been repurposed to provide urgent medical and humanitarian (rather than social) assistance to the most vulnerable. Many community assets and activities have been closed or suspended and, consequently, Social Prescribing has typically lost its ability to effectively connect individuals to community resources. The most economically and asset-poor communities have been affected to the greatest extent, perpetuating, and exacerbating existing health inequalities. Local healthcare and government services now need a way of revitalizing and coordinating local community resources to address the social, economic and health needs of the most disadvantaged in these communities.

1.2 The Thriving Communities Fund

One way of addressing the chronic needs of disadvantaged areas which have been exacerbated by COVID-19 is by directly supporting the third sector in these areas. One such initiative is the Thriving Communities Fund which was developed through collaboration of the National Academy for Social Prescribing (NASocial Prescribing) and Arts Council England. This initiative aimed to address health inequalities by enhancing third sector activities in areas of disadvantage with a view to enhancing Social Prescribing provision. Local voluntary, community, faith and social enterprise (VCSFSE) groups were invited to propose projects to bring together place-based partnerships to ‘improve and increase the range and reach of available social prescribing community activities’. The fund was explicitly targeted at those communities most impacted by COVID-19 and health inequalities.

In terms of expectations, the proposed partnerships were required to come together to plan and deliver activities which would fall within the realm of Social Prescription including those based on arts, creativity and culture (including museums and libraries); sport; nature; financial wellbeing; and community advice. In addition to meeting these local community needs, the activities were intended to increase social connectedness and help communities cope with the impact of COVID-19. A further requirement of the call was to ensure that the activities supported by the fund became sustainable over time and would thereby support the development of resilience in the third sector.

1.3 Inspiring Ashfield

The Ashfield District is located in Northwest Nottinghamshire and encompasses 127,000 residents across the market towns of Kirkby-in-Ashfield, Sutton-in-Ashfield and Hucknall. Its history as an ex-mining area is characterised by economic decline and impoverished community infrastructure. In 2020 it was identified as an area in urgent need of 'levelling up', requiring the maximum investment allowable under the Future Towns initiative. Chronic deprivation has left it vulnerable to the social and financial impacts of the COVID-19 pandemic and the area has suffered high levels of isolation and poor mental health as a result. While the Social Prescribing provision in Ashfield is strong, it has struggled to meet the needs of patients in recent months and is only now able to turn towards supporting social and economic recovery.

In 2020, the NTU Social Prescribing team undertook a scoping report to provide an overview of the Social Prescribing provision in Ashfield under the broader provision of the Mid-Notts Integrated Care Partnership. It found that the pathway was comprehensive (addressing depression/anxiety and debt as well as loneliness) and had been co-produced with stakeholders to meet the needs of its local areas. It had excellent information management systems and a clear link worker role which made communication along the pathway efficient. However, it faced challenges in terms of low levels of public awareness and an impoverished third sector, for whom additional referrals put strain upon already stretched resources. With the advent of the pandemic, Social Prescribing in Ashfield and neighbouring areas reverted to a largely humanitarian role with a limited ability to refer to local services

and activities. All staff in the pathway delivery recognised an urgent need to support the third sector to enable link workers to deal with increased social isolation, poor mental health and financial strain.

The *Inspiring Ashfield* initiative was funded in March 2021 by the Thriving Communities programme to meet this need. Ashfield Voluntary Action (AVA) is a community infrastructure serving Ashfield for 12 years and has in depth understanding of local priorities. It has longstanding relationships held with local VCSOs, charities, statutory bodies, and Social Prescribers and is experienced in community development, relationship management, social action and project management. Using Thriving Community funding, AVA aimed to lead and coordinate a range of over 30 partners from arts, sport, nature, financial wellbeing, and community advice organisations to provide a calendar of events combining one-off, seasonal, and year-long opportunities for residents. *Inspiring Ashfield* emerged through a process of co-production with local stakeholders intended to identify and address local needs. AVA worked closely with link workers in the area to communicate the breadth of this provision and to allocate resource to local groups to enable them to receive and support Social Prescribing referrals. Community activity partners met through regular steering groups and events to share information, coordinate activities and pool resources so that their impact on the local community is maximised. As well as supporting the individual organisations through the *Inspiring Ashfield* initiative, the resultant programme of events aimed to reinvigorate the local community, engage residents, promote social cohesion, and create a positive identity for the area in a sustainable way.

In terms of patient referrals, the pathway was planned to run as follows:

- Patients first present to their GPs with non-medical needs
- If recognised, the GP would refer these patients to a link worker
- The link worker would meet with the patient, profile their needs and make a Social Prescription
- If these needs can be best addressed by Inspiring Ashfield, the patient would be referred to AVA
- A member of staff at AVA would have a telephone or face-to-face conversation with the patient and (if a specific activity has not already been agreed with the link worker) agree an activity

- The patient would engage with the activity and their progress will be reported back to AVA, their link worker and ultimately their GP

Inspiring Ashfield had four main foci which address the identified interrelated needs within the local area. The range of activities in the programme aimed to:

1) *Enrich the culture and arts provision in the area, especially among elements of the community typically under-represented in these activities.* While the link between arts and health is well established, initiatives have often struggled to engage those who would benefit most from creatively representing themselves and their community.

2) *Address physical health needs in the area through social activities.* From physical activities and sports (e.g., walking, football and boxing) to self-help groups for physical conditions (e.g., fibromyalgia and arthritis) these groups used the medium of shared social experience to provide social and emotional support to users.

3) *Involve a green Social Prescribing component* such that appropriate outdoors activities are made available to residents throughout the year (e.g., garden allotments and Nordic Walking). Though Ashfield lies beyond the Nottingham City boundaries, it is a largely urban area so that access to quality green spaces can have a valuable impact on the health of residents as well as providing a more positive sense of place.

4) *Address financial need at a time of crisis for many families*. Residents were to be connected to Citizens Advice and 1-2-1 digital advisors to help individuals to access online benefits and other forms of financial assistance.

While all activities are open to all Ashfield residents, the Inspiring Ashfield programme is primarily geared towards supporting Social Prescribing referrals. The range of their offer maximises the chance that Social Prescribing referrals will be connected to the most appropriate activity and have the most engaging experience. As noted above, this locality-based approach to Social Prescribing accrues both the benefits of the group activities and participants' increased feelings of connectedness to their local

community. The initiative was designed to be sustained through a variety of ongoing District and County Council funding sources.

1.4 Initial set up and challenges

Programme Set-up

The preparations of the initiative began in autumn 2020 when the original programme lead put together the consortium for the initiative. Bringing together the three core agencies (AVA, Ashfield District Council, First Art), soliciting the support of NTU and confirming support from the range of additional partners all required considerable effort before the funding was even confirmed. When the funding was awarded in March 2021, this initial outlay of time and resource facilitated a rapid commencement to the project.

In March and April 2021, an initial series of meetings with project partners consolidated these relationships and agreed the initial approach.

- A programme of activities was provisionally scheduled to run from June 2021 – March 2022 comprised of both ongoing AVA-hosted activities and new activities set up for the *Inspiring* programme and supported by grants of £500. Provision was designed to cover all towns in the Ashfield District (with some targeted work in priority areas). This is supported by a community transport partner to facilitate participation.
- All activities were to be made available to Social Prescribing link workers and a bespoke referral form was developed for link workers to connect their clients to the programme. All activities were intended to provide the 4-8 week format required by Social Prescribing, but were also intended to act as a springboard to involve beneficiaries in further community activity and, ideally, volunteering
- NTU outlined the possibilities for evaluation and agreed to design the initial evaluation tool for use with beneficiaries of programme activities. They also agreed to provide two initial sessions to coproduce the evaluation tool with activity leads and provide training on questionnaire administration.

These meetings developed into monthly Steering Group Meetings where the Core Partners, NTU and the Social Prescribing link workers would meet to monitor progress and support programme development.

Initial Successes

From March to early October, a series of activities were delivered across Ashfield, including a range of online and face-to-face activities. Notably, most activities were designed to meet the six-week format required by Social Prescribing as part of the NHS delivery:

- Fight the Stigma (boxing coaching) 6 week programme.
- Woodworking workshop 6-week taster session.
- On-line guided Meditation (6 weeks)
- Family Nordic Walking (two locations) each for 6 weeks
- Mindfulness/Tai Chi for Carers. (6 weeks)
- Drama for Carers (6 weeks)
- The Power of You (4 week confidence-building session for women)
- Fibromyalgia Support group (1 session, now runs independently with the support of Fibromyalgia UK).
- Your Time: Believe, Belong, Become (weight loss, well-being support group)
- Quirkshops (art related to nature activity for mental health & well being).

By early October, this programme of events was reported by AVA to have reached 252 people (of which 100 attended the activities in person). Of note were the Drama for Carers activity and the Fight the Stigma training which were reported to have transformative effects upon the lives of those who took part. In addition, the Social Prescribing link workers were very positive in their feedback, reporting that this additional range of potential activities enabled them to make more effective social prescriptions for their clientele.

Initial Barriers

While the number and diversity of activities supported by *Inspiring Ashfield* is as initially envisaged, the level of uptake, especially by Social Prescribing referrals, was much lower than anticipated. Our midpoint report had indicated that over the course of the four months from June to September, only 58 clients were referred to the programme (including 10 self-referrals). While, as noted above, the programme has a greater reach in providing support to non-referred participants, this falls far short of the level of support initially envisaged for Social Prescribing in the Ashfield area.

The *Inspiring Ashfield* team have reflected on this challenge at the Steering Group meetings and in discussions with partners. From this, the team have come to the following tentative conclusions as to why this might be the case:

- While the initial programme set-up involved extensive consultation with community group leads and agencies, it did not engage local residents in the co-production of the offer. Consequently, there is the possibility that the offer does not match the interests or the needs of the local population well.
- Ashfield is a diverse area and so the local population needs are likely to vary considerably between and within towns. The current offer may not be addressing the full range of this need.
- COVID-19 is likely to be impacting on the uptake of activities, as members of the public are generally less willing to participate in potentially risky face-to-face events or to use public transport other than for essential purposes.
- Similarly, the burden of the pandemic upon individuals in terms of finances and associated time-poverty may mean that people simply have less ability to engage in non-essential activities. This is likely to be particularly the case for those with caring responsibilities, precarious employment or financial problems.
- For more socially vulnerable individuals, the protracted social isolation experienced during the pandemic is likely to increase social anxiety and reduce their ability to engage in new activities.

link workers are reporting higher levels of social anxiety in their clientele and a higher rate of non-engagement with recommended activities than previously

- The types of referrals being handled by link workers are currently less likely to be appropriate for the *Inspiring Ashfield* offer. Link workers are reporting higher volumes of people with more severe mental and physical health needs, who are less suitable for Social Prescribing as they are unlikely to be well enough to engage in social activities.
- More generally, changes in staffing on the programme as well as emerging contextual challenges have led to some drift in the aims of the programme and its objectives. A refocussing was required to enable the revised programme to meet its original goals.

Programme Adaptations

In response to these barriers, the *Inspiring Ashfield* team have adapted in the following ways:

- Increasing the level of scoping activity within the targeted areas of deprivation through targeted intensive outreach work
- More systematically soliciting the pipeline needs of Social Prescribing clients so as to predict what activities may be required
- Diversifying the mode of delivery in their offer to include more activities that can be delivered by distance or online. This was intended to improve the pandemic resilience of activities.
- Providing activities that entail a blend of participation types, such as self-directed activities with online support or follow-up social events
- Diversifying the duration of participation to include one-off drop-in sessions for those who do not wish a high level of time commitment
- Considering where support activities may be useful to scaffold socially vulnerable people in their initial steps towards social integration. Specifically, the use of befriending services had previously been used by AVA to support individuals into other social activities.
- Considering the locations of activities to make them more physically accessible (and less socially intimidating) to a greater number of people

These adaptations were implemented in the second half of the programme and are included in the NTU evaluation.

1.5 The NTU evaluation

In terms of the monitoring and evaluation of the initiative, the following was included in the initial proposal:

Monitoring will be a large part of this process, and we will use metrics to monitor progress along the way; ensuring we are on track, have identified gaps/issues, and milestones are met. With the support of NTU and social prescribers, evaluation will be embedded into the work from the outset and underpin the whole project.

Specifically, the *Inspiring Ashfield* initiative had committed to a mixed-methods assessment of the efficacy of the programme.

Working with NTU and social prescribers, we will collect & analyse a range of quantitative and qualitative data from participants, partners and VCSOs covering:
• Demographics
• Monitor equality and diversity and engagement with under-represented groups
• Questionnaires before and after activities to measure outcomes and 'distance travelled' for participants
• Observations measuring impact on participants' soft skills and morale
• Measuring engagement in new activities and the arts
• Case studies and testimonials
• Marketing reach
To measure impact on the wider partners, Inspiring Ashfield will:
• Collect feedback from social prescribers on the impact of increased partnership working and activities on patients
• Measure our success of achieving overall aims and SMART goals
• Demonstrate the impact of Inspiring Ashfield; with useful data, learnings, and lessons to share with funders, stakeholders, and health partners
• Advocacy: use data and case studies to support partnership development and attract resources and investment
• Sustainability: measure impact/benefits of new working partnerships and the steering group, with an aim to secure future funding and illustrate the impact of Inspiring Ashfield

NTU were included in the initial proposal to provide a limited level of evaluation support. Over the past decade, members of the Groups Identities and Health (GIH) research group at NTU had been undertaking research into the social determinants of health. Led by Prof Clifford Stevenson, their work with colleagues across the world is funded by government and charitable research organisations and published in internationally leading academic journals. Their recent work has evaluated both NHS and community-based models of Social Prescribing, finding that the ability of Social Prescribing to increase a sense of belonging to local community reduces loneliness and improves health.

NTU brought this insight and expertise to support the development and evaluation of the Ashfield Voluntary Action (AVA) Thriving Communities programme. As part of the original application, NTU had committed to the following support activities (see appendix one):

- *3 x 2 hr meetings with AVA and community groups to ascertain evaluation requirements*
- *1 day to develop an evaluation tool to be hosted online by NTU*
- *.5 day training for community group personnel collecting data*
- *.5 day collating and cleaning data*
- *.5 day conducting basic analysis for inclusion in Ashfield Voluntary Action's own report*

In April, NTU had suggested a range of possible evaluation approaches which would be undertaken by the AVA team with the support of NTU. From these the following were agreed to capture the core mechanisms of the intervention delivery:

Capturing data on enhanced service provision:

- *Interviews with AVA staff in the final stages and on completion of the initiative*
- *In depth discussions with link workers referring to Inspiring Ashfield*
- *Data on referrals, uptake and delivery of activities*
- *Interviews with group leads providing Inspiring Ashfield activities*

Capturing data from individuals supported:

- *Baseline survey data from beneficiaries; followed up at 3 months*
- *Interviews with a range of beneficiaries*

In June, NTU's Ashfield/Mansfield initiative provided additional support to enable the NTU team to undertake the following enhanced evaluation support:

- Interviews with all staff involved in *Inspiring Ashfield* and group leads (n=15)
- Interviews with beneficiaries of all activities supported by the programme (n=10)
- Discussions with link workers involved in referring to Inspiring Ashfield (n=5)
- Advanced survey analysis of beneficiaries' evaluation data
- A bespoke community survey to ascertain levels of need and service use in the area
- An advanced analysis of Inspiring Ashfields proactive outreach approach

1.6 The December Interim Report

NTU worked closely with AVA to monitor the development and roll-out of the *Inspiring Ashfield* programme. Over the course of the first eight months of the initiative (from March to October 2021) NTU attended 22 hours of steering group meetings with core partners, activity leads and social prescribers as well as meetings with AVA staff. NTU also designed an evaluation survey tool for AVA who collected baseline survey data from an initial cohort of beneficiaries and conducted preliminary interviews with a small sample. From this preliminary information, NTU constructed an initial overview and interim evaluation report with a view to helping inform the further development of the initiative.

The main findings of the report were as follows:

- *Within the first six months of delivery, AVA had reported that the programme had reached over 250 people with 100 in person attendees. Some of the programmes were reported by beneficiaries to have life-changing effects.*
- *At the same time, the initiative encountered barriers in the low number of referrals and the low level of activity uptake among those referred. These difficulties were in part attributable to the deterrent effect of the pandemic and in part due to a lack of fit between provision and local need.*
- *The initiative has responded in a number of ways:*
    - *Engaging in targeted and general scoping of local community need*
    - *Providing more 1-2-1 support and scaffolding activities to support socially vulnerable individuals to take part*
    - *Providing a greater range of online and asynchronous activities*
    - *Varying the length of participation offered and the mode of access to activities*
- *On the basis of these preliminary findings the report recommends that:*

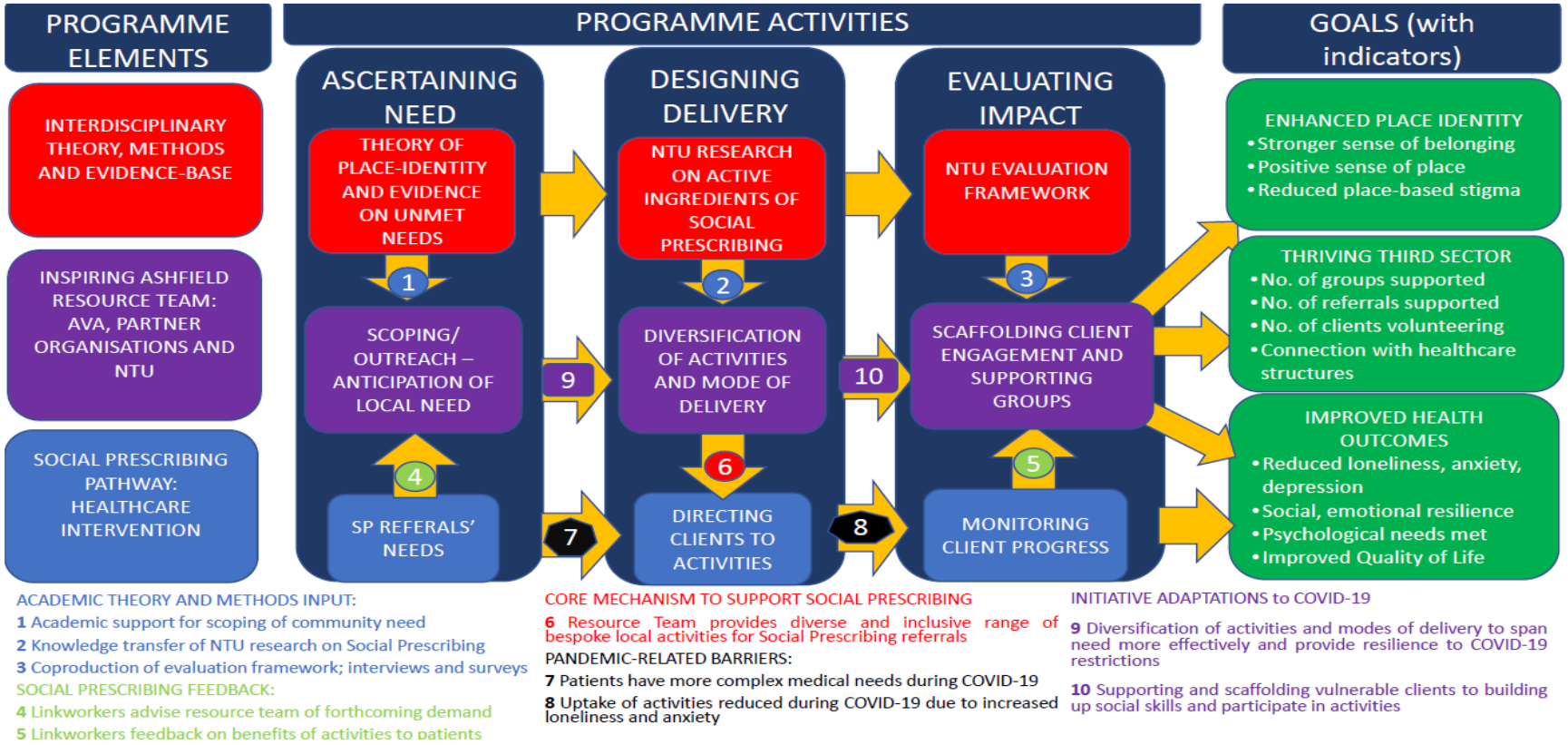
- *Inspiring Ashfield proceeds with its planned delivery of activities over the remainder of the funded program, but refocuses on the original aims and goals of the proposal*
- *The Inspiring Ashfield core team continue to adapt their provision to meet the evolving challenges posed by COVID-19.*
- *The resource team continue to develop their approach to engage a wider section of the Ashfield population*
- *The resource team focus on sustainability as a core focus for the remainder of the programme*

1.7 The Theory of Change Model of Inspiring Ashfield

From these findings NTU constructed a 'Theory of Change' (TOC) model of the initiative which incorporated both the planned and adapted elements of *Inspiring Ashfield*. TOC is an approach to implementation and evaluation which seeks to capture all key elements of an intervention and specify the causal mechanisms through which it has its effects. Models are typically informed by existing 'classical' theories and evidence but can also incorporate elements of the local context unique to the intervention. The purpose of the ToC is to allow adaptation to emerging challenges and opportunities as the intervention is implemented without losing the original focus of the programme.

Below is the model produced for the interim report and then shared with Ashfield Voluntary Action for feedback. It summarises the key features of the intervention as well as how they are theorised to contribute to the overall outcomes for beneficiaries, the third sector and the local community. It details the roles of the key actors (AVA, link workers, NTU and beneficiaries) and outlines the main mechanisms through which they interact. It also incorporates the initial barriers encountered by the programme as well as the ways in which the programme has adapted. The model has been used as the basis for the final evaluation of the initiative. NTU have collected qualitative and quantitative data to explore the efficacy of these mechanisms as well as the impact of the evolving context on the programme delivery.

Figure 1: *Theory of Change Model for Inspiring Ashfield Programme (December 2021)*



1.8 Final programme delivery

By the end of March 2022, the following was reported by AVA staff as the reach of the Inspiring Ashfield Initiative:

In terms of activities delivered:

- 26 unique activities delivered, spanning the range of exercise, arts, green and social activities
- Two additional pre-existing groups supported indirectly through room hire
- A distanced activity (craft boxes) delivered to over 43 participants, including 30 delivered to Social Prescribing patients
- A closing event (afternoon tea) delivered to 18 participants including 4 referred through Social Prescribing, 3 link workers and 3 family members
- 5 participants were supported with transport to access the activities

In terms of Social Prescribing referrals:

- There had been 86 referrals from Social Prescribing link workers
- Of these 12 referrals had taken up activities

In terms of broader interest in the activities:

- An additional 65 participants had been referred from other sources or had self-referred
- 11 individuals had attended more than one activity

The figures provided by AVA are included in Appendix Three.

At the outset then it must be noted that the programme has received relatively few Social Prescribing referrals and that the majority of these referrals have not engaged with the programme (only 12 of the 86 referrals actually engaged in activities). Despite this, the activities supported by Inspiring Ashfield have reached a larger number of local residents and AVA's own evaluation report indicates a broadly positive attitude among those taking part. Moreover, the work of AVA in identifying and attempting to overcome the challenges facing Social Prescribing post-pandemic are likely to be of use to other community and voluntary organisations in similar areas.

The rest of this report focuses on the mechanisms through which Inspiring Ashfield did or did not have its intended effects and aims to provide an overall assessment of the efficacy of the approach.

Main points:

- The pandemic has seen an increase in social isolation, mental health problems and financial difficulties, especially among communities who have faced chronic disadvantage

- Social Prescribing is intended to reduce health inequalities in deprived areas, but is limited by the range of community assets and activities available in any one place
- The Thriving Communities Fund was designed by the National Academy of Social Prescribing along with the Arts Council to reduce health inequalities by reinvigorating local community infrastructure and activities so as to enrich the Social Prescribing provision
- Ashfield Voluntary Action's *Inspiring Ashfield* Programme aimed to use Thriving Communities funding to bring together over 30 partners to deliver a calendar of online and in person events and activities to support the work of local Social Prescribing link workers
- Over the course of the year, AVA encountered a number of barriers to referrals and service uptake and as a result received only 86 Social Prescribing referrals of whom only 12 took part in activities. However, the activities reached a larger number of self-referring individuals and other community residents
- AVA also adapted Inspiring Ashfield midway through the delivery and the insights from their work are likely to be of use to other community and voluntary organisations.
- The NTU evaluation comprises interviews with AVA staff, activity leads, link workers and beneficiaries as well as quantitative data from a small number of clients. NTU also undertook a community survey to ascertain levels of need and community service usage in the area
- NTU produced a Theory of Change model of the intervention to guide and structure the evaluation. The current report provides an assessment of how the mechanisms underpinning Inspiring Ashfield work (or failed to work) to achieve its goals.

2. Scoping local community need

In order to assess the level of local need and the current usage of services among the local population, NTU conducted a community survey in May 2022. This occurred after the completion of the Inspiring Ashfield programme to attempt to capture the levels of awareness of the initiative among the broader population. In addition, the survey collected data on a number of key psychological and demographic variables in order to assess what predicts higher levels of need among the population and hence what is likely to have a positive impact on these residents' wellbeing.

2.1 Survey method

Invitations to complete an online community survey was sent via post to 30,000 households in the three main urban areas of Ashfield: Hucknall, Kirkby-in-Ashfield and Sutton-in-Ashfield. A total of 388 individuals completed the survey aged 18 to 85 (M=44.21, SD=16.77) years and distributed across Hucknall (38.2%), Kirkby-in-Ashfield (36.9%), and Sutton-in-Ashfield (33.3%). 65.4% of respondents were female, 87.2% were White British, 73% were married or in a relationship and 15.6% indicated that they possessed a disability. 37% of the sample had a university degree or postgraduate qualification and almost half of the sample were employed full-time (49.5%).

Our sample resembles the wider population of Ashfield in terms of age and ethnicity, though has a higher number of females (vs 51% in the broader population) is slightly better educated and has a lower level of disability than in the broader Ashfield population. While our sample is self-selecting and cannot be taken to be statistically representative of the area, it does provide an indicator of the distribution of characteristics in the area and serves to provide a general estimate of the population's perceptions and experiences.

2.2 Community services

A first set of questions asked participants about their perceptions and usage of local community services. It asked about their awareness of AVA and of Inspiring Ashfield as well as the services they would like to see in their local area. The main points are detailed below:

Awareness of current activities:

- 80.3% of respondents reported that they had not heard of AVA. Of those that had heard of AVA, the majority had heard about the organisation via word of mouth.
- Furthermore, 83.3% of respondents reported that they had not heard of Inspiring Ashfield, with posters, word of mouth, and social media being the primary ways in which respondents had become aware.
- Less than 1% of respondents had participated in an Inspiring Ashfield activity.

Preferences for new activities:

- In terms of what participants would like to gain from community activities, physical health (62.6%), improved mental health (58.2%), expanded social network (48.7%), and personal development (48.7%) were the main responses
- Almost all participants (over 94%) thought some form of community activity would be a useful addition to current services with a majority (over 69%) wishing to see at least one new type of activity in their area and substantial proportions wishing to attend these.

Table 2.1 Number and Proportion of Ashfield Residents wishing to see new activities

What activities would people like to see and attend?	**Think this would be a good addition...**		**Would like this to be available...**		**Would like to attend this...**	
	n	***%***	***n***	***%***	***n***	***%***
Art & Creativity Activities	318	81.5	229	58.7	67	17.2
Physical Activities	339	86.9	242	62.1	74	19.0
Support Mental Health & Wellbeing	367	94.1	264	67.7	79	20.3
Support Healthy Living	356	91.3	269	69.0	62	15.9
Enjoying the Outdoors	353	90.5	256	65.6	73	18.7
Educational	339	86.9	248	63.6	58	14.9
Provide Information	354	90.8	272	69.7	60	15.4
Spiritual Groups	245	62.8	161	41.3	31	7.9
Support Groups	341	87.4	268	68.7	28	7.2
Other	380	97.4	17	4.4	23	5.9

Table 2.2 Residents' Reported Unmet Needs.

	n	***%***
Expanded Social Network	190	48.7
Improved Physical Health	244	62.6
Improved Mental Health	227	58.2
Increased Community Belonging	137	35.1
Personal Development	190	48.7
Sense of Meaning/Purpose	136	34.9
Financial Advice	55	14.1
Other	13	3.3

2.3 Barriers to (and facilitators of) participation in community activities

- Barriers to attending activities included the timing of activities (49% indicating 'a lot' or 'quite a lot'), availability of appealing activities (45%) and financial cost (27%) as obstacles to taking up activities. Social anxiety was also reported as a barrier for a quarter (26%) of the sample.
- 40.8% of respondents reported that activities between 6pm and 8pm would maximise their likelihood of attending and engaging and 30.8% reported they would be willing to pay £5 for one session (with the figure decreasing as the cost increased further).
- Approximately half of respondents reported they would be willing to travel to the three areas of Ashfield and this remained true, with slight increases in numbers, when transport was provided.
- 19.7% of respondents said they would be interested in a befriending service to help them attend activities and services in the community.

Table 2.3: *Have any of these issues ever stopped, delayed, or discouraged you from engaging with, or continuing to engage with, activities/groups in your local area?*

	n	***%***
Problems with transport/travel		
Quite a lot	47	12.1
A lot	23	5.9
Financial cost		
Quite a lot	74	19.0
A lot	32	8.2
Time commitments		
Quite a lot	97	24.9
A lot	93	23.8
Unavailability of appealing activities		
Quite a lot	115	29.5
A lot	59	15.1
Unavailability of activities for my cultural group		
Quite a lot	18	4.6
A lot	11	2.8
Anxiety		
Quite a lot	48	12.3
A lot	52	13.3
Previous negative experience		
Quite a lot	22	5.6
A lot	8	2.1

2.4 Psychosocial measures

The survey also asked participants to complete a number of psychological measures to assess their levels of wellbeing and social need as well as the factors which can predict or buffer individuals from threats and challenges. These included the following:

- Community belonging: the degree to which people felt part of their local community
- Loneliness: the perception that one's social connectedness falls short of what it should be
- Support: the degree to which people feel that they get the kinds of support they need from their neighbours
- Collective efficacy: the feeling of being able to face challenges as a local community
- Trust: being able to depend on others in the local community
- Creativity: feelings of being able to solve problems and deal with difficulties
- Financial managing: report of how well respondents are managing financially with higher scores indicating financial stress
- Personal control: feeling in control of one's life
- Self-esteem: feeling good about oneself
- Meaning in life: having a sense of purpose or direction in life
- Wellbeing: self-reported mood and feelings of wellbeing

In an initial analysis of these results, the measures were correlated and the results are below.

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1. Community Belonging	-									
2. Support	.435**	-								
3. Efficacy	.492**	.464**	-							
4. Trust	.437**	.342**	.427**	-						
5. Loneliness	-.281**	-.260**	-.255**	-.260**	-					
6. Creativity	.125*	.120*	.128*	.135*	-.191**	-				
7. Finance	.156**	.184**	.181**	.232**	-.434**	.247**	-			
8. Control	.280**	.268**	.210**	.310**	-.460**	.356**	.419**	-		
9. Esteem	.165**	.215**	.146**	.223**	-.488**	.372**	.337**	.625**	-	
10. Meaning	.264**	.252**	.206**	.266**	-.404**	.292**	.374**	.644**	.689**	-
11. Wellbeing	.239**	.259**	.205**	.217**	-.557**	.237**	.373**	.595**	.583**	.584**

*Significant at the 0.05 level (2-tailed).

**Significant at the 0.01 level (2-tailed).

Of particular interest are the following:

- In terms of social determinants of health, low levels of social connectedness and high levels of financial stress were associated with higher levels of loneliness and poorer levels of wellbeing
- Loneliness is strongly associated with poorer wellbeing and negatively associated with all of the psychological resilience factors included in the survey
- In terms of community resilience, psychological wellbeing was positively associated with community belonging, trust in community and community support
- Other factors associated with psychological wellbeing were the factors associated with positive group memberships including feelings of collective efficacy, feelings of control, creativity, esteem and having a sense of purpose in life

Main points:

- The community survey received 388 responses from Ashfield residents of all ages, ethnicities, educational and employment statuses. This represents a diverse and wide-ranging sample of the population.
- Of these respondents over 80% had never heard of Ashfield Voluntary Action and 83% had not heard of the recent Inspiring Ashfield initiative, suggesting that advertising might be needed to raise awareness of services.
- In addition to this lack of awareness, the factors of time (49%), the appeal of existing activities (45%), cost (27%) and travel (18%) were reported as barriers to availing of community services.
- Social anxiety was also reported as a barrier to service use among 26% of respondents, with almost 20% of participants saying that they would avail of a befriending service to help them join activities
- The majority of respondents were keen to see more services in their area with over 70% indicating that they would like to see one or more new services available to local residents
- The psychological measures completed in the survey indicate that the social factors of poor connectedness and financial hardship are strongly associated with loneliness and poor wellbeing
- Community belonging and support are associated with lower loneliness and better wellbeing
- Factors known to be associated with group memberships (including esteem, collective efficacy, sense of meaning and creativity) are all associated with lower loneliness and better wellbeing.

3. The intervention delivery perspective

In order to assess the effectiveness of the intervention in supporting Social Prescribing, NTU interviewed the key personnel responsible for the delivery of the initiative (organisation staff and activity leads) to ascertain how they perceived the initiative and its impact. Twelve interviews were conducted with Ashfield Voluntary Action (AVA) staff members involved in the Inspiring Ashfield (Inspiring Ashfield) provision (*n*=3), with AVA's core partners (*n*=2; Ashfield District Council and First Art), and with Inspiring Ashfield group activity leads (*n*=10). All interviews were semi-structured and person-centred with the aim of eliciting the perceptions and experiences of the staff member.

Interviews with the three AVA staff members focused primarily on their roles within AVA and within the Inspiring Ashfield provision specifically, ranging from assertive outreach in the community, wider management of the provision, and the day-to-day management of activities, including communicating with group leads and with service users. As AVA is at the centre of the Inspiring Ashfield provision, staff members were well-placed to provide insight into almost every element of the intervention, particularly concerning the communication between the different parties.

Interviews with the AVA partners (Ashfield District Council and First Art) explored how these organisations came to be involved in the Inspiring Ashfield provision, the state and characteristics of the communication channels between these partners and AVA. These interviews also explored their perceptions of the Inspiring Ashfield provision, from its inception through to the second phase of activities. These interviews primarily provided insight into the various communication channels at play across the Inspiring Ashfield provision.

Finally, Inspiring Ashfield group leads were particularly well-placed to provide information related to the benefits of the Inspiring Ashfield activities as well as about group dynamics, both of which directly align with the promised outcomes of the Inspiring Ashfield provision. Group leads were asked what their activity entailed, how they came to be involved in Inspiring Ashfield, the number of referrals they received and whether these were via Social Prescribing dynamics among group members, and their communication with AVA about activity development, referrals, feedback, and any issues that emerged.

Summaries of these fifteen interviews were reviewed and four broad themes were identified. These themes were: (mis)communication, uptake, community outreach, and benefits.

3.1 Theme 1: (Mis)communication

This theme explores the various communication channels between the different parties involved in the Inspiring Ashfield provision, including AVA staff members, AVA partners, Social Prescribing link workers, Inspiring Ashfield group leads, and service users. This provides a comprehensive understanding of what aspects of communication went well, what went poorly, and recommendations

for the means and methods of communication for future provisions. Overall, across all three groups of interviewees, communication channels were largely characterised as positive but in need of improvements.

Link worker – Inspiring Ashfield Communication

Communication between Social Prescribing link workers and those delivering Inspiring Ashfield was reported by both AVA staff and group leads to have been positive but overall limited. This was attributed to the high workloads experienced by link workers which reduced opportunities for regular meetings or updates. Consequently, there was little opportunity to pass on information about what each activity involved, what need it particularly targeted (e.g., mental health, physical health, wellbeing, building relationships around a commonality, etc.), and the limitations of the activity in terms of accessibility.

This lack of communication was said to result in high levels of 'inappropriate' referrals whereby an individual was prescribed an unwanted activity or one with which they could not engage due to specific accessibility needs that could not be accommodated. One AVA staff member particularly drew on an instance where a man with Parkinson's was prescribed to all the activities because the Link worker did not know what referral would be best suited. Other referrals were received without any indication of what activity might suit them, placing the burden of making the Social Prescription on AVA staff. Over time, AVA reported receiving more of these referrals without a specific recommendation for an activity, which AVA interpreted as indicating a diminishing awareness of the options available.

Group leads offered a number of potential solutions to this issue. Some suggested that having the opportunity to meet with link workers directly would be beneficial, enabling them to communicate what their activity involved, who would be best suited to engage with the activity, and what accessibility limitations may prevent someone from participating in the activity. One commented that this need not be an ongoing communication but could take on the form of an infrequent meeting (e.g. three-monthly) where group leads could be given the opportunity to present their activities to link workers. A second group lead with existing experience of delivering an activity within a Social Prescribing provision noted that she had previously shared a document with link workers that detailed all the necessary information required for referrals and that this could be a useful practice for other Social Prescribing providers.

AVA – Group Lead Communication

Reports of the effectiveness of communication between AVA staff and group leads were somewhat mixed on both sides, though largely positive. Staff used various methods of staying in touch, including emails, phone calls, and (for onsite activities at AVA), in-person communication after each session. The communication between group leads and AVA could be positive, open, and easy to manage. However, on other occasions there were some problems noted:

- An AVA staff member reported that miscommunication between AVA and group leads had occurred because of a lack of detailed communication about what the activities entailed. As with the link workers, lack of detailed information restricted the ability to make an appropriate referral.
- Conversely, some group leads discussed receiving inappropriate referrals from AVA which seemed to stem from limited information flow concerning the clients themselves. For example, on one occasion AVA had reached out to a group lead about accommodating one individual, but had provided limited information about their needs which led to a mismatch between client and activity. This ultimately led to repeated serious disruption to the group activity. When the group lead tried to approach AVA to remedy this, the original staff member had been uncontactable.
- In a similar vein, some group leads complained that they were not made aware which service users were Social Prescribing referrals (as opposed to self-referrals). One group lead expressed that she would have changed approaches to her activity to maximise the benefits for the service users had she known the pathway that service users had been referred from.
- Finally, low levels of attendance at many of the activities was reported to detract from the social benefits for participants. Some group leads suggested that advertising the events more broadly could have increased attendance. While some groups reported that their activity had been advertised well, others reported a lack of communication surrounding the low uptake of their activities and expressed that they had very little idea how their activity had been advertised (or even if it had been). One group lead expressed that they would have been happy to take on the advertising responsibilities had AVA communicated this to them.

AVA-Service User communication

In contrast to other communication channels, the communication between AVA staff and service users was reported by AVA to have been positive. As the provision has developed, AVA staff members have taken on a more proactive role in the referral of service users to activities. In the Social Prescribing model, link workers refer service users to activities run and monitored by AVA. However, because of high link worker caseloads and the lack of available detail on activities, AVA staff began to receive referrals from link workers without a specific referral. AVA would then contact the service user, assess their needs and the type of activity they would like to engage with, and then referred them to the appropriate Inspiring Ashfield activity.

While this adaptation was borne out of necessity, it does depart substantially from the standard NHS link worker model of Social Prescribing. The specific act of making a Social Prescription is currently the preserve of link workers who receive training and support to do this and to deal with the complex mental and physical health issues attendant on this process. For AVA staff to do this represents a profound shift in responsibility within the Social Prescribing Pathway and one which places the community and voluntary organisation more central to the process.

Group leads – Service User Communication

Beyond the challenges posed by receiving inappropriate referrals, group leads reported very few problems in terms of group dynamics. Most emphasised that the dynamics between service users was central to the successful delivery of their activity. Due to the differing natures of the activities, group leads adopted different strategies to draw the group together. Some noted that service users were proactive in establishing and maintaining relationships with others in their group and some had exchanged contact information so that they could stay in touch beyond the Inspiring Ashfield sessions. While this was strictly speaking contrary to the rules governing service interactions, they felt it represented the enduring value of the social connections established in their activity.

Unfortunately, due to extremely low service user uptake in almost all the groups, some group leads struggled with group dynamics. One group lead commented that because their group was so small, there was a lack of shared identity suggesting that group identity-based benefits may be limited by group size.

AVA – Programme Partner Communication

Finally, the characteristics of the communication channel between AVA and their Inspiring Ashfield partners, Ashfield District Council and First Art, seemed to fluctuate throughout the provision. During the early phases of the provision, AVA held steering group meetings that were attended by AVA partners and other parties to keep everyone updated on the progress of the provision. However, as the first wave of Inspiring Ashfield activities were rolled out, some disagreement emerged between AVA and their partners about how best to continue the provision. AVA partners believed that the lack of communication between all the parties involved in the provision was the biggest issue that was limiting the success of Inspiring Ashfield. Both partners reported that they had very little knowledge of the current state of the Inspiring Ashfield provision as steering group meetings were no longer taking place.

Summary

In sum, all interviewees emphasised that the success and smooth-running of the Inspiring Ashfield provision was reliant on positive communication characterised by open conversations about the entirety of the Inspiring Ashfield provision. However, due to time constraints and lack of organised communication channels, this was not always the case which recognisably led to miscommunication and confusion and occasionally inappropriate referrals with subsequent disruption to activities. Recommendations for future provisions largely focused on formalising and making changes to these communication channels to maximise uptake and the success of the provision.

3.2 Theme 2: Uptake

A second common theme across the three groups of interviewees was the low uptake of the Inspiring Ashfield activities by community members. The greatest number of group members reported by a group lead interviewed was eight, with a number of group leads indicating that their average number of attendees over the course of their six-week program was two. Some reported that low attendance detracted from the social benefits of the activities for participants. Some groups leads believed that lack of advertising of the Inspiring Ashfield activities to the community was responsible for this low uptake. Several group leads reported that they had very little idea whether advertising had taken place and one group noted an upswing when AVA did advertise their activity (followed by a return to low attendance thereafter).

Interviewees in all three groups also suggested that staffing changes at AVA also may have contributed to the low uptake of Inspiring Ashfield activities. The AVA staff member that initially developed the Inspiring Ashfield provision left the organisation shortly after the bid was successful. A second individual who acted in a supporting role also left AVA soon after. All groups of interviewees recognised that these staff inconsistencies caused a great deal of instability for the Inspiring Ashfield provision as the role was primarily responsible for monitoring the everyday running of the Inspiring Ashfield activities and communicating with group leads and service users.

Related to this, AVA staff and partners particularly highlighted that a more comprehensive initial scoping of community need would have perhaps improved the uptake of the provision by community members. The start of the Inspiring Ashfield provision was fairly rushed, compounded by the AVA staff inconsistencies, and this meant little outreach had been done in the community concerning what they actually wanted and needed. One interviewee described this as the provision stumbling around in the dark and hoping to find something that community members were interested in. Scoping community need before initiating activities was a key recommendation for future provisions.

Finally, uptake was discussed with reference to the barriers that prevented community members from participating in the Inspiring Ashfield activities. Notably, travel (being unable to travel to a venue), timing (time of day of the activity), cost (of participating in the activity), overcoming anxiety (social anxiety, COVID19-related anxiety, etc.), and accessibility (accommodating for children, cared for individuals, etc.) were discussed as key barriers to uptake by the interviewees. AVA staff discussed how adaptions had been implemented to try and address some of these barriers with several successes. Particularly, AVA had begun to offer free transport to and from activities and had taken considerable steps to scaffold service user experiences in an attempt to reduce their anxiety surrounding their engagement in a new activity with completely unfamiliar people.

3.3 Theme 3: Community outreach

Outreach was a key topic of conversation for the AVA staff members. It had previously been recognised by all the parties involved in the provision that they were not going to be able to reach everyone within the community. Most community members do not present to their GP for social- and low-level mental health problems and not all who do will take up a Social Prescription. This issue is compounded in marginalised communities where there can be high levels of distrust in health and social services and low levels of service uptake. Accordingly, NHS-based Social Prescribing is only ever going to address a small part of a much greater need within these communities.

To address this, one AVA staff member was engaging in assertive outreach within the community to identify webs of people that could benefit from participating in the Inspiring Ashfield activities or who AVA could provide support to going forward. AVA partners also discussed community outreach to overcome the rigidity of a Social Prescribing provision and increase the number of people aware of Inspiring Ashfield. However, there were some mixed opinions of the outreach practices conducted by AVA, with one partner noting that outreach of the kind being conducted by AVA did not fit easily into a Social Prescribing provision. While they recognised the value of this activity in its own right, they questioned whether it was appropriate for the Inspiring Ashfield initiative. The partner expressed that they had communicated this concern to AVA, but that this had not been taken onboard.

3.4 Theme 4: Benefits

Despite issues related to (mis)communication and low uptake, from the reports provided by group leads, there was still some benefits for service users that emerged from their continued participation in the workshops. These benefits varied depending on the type of activity. For instance, one group lead who had run a series of mindfulness workshops as part of Inspiring Ashfield reported that there were large benefits for both physical and mental wellbeing. A second who had run a series of female empowerment workshops witnessed increases in confidence and shared identity among the attendees. One group lead highlighted that the activity they provided, a creative writing workshop, was particularly beneficial for the older age demographic that the Inspiring Ashfield provision is primarily reaching. They suggested this was because once adults leave education and work environments, they have very little opportunity to engage in structured intellectual discourse and conversations. In the same way that education acts as a protective factor for young people, the same can be said for older adult activities such as creative writing.

The benefits of the Inspiring Ashfield provision were also apparent from the continued engagement of service users with activities even after the workshops had ended. AVA staff discussed one group as one of their biggest successes, as it was well-attended during the first phase of activities and was expanded into two further workshops during the second phase of activities, with some people who participated in the first phase going on to participate in the second. This was also evidenced in the interview with one

group lead who discussed how one service user had signed up for a workshop she ran separately from the Inspiring Ashfield provision after the Inspiring Ashfield workshops had ended. The sharing of contact information between group members was also evidence of the continued benefits for the community, establishing extended relationships for people within their community.

3.5 Assertive outreach as complementary approach

A separate 'appreciative inquiry' evaluation was conducted of AVA's assertive outreach approach. This involved in depth interview and a shadowing exercise whereby a member of NTU followed the AVA staff member in the course of their activities. The interview was incorporated into the present evaluation and the main themes are reported below.

Overall, the assertive outreach approach involves working closely with residents of three targeted estates across the Ashfield area with a view to identifying "community champions". These were defined as people who know many other residents within the community and so are able to signpost those most in need to organisations like AVA. Conversely these individuals would also be well placed to identify services that were wanted and needed within that community. AVA staff expressed an ongoing goal of the organisations was to support these community champions and build a structure around them that enabled them to help the people within their community.

The interview with the AVA staff member responsible for the delivery of this initiative indicated that there was no single definition of outreach utilised in the approach. Instead, a set of values and broad goals were applied to engaging with local community members. The approach was reported to have the following characteristics:

1. *"…being 'of' and not just in the community"*. This requires, ideally, 'lived knowledge' of the community with positive and respectful relationships. Assertive outreach is 'not a missionary approach' but holds social and cultural context/ understandings. In other words, the staff members' faith in the community, the people they're working with and their values shape the process. This is contrasted to universal provisions such as Social Prescribing which (along with other government, social and health services) can hold a set of values and understandings which diverge substantially from members of the local community. This divergence can pose a barrier to service engagement, so that designing services on the basis of residents' values and goals should, in principle, facilitate more effective engagement.
2. *Proximity and authenticity.* To be near and connected to the community with an alignment between internal values and practices of assertive outreach. This was reflected in the AVA staff members presence in the local meeting points as well as their recognition of the gap between the beliefs and practices of local government and community organisation and institutions and those of the local community.
3. *Adaptability, creativity and risk taking.* Working where the need is, adapting to the particular need with creativity and at times willing to take risks to meet the needs of those marginalised.

4. *Navigating community/community culture.* Understanding different situations/people and applying professional expertise. This required a flexible understanding of what was required in the role and adopting multiple roles in multiple organisations.
5. *Radical love for the community.* To recognise potential and strengths in community alongside the structural issues and to 'dissolve stereotypes' 'remove labels' and to have an 'unfaltering belief'
6. *To develop specific activities that build opportunity for re-engaging the community*. These include a weekly drop-in at the local Wetherspoons, cooking lessons with a local youth club, a craft group and boxing. Assertive outreach is proposed by the AVA staff member to work as a 'contagion' model, such that engaged individuals acts as models and mentors for others.

The initiative was reported to be founded on a broad vision for the future of the community which departs from a piecemeal approach of funding-driven initiatives which adhere to a 'deficit model' of social needs. Instead, by identifying the strengths of the community and specific actors who can develop the means to address those needs, a more authentic, organic and community-led approach can be developed.

The process through which this would happen is through training volunteers. Individuals with considerable lived experience and community connections would be identified by the AVA lead and trained into significant roles within the community. They would in effect become community leaders who would then identify and mobilise other similar individuals within the local area.

Admittedly, the initiative is in its infancy. The process of engaging with the local community is long and painstaking, involving gradually building up trust with residents on a one-to-one basis. Over the course of the Inspiring Ashfield initiative a small number of individuals have been directed to existing activities and a few potential volunteers have been identified, but the process of skilling up these individuals to take on the mantle of community champions is expected to occur over months and years.

Main points:

- Twelve interviews were conducted with Ashfield Voluntary Action (AVA) staff members involved in the Inspiring Ashfield (Inspiring Ashfield) provision (*n*=3), with AVA's core partners (*n*=2; Ashfield District Council and First Art), and with Inspiring Ashfield group activity leads (*n*=10).
- Communication between Social Prescribing link workers and those delivering Inspiring Ashfield was reported by both AVA staff and group leads to have been positive but limited, leading to a number of inappropriate or incomplete referrals. Likewise, communication with project partners had declined over the programme and was very limited by the end.
- Communication between AVA staff and group leads was better and was characterised by openness and positivity. However, occasional miscommunication could lead to inappropriate

referrals, uncertainty around the needs of clients and lack of clarity as to how activities had been advertised.

- Communication between AVA and referrals was reported by staff to be good, with AVA staff taking on the role of link worker and ascertaining referrals' needs and making an appropriate recommendation. However, AVA staff lacked the training and support to deal with more severe or complex cases.
- Group activity dynamics were largely positive where there were sufficient numbers of referrals, though low uptake meant that the social benefits of some activities were limited. Some group leads felt that advertising the activities more widely (to non-Social Prescribing attendees) could help rectify this problem.
- Low uptake was attributable to lack of effective scoping of local community need in the early stages of the project design. Subsequently, lack of effective communication with link workers, and inconsistency in AVA staffing was also thought to contribute to low uptake as well as practical and financial barriers to participation among attendees.
- One response to low uptake undertaken by AVA was assertive outreach, whereby a member of staff works intensively with a small number of local residents to develop their social connectedness and coproduce new community activities. While this was seen to have benefitted a small number of individuals and to complement Social Prescribing method of engaging local residents, it was not universally accepted by AVA's partners.
- The benefits to attendees reported by group leads varied with the activity, with mindfulness reported to improve mental and physical wellbeing, while empowerment workshops increased confidence and self-esteem. Success was also evident among a small number of attendees who went on to participate in further activities within and outside of the programme.

4. Link worker perspectives

Structured conversations took place with five NHS link workers who had all worked in the Ashfield district for at least six months and had been involved in referring community members to the Inspiring Ashfield (Inspiring Ashfield) program of activities. All five link workers had started their role since the start of the COVID-19 pandemic. Two link workers had started their role shortly before the role out of Inspiring Ashfield activities began in June 2021. The remaining three link workers had joined during the first phase of Inspiring Ashfield activities which concluded in December 2021. All five link workers had made referrals to Inspiring Ashfield during the second phase of activities (January to March 2022). Each link worker was contracted to several different GP surgeries in either Ashfield North or Ashfield South, with one link worker floating between these areas depending on where the waiting list was greater.

4.1 Referral process

Link workers were first asked to walkthrough the typical process of a social prescribing referral. All five reports converged to provide a clear picture of this process. Link workers receive an electronic form completed by GPs with each referral. This form includes some brief information about the individual and their reason for referral and provides the GP with a brief opportunity to provide any additional information that may be relevant. There was a consensus among the link workers on the typical demographic of referrals they received from GPs. Primarily they were elderly individuals referred for social isolation and loneliness related to the ongoing pandemic and lockdowns. Low-level mental health problems, particularly anxiety, were also a common reason for referral. The third general category of referrals encompassed individuals seeking to access practical services, such as services for financial advice.

After the referral is made by the GP, a triage assessment is then conducted to assess whether the referral needs to be addressed urgently. This may be the case if someone has recently lost their home, or their benefits and contact needed to be coordinated between the individual and other relevant services. If the referral is not deemed to be urgent the individual is placed on the waiting list and sent a letter that details how long they can expect to wait before they are contacted by a link worker. At the time of these discussions, one link worker estimated that the waiting time was six weeks in Ashfield North and two weeks in Ashfield South.

Once an individual has joined their caseload, the link worker then schedules the initial assessment conversation. During the pandemic this assessment has almost exclusively taken place over the phone, but some of the link workers described conducting these face-to-face at the referral's home as restrictions were lifted. As most of the referrals in this area are elderly individuals, this conversation usually starts with an assessment of the individual's ability to care for themselves, including cooking,

cleaning, and mobility. They also ask questions about the individuals physical and mental health, their support network, and their social life. Some of the link workers described how they liked this initial discussion to be led by the individual to try and capture what was really important to them. At the end of the assessment, the link workers typically described delivering a prescription at that time after discussing the possibilities with the individual. Some of the link workers described how sometimes they needed to gather additional information about what services were available before the actual prescription to a service was made, but that they typically handled this the same day and immediately notified the individual.

The final stage in this process described by the link workers was the review phase, whereby the link worker called or met with the individual again to enquire about how using the service had gone, whether it was suitable, and whether any changes needed to be made to try and address the individual's needs better. If the link worker deemed that everything was as it should be, the individual would be discharged from their caseload. One link worker estimated that someone could remain on their caseload for several months depending on the success of the prescription and how the review conversations unfolded.

4.2 The role of Inspiring Ashfield

Following the discussion on the typical referral process, link workers were specifically asked about the Inspiring Ashfield initiative. For the two link workers that began their role in Ashfield prior to the start of the Inspiring Ashfield activities, both expressed initial periods of confusion about the provision, but one link worker did recognise that this may have been confounded by the newness of being in this role. Those that began as link workers following the start of the Inspiring Ashfield activities all reported hearing about Inspiring Ashfield on their first day.

All five link workers reported initially thinking that Inspiring Ashfield was a great opportunity for the community, particularly during a period where many community activities and services had not yet reopened following the pandemic. The link workers were asked about how they handled referrals to Inspiring Ashfield. All five described the use of AVAs online referral form which had been in use since the start of the provision. The form requested a variety of information, including: contact details for the referral, who was making the referral and the contact details of this individual, the primary and secondary reasons for referral, and finally, the prescribed activity. Link workers described how the form was kept updated by AVA depending on what activities individuals could be referred onto. One link worker did express some initial confusion regarding the difference between Inspiring Ashfield activities and other services offered by AVA as both were available to select on the same referral form. Several link workers described how they would initially ask the individual what they used to do in the past that they enjoyed or what hobbies they have now they'd like to engage in more before offering information about relevant Inspiring Ashfield services. All but one link worker described how they frequently

selected multiple activities that the individual was interested in that AVA could follow-up with the individual about.

As noted above in section 3, this departs from the standard Social Prescribing model, whereby the link worker makes the Social Prescription. While AVA staff lack the training and support to undertake this task, many of the link workers liked this format. From their perspective, the staff member at AVA was the best placed individual to be able to provide relevant and up-to-date information to referrals on each activity.

4.3 Communication with AVA

The communication between the link workers and AVA was described positively. There was some discussion about the changes in communication throughout the provision, with a general consensus that communication had greatly improved when the AVA staff member who is currently in the Inspiring Ashfield coordinator role joined in September 2021. After this staff member joined, the link workers reported regular meetings and easily accessible routes of communication via both phone calls and emails if they had any queries or questions about the provision and its activities. One link worker described feeling reassured that they knew that there was someone in place at AVA who was open, easy to talk to, and would be empathetic toward the problems and needs of the referrals they put through to Inspiring Ashfield.

Regarding communication about the activities, the majority of link workers were quite positive, describing how they were constantly kept updated via email about what Inspiring Ashfield activities were happening and when. The advertising posters, including brief descriptions of what the activity entailed, were often attached to these emails, which link workers reported as being informative and useful. One link worker reported that they did not feel they had sufficient information to make referrals to Inspiring Ashfield activities, but did recognise that had they needed further information, the AVA staff member was easily contactable. At this point, the link workers sometimes noted their own busy caseloads and how this limited their ability to attend sample workshops. Having the staff member at AVA in place to provide this detailed information to referrals was useful and provided that personal touch they sometimes could not.

4.5 Barriers and recommendations for improvement

The link workers also reported discussions with AVA about the barriers for people attending activities, Of particular concern was how COVID-19 had affected the success of the Inspiring Ashfield provision. Specifically link workers reported how restrictions had remained in place until early 2022, and that people were anxious to meet with family and friends, let alone meet with a group of strangers in an unfamiliar location. They were confident that had Inspiring Ashfield begun this summer, rather than summer 2021, referrals and uptake of the activities would have both increased. More generally they

noted that discussions around practical barriers were useful and that they had received frequent reminders from AVA about their ability to provide transport to anyone that needed it.

Several suggestions for improvement were discussed with link workers. Several link workers noted suggestions for their own role. There were several discussions about potentially attending taster sessions themselves to get some idea of what the activity involves, although they then often noted their own busy schedules that could potentially prevent this. Busy caseloads for link workers also prevented them from attending activities and services with their referral which had been a proposed solution to anxiety and nervousness preventing people from attending. Some link workers noted that they would have liked to do this, but they themselves were worried about COVID-19 and various barriers prevented this from being an easy solution, including part-time working and being unable to transport someone in their own vehicle.

There were several general suggestions for improvement of the Inspiring Ashfield activities, including making the deliverable craft boxes available earlier in the provision to overcome the barriers that COVID-19 posed, increasing the number of activities available across Ashfield (the majority take place in Kirkby), offering more activities for men, and offering taster sessions or one-off workshops rather than requiring a commitment of 4-6 weeks. There were also suggestions for improvement regarding the communication with AVA, including meetings held earlier in the provision, activities communicated earlier so there was sufficient time to make referrals to it, and a more structured way of communicating information rather than an endless stream of email conversations. One link worker suggested that a calendar of activities that listed the time of each activity, where it was taking place, whether it was suitable for social prescriptions, and how many places were still available to book would be incredibly beneficial for link workers to have access to.

4.6 Overall assessment

Overall, the link workers themselves provided very positive accounts of their experience referring people to Inspiring Ashfield activities and their experience communicating and collaborating with AVA. All five link workers reported that Inspiring Ashfield had benefitted their ability to make a good social prescription, pointing to the increased range of activities that were made available through Inspiring Ashfield last summer, especially when the number of community activities taking place was very low due to COVID-19. Though the level of detail around specific activities in Inspiring Ashfield was not always consistent and link workers were not always able to engage with the programme as effectively as they would have like to, the initiative was felt to have been a source of support to their role.

However, it was notable that link workers had a limited insight into the fate of their referrals. Link workers seemed unaware of the low levels of referral to Inspiring Ashfield and were also unaware of who among their caseload had actually gone on to attend an activity. For the most part it would appear

that the final follow-up meeting with patients did not take place and so there was little feedback obtained on the success or otherwise of the referral. An exception came in the form of positive feedback obtained by link workers from some attendees of one Inspiring Ashfield activity (No Faff Cooking). In addition, another link worker spoke about following up with people that hadn't attended to identify potential barriers to participation. Apart from this there did not appear to be any systematic feedback process in place.

Main points

- NTU talked to five link workers about their experiences of Social Prescribing and how Inspiring Ashfield had helped them in their role. All had made referrals to Inspiring Ashfield at some stage of its delivery.
- Link workers were receiving a high volume of patients who were mainly elderly and suffering from social isolation and loneliness or suffering from mental health issues. These issues had been compounded by COVID-19.
- While there was some initial confusion about the purpose of Inspiring Ashfield, all link workers reported this to be a useful support, especially when many community groups and activities had closed during the pandemic.
- Most link workers described using AVA's online form to refer patients to multiple activities. Notably many reported leaving it to AVA to make the final Social Prescription as they felt that AVA staff possessed the detail and knowledge to make the Social Prescription more effectively.
- Link workers recognised the barriers to service uptake, including the challenges of COVID-19 as well as practical barriers to taking part. However, they seemed unaware of the scale of attrition among their referrals and it would appear that these patients did not undergo the review with their link workers normally expected at the end of the pathway.

5. Impact on beneficiaries

From 29th April – 30th May 2022 NTU interviewed 10 beneficiaries of the Inspiring Ashfield programme to assess their thoughts and feelings about the activities, the factors which facilitated or impeded their involvement and the impact of the activities on their health and wellbeing. Participants were recruited through AVA and were compensated £10 for their time. The interviews were conducted online by a trained interviewer and lasted between 30 and 90 minutes.

Interviewees were aged between 20 and 77 years. Two were men, 7 women and one self-described as 'gender neutral'. In terms of ethnicity, one participant self-described as Black and the others as White British. Three were retired, three not in employment and four were employed. Two of the participants were Social Prescribing referrals, the others had self-referred. The activities in which they engaged included woodwork, Nordic Walking, mindfulness, yoga, boxing and creative writing.

The interview summaries were subjected to a thematic analysis and the emerging themes are documented below:

5.1 Theme one: Mental health

Mental health was an underlying theme across most of interviews. Many participants had long term issues and had reached a crisis point, sometimes initiated or exacerbated by the social isolation they experienced during the pandemic. In contrast, some participants were actively taking steps to promote their wellbeing.

- *Long term issues:* Many of the participants reported having long term mental health issues including anxiety, depression and chronic loneliness. These were not necessarily the catalyst for choosing to participate in Inspiring Ashfield activities, more the context behind the decision.
- *Taking proactive steps to preserve:* Some participants deliberately chose to participate in activities to promote their wellbeing or prevent mental health decline. In particular, the recently retired were actively seeking activities to fill their time. Others mentioned the known mental health benefits of participating in activities such as mindfulness or physical exercise.
- *Responding to a crisis:* In some cases, participants chose to participate in Inspiring Ashfield because they had experienced some sort of mental health crisis. Some of these participants were referred to the service, but others self-referred knowing that they had reached a point where they "had to do something".
- *The effects of the pandemic:* The pandemic, and particularly the effects of long bouts of social isolation, were mentioned widely. In several cases, lockdown exacerbated a pre-existing mental health condition or initiated a mental health crisis. Others simply wanted an opportunity to reconnect with people or to return to an activity they had enjoyed pre-lockdown.

5.2 Theme two: Personal benefits of participation

Most participants shared how they had benefitted personally from participating in Inspiring Ashfield activities. These included the functional benefits of learning a new skill, as well as social and emotional benefits. Those involved in volunteering talked about how giving something back to the community helped them to feel good about themselves.

- *Learning a skill:* For some participants the main reason for attending an activity was to learn a new skill. This could be a physical skill, such as the rudiments of Nordic walking; a practical skill, such as crafting techniques; or a mental health skill, such as mindfulness.
- *Forming friendships:* Many found that by participating in a group activity they had formed new friendships. Some relationships were limited to the confines of the group activity, but others had evolved to include meeting socially outside the group. For participants with very limited social contact, these friendships were sometimes particularly significant.
- *Establishing routine:* For some participants, having a regular activity which required them to leave the house at a certain time was instrumental in helping them to establish (or re-establish) some routine. This was true for the recently retired, who were keen to put some structure on their new-found leisure time, as well as for those whose mental health had deteriorated to such an extent that leaving the house had become difficult.
- *Gaining confidence:* Many participants talked about how much their confidence had improved after attending Inspiring Ashfield sessions. This predominantly referred to social confidence in dealing with other people but could also refer to practical confidence at developing a new skill.
- *Giving something back:* Those in volunteer roles spoke about the rewards of giving something back to the community and how this helped them to feel good about themselves. This sometimes happened within the confines of the group, where they may have helped newer members to integrate.

5.3 Theme Three: Barriers to participation

Participants shared many reasons for not participating in activities. The first challenge was finding out about activities in the first place, particularly for those without access to social media. Some people reporting needing emotional support to overcome their anxieties about starting a new activity, but practical considerations such as costs also played a part in whether people continued longer term. People also needed to feel comfortable with other group members.

- *Social anxiety:* Most participants described being anxious about starting a new group (to varying degrees), or at least recognised that this would be difficult for some people. Methods of overcoming these concerns included trusting Inspiring Ashfield staff, going with someone else, listening to

music, or taking medication. Some talked about "making" themselves go to activities they knew would be good for them.

- *Lack of visibility of services:* Participants acknowledged that it is not always easy for the people who most need services to find out about what is on offer. Older participants expected to find services through the library or their GP, but younger participants questioned if these routes were still relevant, and there was a lack of coordination of the services available locally. One participant admitted that it is very hard to reach people who do not want to be helped.
- *Technical challenges:* Most participants used social media to access information about services, but this was not universal, and it was felt that an over-reliance on social media might exclude some people. Similarly, some were not happy to participate in activities online. Whilst age was a factor in whether someone felt comfortable using technology, some older participants were entirely comfortable with digital media. Technology could also be a barrier for those with learning difficulties or mental health issues.
- *Expense of continuing:* Participants talked about how a significant increase in cost of an activity if they wish to continue participating after the free trial period can be prohibitive. A smaller price increase would be easier for people to absorb into their budget. One participant felt that people on low incomes like to pay towards services because it gives them a sense of independence, but the charge needs to be manageable (under £3).
- *The wrong sort of people:* Participants emphasised the importance of being with people who are similar in a group. Age was often mentioned as a factor, with recently retired people, for example, not wishing to be in a group predominantly made up of older people. Social demographics were also significant, as those from a working-class background were not comfortable in an environment that felt middle class.
- *Too few sessions:* For some, a trial period of six sessions was not enough for attendance to become habit and hence they stopped going once the free sessions were complete. Six sessions were also not necessarily enough time to build rapport with other group members. Those who missed one session might be disinclined to return to a group if they felt they had missed too much.
- *Can't fit it in around other commitments:* Participants observed that whilst there was good provision of daytime services during the week, this might not suit those with more limited availability due to work or parenting commitments. Those in employment or recently retired reported finding it hard to fit other activities around their job. For one participant, working shifts made it impossible to commit to attending something on a weekly basis.

5.4 Theme Four: Sense of community

Participants spoke of there being a strong sense of community locally, but they sometimes felt isolated from this community, particularly if they were not born there. Services appeared to be more prevalent in Hucknall than in Sutton or Kirkby, where the towns were described as being more run-down.

- *Local deprivation – it's not like it was:* Older participants talked about how their town had lost its vibrancy with certain services (e.g. leisure centre) no longer being available locally. People described having to travel to access facilities. Lack of local services was more apparent in the Sutton and Kirkby communities than in Hucknall, which was described as having more resources.
- *Everyone will talk to you:* Many participants described local people as being friendly and happy to talk in the street, although this was not welcomed by everyone. This local attitude was mirrored in the friendliness of AVA staff. Superficially friendly interactions did not necessarily translate into deeper, more meaningful local social connections.
- *I'm not a local:* Whilst participants may have lived in the local area for many years (up to 30+ years), many felt that only those who were born and raised in the community could be considered "a local". Even those with well-established social networks felt this way. One participant described how their town's pit and factories had given the community a shared history of which they were not a part.
- *Local institutions e.g. NG15 newsletter:* Some local services were mentioned as bringing the community together, including the NG15 newsletter which is delivered to houses locally. Other local institutions included libraries, community centres and the food bank.

5.5 Quantitative evaluation

All attendees of Inspiring Ashfield activities were provided with self-completion evaluation forms or links to online evaluation surveys. Those who completed these surveys and consented to be recontacted were given the opportunity to complete a follow-up survey approximately 6 weeks later.

The survey itself recorded demographic details from the participants as well as information on which activity they had undertaken. In addition, the following psychological scales were included:

- Identification with local community
- Perceptions of support from local community
- Loneliness
- Self-reported wellbeing
- Ratings of social connections before activity (second wave only)
- Ratings of social connections after activity (second wave only)

Across all events, 33 participants returned completed forms. Of these, only 9 participants completed their 6 week follow ups, though this subsample still resembled the larger group in terms of their

demographic characteristics. The activities undertaken by participants included Nordic walking, cooking, drama, mindfulness, yoga, creative writing and craft boxes. The demographic characteristics of the responding participants are as follows:

Table 5.1 Characteristics of Quantitative Evaluation Samples.

Characteristic	Initial timepoint (33 participants)	Follow-up (9 participants)
Age	average 53.4 (range 22-93)	average 52.7 (range 24-71)
Gender	76% female	77% female
Marital status	56% married	67% married
Employment status	45.5% employed (FT/PT)	56% employed

For the initial sample of 33 attendees, it was possible to correlate their scores on these variables to see if their social connectedness had any link to their wellbeing. A basic correlation of these scores indicates that this is indeed the case:

Table 5.2 Correlations Between Psychological Attributes

Scale	Community identity	Community support	Loneliness
Community identity	-		
Community support	.483**	-	
Loneliness	-.370**	-.488**	-
Wellbeing	.219	.486**	-.428**

From this we can see that:

- Community identity is associated with stronger perceptions of social support
- Both community identity and support are associated with lower loneliness
- Community support is positively related to wellbeing and loneliness is negatively related

Therefore (in line with the broader community survey in section 2 above) these participants' social connectedness showed a strong association with their wellbeing.

While the small numbers completing the follow up survey prevents statistical analysis of the change in their scores, the following are the means for the measures before and after taking part in the activities:

Table 5.3: Change in Psychological Attributes Over Time

Scale	Mean score before (33 participants)	Mean score after (9 participants)	Direction of change
Community identity	3.50	3.75	Slight increase
Community support	2.87	3.29	Substantial increase
Loneliness	3.33	3.29	Slight decrease
Wellbeing	3.57	3.47	Slight decrease

From this we can see that, on average, there was a slight increase in participants feelings of identification with others in their community as well as a slight decrease in loneliness levels. We also note a small decrease in wellbeing, though given the short timeframe and small sample size, this is not a reliable indicator of the overall impact of the initiative. A more substantial shift is evident in feelings of being supported by others, which is to be expected as a more immediate impact of the intervention. However, the sample size is too small to determine if these changes are statistically significant.

We asked those completing the second survey what their social connectedness was like before and after their activity.

- On average the nine participants rated their social connectedness as rather poor (2.22 on a five point scale).
- However, they rated their social connectedness after the event as slightly higher (2.44 on the same scale).

Main points:

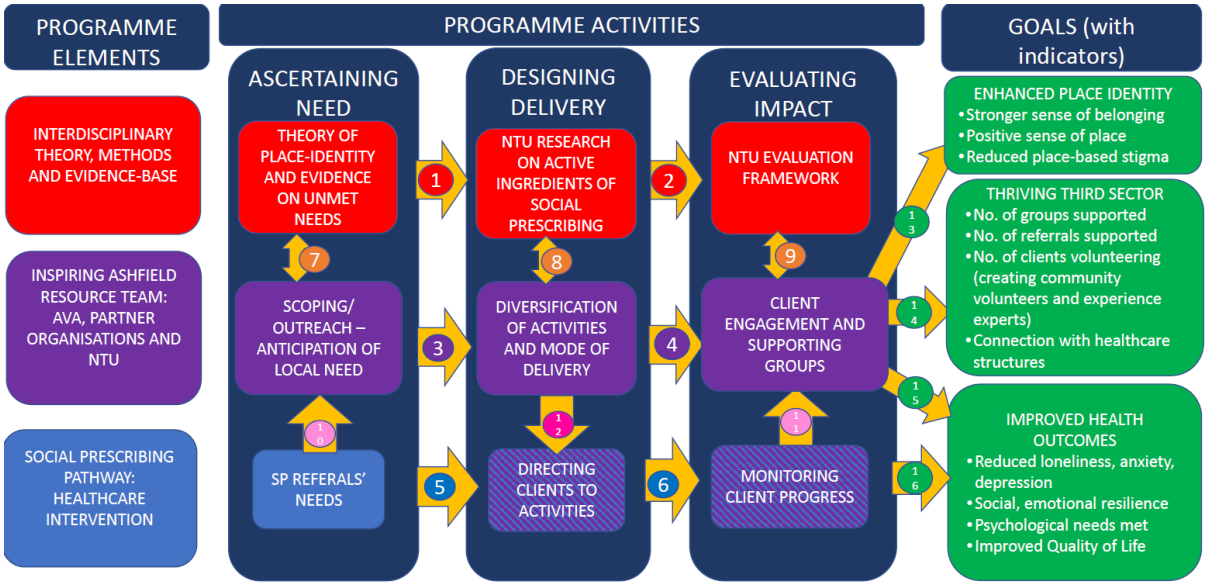
- We interviewed 10 beneficiaries of Inspiring Ashfield, two of whom had been referred by Social Prescribing link workers. They ranged in age from 20-77 years and seven were women. All had taken part in at least one activity.
- Participants typically suffered from long term mental health conditions or social isolation which had been exacerbated by the pandemic. Some were experiencing crises and requiring urgent intervention while other were being proactive in caring for their mental health.
- Most participants suffered from social anxiety or recognised this as a barrier to taking part in group-based activities.
- Lack of awareness of services was noted as a problem, especially among those with limited internet access.
- Financial constraints could limit participation, in terms of time poverty (not being able to fit activities in around excessive home and work commitments) and not being able to afford to continue beyond the free sessions.

- Participants emphasised the importance of being with other similar people in a group, such that a lack of commonality undermined the social benefits of participation.
- Reported benefits of taking part included practical elements such as gaining a skill and establishing a routine, but more often focussed on the social benefits of establishing meaningful connections with others. Successful social connections often overspilled beyond the activity.
- Other benefits included gaining confidence and enhanced ability to engage with other people. In particular, volunteering has an added benefit of contributing to self-esteem through feeling as though one was giving something back by helping newer group members integrate.
- Inspiring Ashfield could assist with integration into the local community, but other barriers such as not being considered a local or the difficulty in forming meaningful social connections in the locale could be more difficult to overcome.
- Among 33 beneficiaries who completed a pre-activity survey, wellbeing was strongly associated with social connectedness.
- Of those 9 participants who completed a post-activity survey, there was an average shift towards a stronger sense of being supported by other local residents and these participants rated their current social connections as better than prior to the activity.

6. Evaluation of the Initiative in terms of the Theory of Change Model

Returning to the Theory of Change Model we can bring together this evidence to evaluate the efficacy of the pathways in the Inspiring Ashfield intervention. Below we consider each path and what the evidence we have collected tells us about how it works and what the barriers or facilitators are.

Figure 2: Final Theory of Change Model (July 2022)



MODEL KEY

NTU INPUT:

1 NTU using psychology of place to provide a richer understanding of what is required within a locality-based approach to healthcare

2 Previous research alongside reviews of the extant literature are contributing to the evaluation process

AVA INPUT:

3 AVA Resource Team provides diverse and inclusive range of bespoke local activities for Social Prescribing referrals

4 AVAs scaffolding activities

SOCIAL PRESCRIBING PROCESS:

5 Linkworker conversation and engagement with patients

6 Uptake of activities by clients

ACADEMIC THEORY AND METHODS INPUT:

7 Academic support for scoping of community need

8 Knowledge transfer of NTU research on Social Prescribing

9 Coproduction of evaluation framework; interviews and surveys

SOCIAL PRESCRIBING FEEDBACK:

10 Linkworkers advise resource team of forthcoming demand

11 Linkworkers feedback on benefits of activities to patients

CORE MECHANISM TO SUPPORT SOCIAL PRESCRIBING:

12 Passing of information from AVA to linkworkers

LONGTERM OUTCOMES:

13 Continued long-term uptake and engagement by community members will enhance place identity

14 Continuation of the IA program will lead to a thriving third sector

15 Continued long-term uptake and engagement by community members will improve health outcomes of community members

16 Long-term successful Social Prescribing initiative will improve health outcomes of community members

Theory of Change Pathways & Evidence

ToC Pathway	Evaluation
Pathway 1: NTU using psychology of place to provide a richer understanding of what is required within a locality-based approach to healthcare. ▪ NHS adopting a place-based approach to healthcare, but we lack an understanding of what place means in the context of healthcare. ▪ NTU are using the psychology of place to provide a richer understanding of what is required to properly engage people within a locality in healthcare provision and service uptake. ▪ Involves broadening our understanding of local community identity, community participation, stigmatisation, and repurposing identity to better understand place-based approaches in healthcare. Type(s) of Evidence NTU research into the relationship between community, identity, belonging, and wellbeing, and also the relationship between community belonging and health service usage.	Social Cure Approach Publications: ▪ Wakefield et al. (2019): When groups help and when groups harm: Origins, developments, and future directions of the "Social Cure" perspective of group dynamics. ▪ Kellezi, et al. (2019): The social cure of social prescribing: a mixed-methods study on the benefits of social connectedness on quality and effectiveness of care provision. ▪ Bowe et al. (2020): A social cure in the community: A mixed-method exploration of the role of social identity in the experiences and well-being of community volunteers. ▪ McNamara et al. (2021): Community identification, social support, and loneliness: The benefits of social identification for personal well-being. ▪ Wakefield et al. (2022): Social Prescribing as 'Social Cure': A longitudinal study of the health benefits of social connectedness within a Social Prescribing pathway.
Pathway 2: Previous research alongside reviews of the extant literature are contributing to the evaluation process. ▪ The NTU team has conducted research on the necessary active ingredients of Social Prescribing which is being used to inform the Inspiring Ashfield evaluation process. ▪ For example, quantitative data on community belonging, community identity, and group membership. Type(s) of Evidence The evolution of an evaluation approach that can adequately capture the Inspiring Ashfield initiative – i.e., the Theory of Change itself.	The Theory of Change evaluation model has evolved throughout the process to capture the adaptions made by AVA to the Inspiring Ashfield provision. In its current form it has 16 pathways that link the actions of NTU, AVA, and social prescribing link workers as well as linking the provision to the key goals that were outlined in the original Inspiring Ashfield proposal to the Thriving Communities Fund.
Pathway 3: AVA provides a diverse and inclusive range of bespoke local activities for social prescribing referrals. ▪ In the original proposal, AVA sought to bring together 30 different partners to deliver a diverse range of activities. ▪ It wasn't possible to deliver all the activities that were originally envisaged and those that were delivered had low levels of uptake. Type(s) of Evidence Calendar of Inspiring Ashfield activities and the number of people that attended.	Eighteen different activities took place across 27 groups (i.e., a group in phase one and phase two, name rebranding, etc.). Additionally, 5 pre-existing AVA social groups were available. Uptake was very low for all groups, particularly for referrals made from social prescribing (only 12 of 86 referrals took up activities). The minimum number of attendees at one session was 0, the maximum number of attendees at one session was 10.

Pathway 4: AVAs scaffolding activities. ▪ As part of the original proposal, link workers would conduct scaffolding activities including working with people for some time to get them to activities and get them acclimatised to social interactions again. ▪ AVA adapted the provision by adopting scaffolding activities on their side as well. Type(s) of Evidence Interviews with AVA staff and Inspiring Ashfield service users as well as conversations that took place with social prescribing link workers associated with Inspiring Ashfield.	Link workers admitted to providing very little scaffolding for Inspiring Ashfield referrals – they did not provide one-to-one support or attend meetings with patients. Consequently, AVA took on more scaffolding responsibilities. This scaffolding most often included phone calls to every individual once they were referred as well as active attempts to address barriers to engagement (e.g., transport). Service users discussed how social anxiety was often a barrier to participation in activities but placing their trust in Inspiring Ashfield staff helped them overcome this initial anxiety, indicating some success of these scaffolding activities.
Pathway 5: Link worker conversation and engagement with patients. ▪ In a typical Social Prescribing pathway, link worker conversations are the basis of Social Prescriptions. link workers engage with patients, talk through their needs, and decide what the appropriate social prescription is. Type(s) of Evidence Interviews with AVA staff and conversations that took place with Social Prescribing link workers associated with Inspiring Ashfield.	From discussions with both AVA staff and link workers, NTU found that in most cases link workers were not making specific social prescriptions to Inspiring Ashfield activities. Rather, link workers were making general referrals to Inspiring Ashfield, at which point a staff member at AVA would discuss the Inspiring Ashfield activities with referrals and then make a referral. In effect AVA was taking on the role of Social Prescriber in the absence of the training and support available to link workers. The reason for this appeared to be the limited information available on Inspiring Ashfield activities, though link workers themselves had mixed opinions on whether the information was adequate. Group leads suggested meeting with link workers directly to discuss their activity could be a solution.
Pathway 6: Uptake of activities by clients. ▪ The level of uptake among referrals is critical to the efficacy of the approach. Low uptake indicates attrition in previous steps of the pathway Type(s) of Evidence Conversion rates of social prescriptions into uptake. Data on barriers to uptake from interviews and survey	Conversion rate of Social Prescribing referrals into attendees of Inspiring Ashfield activities was very low. 86 referrals were made from Social Prescribing link workers of which only 12 went on to attend at least one activity. The maximum number of Social Prescribing referrals in a single group was 4. link workers, AVA staff, group leads and clients all concurred on the barriers to uptake: social anxiety, cost and practicalities. In addition, group leads and link workers indicated that low levels of awareness of activities among staff and patients was also a contributory factor. These barriers were confirmed by the survey.
Pathway 7: Sharing of information between NTU and AVA regarding the development and understanding of a place-based approach. ▪ NTU provide AVA with support for scoping community need (e.g., community survey). ▪ AVA shares information with NTU that informs our understanding of the place-based approach to healthcare.	There were low levels of awareness of AVA and of Inspiring Ashfield among the community survey sample and a high level of demand for new activities to supplement existing provision. Cost and travel were two key barriers to uptake as well as lack of interest in activities with 45% of participants indicating lack of interest in available activities as a barrier to participating.

Type(s) of Evidence Community survey sent to 30,000 households in Ashfield in May 2022. The survey received 390 responses in two weeks and provides insight into some of the current needs within the community and barriers to uptake of activities for the community.	There was a strong association in the sample between local community identification and support and wellbeing. Evidently place is important to the wellbeing of local residents.
Pathway 8: Knowledge transfer between NTU and AVA on Social Prescribing. ▪ NTU provided background information on the psychological processes of Social Prescribing for the initial proposal and have subsequently advised on programme development ▪ In return, AVA are able to provide NTU with practical insight into the Social Prescribing process which informs research and the evaluation process. Type(s) of Evidence Social Cure theory in Inspiring Ashfield design and practice.	The Social Cure approach featured in the initial discussions with AVA concerning the Inspiring Ashfield proposal and the principles were evident in the application. The provision offered by AVA changed throughout the course of Inspiring Ashfield and was assisted by steering group meetings and discussions with NTU. The interim report documented how the challenges facing Inspiring Ashfield were interpretable as the socially corrosive effects of COVID which undermined many of the positive dynamics of the programme. It also provided a coherent rationale for the adjustment of the offer and the emphasis on social scaffolding in the second part of the delivery.
Pathway 9: Coproduction of evaluation framework by NTU and AVA. ▪ NTU is conducting the evaluation of the Inspiring Ashfield program. The details of the original form of the evaluation were set out in the proposal to the Thriving Communities Fund. Subsequent to this, NTU have engaged with AVA to understand how the Inspiring Ashfield initiative has developed and amended our evaluation approach accordingly. Type(s) of Evidence The Theory of Change evaluation framework.	The Theory of Change evaluation approach was designed and developed by NTU and shared with AVA over the course of its development. As a result, several of the key pathways were modified and a more dynamic understanding of the interactions between actors was accommodated.
Pathway 10: link workers advise resource team of forthcoming demand. ▪ Through their work, link workers should get an idea of the needs of community members and should be able to provide feedback to AVA who are able to use this information to diversify their activities. ▪ Identification and communication of barriers to service uptake should allow AVA to implement measures to increase engagement among referrals. Type(s) of Evidence Interviews with AVA staff and conversations with link workers.	The initial scoping of community need for Inspiring Ashfield was admittedly limited and driven largely by the group activities available and possible during COVID-19. Attempts to address this through assertive outreach show promise but are in their infancy and reach only a few individuals. Both AVA staff and link workers report that their communication is open, accessible, and positive. It took place primarily via email and telephone though this latterly evolved into face-to-face meetings attended by both parties. However, there was little indication that discussions around forthcoming demand had taken place. Link workers did have conversations with AVA about barriers to engagement, though this was limited to AVA reminding link workers that they could provide transport.
Pathway 11: Link workers feedback on benefits of activities for patients. ▪ Link workers monitor the progress of service users. At the end of the six-week activity they should be able to provide feedback to AVA regarding the successes and failures of the specific activity used by a community member.	Only 12 of the 86 social prescribing referrals made by link workers went on to engage with an Inspiring Ashfield activity. Had link workers been having follow-up conversations with these referrals the reasons for this attrition might have become evident. Only a very limited insight into the fate of referrals was reported by link workers and there was little evidence of a systematic approach to collecting follow-up data. This is possibly because the

Type(s) of Evidence Interviews with AVA staff and conversations with link workers.	Social Prescription itself was being made by AVA and hence the responsibility for follow up was unclear.
<u>Pathway 12:</u> Passing of information from AVA to link workers. ▪ Based on continuous scoping of the communities' unmet needs, AVA should be offering a range of diverse activities via a range of delivery methods. These activities should be communicated to link workers, enabling them to refer patients to these activities. ▪ Ashfield Steering Group meetings provide a forum whereby link workers can raise issues and AVA can update the link workers on changes to the program.	Link workers reported positively on the communication they had with AVA stating they were kept constantly updated on the activities being offered via emails. New activities were also updated on the referral form provided by AVA to link workers which were also described positively and very easy to use. However, it was unclear whether link workers had sufficient information to make effective social prescriptions. Some link workers reported feeling that their knowledge of specific activities was limited and this was echoed by AVA and group leads.
Type(s) of Evidence Interviews with AVA staff and group leads. Conversations with link workers	Group leads and AVA staff commented on the inappropriate nature of some referrals whose needs were not met by the activities. This was attributed to poor communication between link workers, AVA and group leads.
<u>Pathway 13:</u> Continued long-term uptake and engagement by community members will lead to an enhanced place identity. ▪ Long-term engagement with the activities by a large number of community members will result in an enhanced community identity, whereby community members have a stronger sense of belonging, a positive sense of place, and experience less place-based stigma.	Before and after survey data with a limited number of participants indicate that (at baseline) these 33 individuals evidenced strong relationships between their social connectedness in their locale and wellbeing. Data from 9 follow-up surveys also suggests that there was a substantial improvement in feelings of being supported by neighbours and that this is reflected in attendees rating their current social connectedness more highly that it had been prior to their engagement.
Type(s) of Evidence Survey data from Inspiring Ashfield service users was collected before (pre-) and after engaging with an activity (post-). Interviews with service users and group leads.	Service users described how they were able to form new friendships by participating in a group activity. Some described how this was limited to the confines of the group activity, but others discussed how these group friendships had evolved to include meeting socially outside the group. These friendships were particularly significant for service users with very limited social contacts. However, service users also described limits to the effects of the activity due to the timeframe of their prescription. Group leads also indicated that poor uptake detracted from the social benefits of their activities.

Pathway 14: Continuation of the Inspiring Ashfield program will lead to a thriving third sector. ▪ Continuation of the Inspiring Ashfield provision, beyond the Thriving Communities funding, will be sustained over time. ▪ Central to this will be the sustainability of assertive outreach by scaffolding the transition from service beneficiary to volunteer. These volunteers are especially well placed to secure the long-term sustainability of Inspiring Ashfield by acting as experts of their own experiences who are able to provide support to others experiencing similar things. Type(s) of Evidence Data on the number of groups supported by Inspiring Ashfield, the number of referrals supported by Inspiring Ashfield, the number of volunteers, and evident connections with healthcare structures will provide evidence of a thriving third sector.	Eighteen different activities took place across 27 groups (i.e., a group in phase one and phase two, name rebranding, etc.). Additionally, 5 pre-existing AVA social groups were available. 89 individuals attended Inspiring Ashfield activities, 12 of which were referred via social prescribing (from a total of 86 Social Prescribing referrals). No individuals were converted from service users into volunteers by the end of the Inspiring Ashfield provision. It was evident from AVA staff interviews, group lead interviews, and link worker conversations that positive connections had been made. AVA and link workers particularly highlighted their enthusiasm for continuing contact and continuing the process of individuals being referred via Social Prescribing to AVA activities (such as their social groups). Group leads also expressed enthusiasm to continue being involved in Social Prescribing provisions and with AVA. Long-term connections with the Inspiring Ashfield core partners (Ashfield District Council and First Art) evidenced less durability. Some service users in volunteer roles (who were AVA volunteers prior to participating in Inspiring Ashfield) discussed the rewards of giving something back to the community and how this helped them to feel good about themselves.
Pathway 15: Continued long-term uptake and engagement by community members will lead to improved health outcomes for individuals. ▪ Long-term engagement with the activities by a large number of community members will result in improved health outcomes throughout the community, including reduced loneliness, anxiety and depression, increased social and emotional resilience, psychological needs of the community are met, and an improved quality of life for community members. Type(s) of Evidence Community survey Service user interviews.	The community survey indicated strong relationships between engagement in group-based activities and wellbeing among residents across Ashfield. It also indicated a high level of need for new community-based activities but a low level of awareness of current provision. This suggests that a more effective advertising and delivery of group-based activities such as those provided via Inspiring Ashfield would indeed help address social needs and reduce loneliness across the area. Service users described many personal benefits of participating in Inspiring Ashfield activities. For some service users, the main reason for attending an activity was to learn a new skill, such as a mental health skill like mindfulness that help equip individuals with low-level mental health problems the tools to self-manage their mental health. Service users also described being able to form friendships at Inspiring Ashfield groups which sometimes extended beyond the group. Attending Inspiring Ashfield activities also helped service users establish a routine around attending an activity that required them to leave the house at a certain time. Increased confidence was also a key benefit for some service users after attending Inspiring Ashfield sessions.

<u>Pathway 16:</u> Long-term successful social prescribing initiative. ▪ Long-term success of the Social Prescribing pathway, evidenced by continued uptake and engagement in activities and clear benefits for community members, will result in improved health outcomes throughout the community. ▪ Notably this includes reduced loneliness, anxiety and depression, increased social and emotional resilience, psychological needs of the community are met, and an improved quality of life for community members.	See above for changes in social support, loneliness, and wellbeing. The reports from link workers indicate that Inspiring Ashfield was a welcome support to the Social Prescribing pathway, with all indicating that the activities provided enriched the options available to patients making for a better Social Prescription. In practice though there was a low level of referral and a very low uptake of services, indicating that in these terms the initiative was not a success. In terms of longer-term benefits to the community, the successful activities did appear to have a positive impact on the social connectedness of participants beyond the activities themselves as indicated by friendships enduring beyond the duration of the prescription and participation leading on to engagement in other social activities. The community survey would suggest that such increased engagement with local community should be associated with broader community health and an increase in collective resilience within the area. However, this would require the initiative to be effective at scale and for these effects to be captured over time.
Type(s) of Evidence Survey data from Inspiring Ashfield service users was collected before (pre-) and after engaging with an activity (post-). Interviews with service users may also provide insight into whether Inspiring Ashfield resulted in changes in social and emotional resilience. Discussions with link workers may provide insight into the long-term sustainability of the Social Prescribing pathway in Ashfield.	

Main points:

- Inspiring Ashfield is based on a combination of professional insights and academic theories of the relationship between social connectedness and wellbeing. It adopts a 'place-based' approach to supporting Social Prescribing by providing an infrastructure connecting link workers to group activity leads to enrich the range of local Social Prescribing activities in the context of the pandemic.
- The initiative is well supported by previous evidence as to the efficacy of Social Prescribing and the key ingredients to effective Social Prescriptions and group activity engagement. Evidence from the community survey and participant evaluation data indicates a strong relationship between social connectedness, community identification and wellbeing in these samples i.e., provides evidence for the importance of a place-identity approach to wellbeing.
- AVA delivered the full range of activities promised, including 18 activities over 27 groups and through supporting an additional 5 pre-existing AVA groups. These spanned health and physical activity, green activities, social and recreational groups and arts activities.
- While the range of activities was reported to benefit link workers in their attempts to make Social Prescriptions, many referrals were not specific to a particular activity and required AVA to profile the referrals' needs and make a recommendation. This was partly attributable to limits on the information available to link workers but meant that AVA staff were taking on link worker responsibilities.

- Once the referrals had been made and activities had been recommended, uptake was very low with only 12 of 86 referrals engaging in an activity (though an additional 65 participants had self-referred or had been referred from other sources). There also appeared to have been a number of inappropriate referrals between link workers and AVA and between AVA and groups, indicating some problems in communication across the initiative.
- In part, the high level of attrition is attributable to the initial lack of scoping of community need, with the offer largely driven by availability rather than demand. Also, it was notable that there were very low levels of awareness among the broader population about the initiative and the work of AVA more broadly which may have deterred engagement. In part, it is also attributable to the effects of COVID-19 which had a dampening effect on residents' willingness to engage in social activities.
- AVA responded to early challenges by providing additional scaffolding activities including a befriending service and transport facilities to help individuals overcome barriers to participation. These supports were reported by participants to have helped them engage.
- AVA's assertive outreach approach provided an alternative pathway to identifying individuals with high levels of social needs and coproducing local activities, though this is in its infancy and had reached only a limited number of individuals.
- Where referral and uptake of Inspiring Ashfield activities had been successful, there was evidence that the initiative had positive effects on participants, with improvements in social connectedness and wellbeing reported by many beneficiaries. This was also reported by group leads and suggested by the patterning of responses to the evaluation questionnaires completed. Lack of benefits was reportedly due to a mismatch between the needs of the patient and the activity or due to low numbers in the group detracting from the social benefits of the activity.
- Benefits appeared to go beyond the single activity, with a proportion of participants engaging in additional activities and making further social connections with other residents. The most successful experiences were characterised by better integration with local community and more proactive contributions to group activities. The community survey suggests that if replicated at scale, this approach could have a substantial impact on residents' wellbeing and resilience.
- Overall, Inspiring Ashfield provides a promising model of support for Social Prescribing which enriches the offer of activities available to link workers in the post-COVID era. While this potentially improves the quality of Social Prescriptions by ensuring a better fit with individuals' needs, it faces barriers in terms of appropriate referrals and uptake of activities. These can potentially be addressed though better communication between project partners, better advertising of activities and more proactive scoping of community need, as well as through supplementing the approach with complementary ways of identifying and engaging community members.

Appendix One: NTU Agreement

Consultancy Outline for Ashfield Voluntary Action's *Thriving Communities* Programme

Prof Clifford Stevenson, 16/12/20.

Over the past decade, members of the Groups Identities and Health (GIH) research group at NTU have been undertaking research into the social determinants of health. Led by Prof Clifford Stevenson, their work with colleagues across the world has been funded by government and charitable research organisations and published in internationally leading academic journals. Their recent work has evaluated both NHS and community-based models of Social Prescribing, finding that their ability to increase a sense of belonging to local community reduces loneliness and improves health. They bring this insight and expertise to support the evaluation of the Ashfield Voluntary Action (AVA) Thriving Communities programme.

The GIH group has agreed to provide consultancy for this project as follows:

We can support the set-up of a brief survey with beneficiaries of the Social Prescribing initiative and a limited analysis of the resulting data, so that Ashfield Voluntary Action can use this for the basis of their own evaluation report. NTU will have access to the data for analysis and publication (we will pass on copies of any outputs for Ashfield Voluntary Action's use).
Activities as follows:
3 x 2 hr meetings with AVA and community groups to ascertain evaluation requirements
1 day to develop an evaluation tool to be hosted online by NTU
.5 day training for community group personnel collecting data
.5 day collating and cleaning data
.5 day conducting basic analysis for inclusion in Ashfield Voluntary Action's own report
Total: 26 hours of Prof Clifford Stevenson's time @ £192ph = £4992

Selected Publications: On Social Identity, Communities and Health

Wakefield, J. R. H., Kellezi, B., **Stevenson, C.,** McNamara, N., Bowe, M., Wilson, I., Mair, E. & Halder, M. M. (2020) Social Prescribing as 'Social Cure': A longitudinal study of the health benefits of social connectedness within a Social Prescribing pathway. *Journal of Health Psychology*

Bowe, M., Wakefield, J. R. H., Kellezi, B., **Stevenson, C.,** McNamara, N., Mair, E.,... & Halder, M. M. (2020) A Social Cure in the Community: A mixed-method exploration of the role of social identity in the experiences and well-being of community volunteers**.** *European Journal of Social Psychology.*

Stevenson, C., Costa, S., Wakefield, J.H., Kellezi, B.& Stack, R. (2020). Family Identification Facilitates Coping with Financial Stress: A Social Identity Approach to Family Financial Resilience. *Journal of Economic Psychology*.

Kellezi, B., Wakefield, J. R. H., **Stevenson, C.,** McNamara, N., Mair, E., Bowe, M., ... & Halder, M. M. (2019). The social cure of social prescribing: a mixed-methods study on the benefits of social connectedness on quality and effectiveness of care provision. *BMJ Open*, *9*(11).

Hopkins, N., Reicher, S., **Stevenson, C**., Pandey, K., Shankar, S. & Tewari, S. (2019). Social relations in a crowd: Shared identity and its implications. *European Journal of Social Psychology.* doi: 10.1002/ejsp.2586

*Wakefield, J.R.H., Bowe, M., Kellezi, B., McNamara, N., and **Stevenson, C.** (2019) When Groups Help and When Groups Harm: Origins, Developments, and Future Directions of the 'Social Cure' Perspective of Group Dynamics. *Social and Personality Psychology Compass.* e12440. doi: 10.1111/spc3.12440.

*Halder, M. M.; Wakefield, J.R.H., Bowe, M., Kellezi, B., Mair, E., McNamara, N., Wilson, I. and **Stevenson, C.** (2018) Evaluation and exploration of a social prescribing initiative: Study protocol. *Journal of Health Psychology*. 10.1177/1359105318814160

Appendix Two: Community Survey Sample Characteristics:

Demographic characteristics of sample:

Characteristic	***n***	**%**
Area	390	100
Hucknall	149	38.2
Kirkby-in-Ashfield	105	26.9
Sutton-in-Ashfield	130	33.3
Other	6	1.5
Gender	390	100
Male	132	33.8
Female	255	65.4
Non-binary	3	0.8
Age (years)	390	100
18-25	50	12.8
26-40	143	36.7
41-65	140	35.9
66 and above	57	14.6
Ethnicity	390	100
White British	340	87.2
White Irish	2	0.5
White Other	18	4.6
Asian/Asian British	14	3.6
Black	8	2.1
Other Mixed/Multiple Ethnic Background	4	1.0
Other	4	1.0
Current Relationship Status	390	100
Single	69	17.7
Relationship but not married/civil partnership	109	27.9
Married/Civil Partnership	177	45.4
Divorced/Separated	19	4.9
Widowed	16	4.1
Highest Qualification	389	99.7
No Qualifications	25	6.4

GCSEs/CSEs/O Levels	66	16.9
NVQ/GNVQ/Foundation Diploma	47	12.1
BTEC National/City & Guilds Certificate	26	6.7
A Levels/AS Levels/VCEs/Higher Diploma	65	16.7
Degree (e.g., BA, BSc)	89	22.8
Postgraduate Degree (e.g., MA, PhD, PGCE)	55	14.1
Professional Qualification	7	1.8
Prefer not to say	9	2.3
Orientation	389	99.7
Straight/Heterosexual	343	87.9
Gay/Lesbian/Homosexual	14	3.6
Bisexual	24	6.2
Queer	1	0.3
Pansexual	3	0.8
Prefer not to say	4	1.0
Disability	389	99.7
Yes	61	15.6
No	313	80.3
Prefer not to say	15	3.8
Employment	389	99.7
Full-time employed	193	49.5
Part-time employed	48	12.3
Self-employed/freelance	17	4.4
Student	10	2.6
Housewife/househusband	24	6.2
Carer for relative/friend	13	3.3
Retired	66	16.9
Unemployed	14	3.6
Maternity leave	2	0.5
Volunteer	1	0.3
Sickness pay	1	0.3

Appendix Three: Evaluation Tool

NOTTINGHAM TRENT UNIVERSITY

Inspiring Ashfield

Evaluation Survey : Self-Complete

Participant name:_____

Please enter today's date: ☐☐ - ☐☐ - ☐☐☐☐

For which group are you completing this evaluation?

Nordic Walking course (families and adults)

Mindfulness & Tai Chi Qigong course (for carers)

Active Minds course (boxing and mental health for men)

Drama workshop course (for carers)

Woodworking (furniture project)

Fibromyalgia Support Group

Volunteering (gardening/allotment, digital champions, walk buddies, befrienders, and much more!)

Arthritis Support Group

Cycling activities

Walk Buddies (walk participant)

Arts & Crafts

'Quirkshops' (enjoy arts and nature, with mindfulness, at Brierley Park)

Music

Cook & Eat / healthy eating sessions

Community choir

Digital support for Universal Credit/form filling

Digital support/getting started online

Local heritage

Befriending (to receive befriending support if you are feeling isolated)

Allotment development (in Hucknall and Kirkby)

Other:_____

SURVEY QUESTIONS

First, please provide your email or postal address: _____

_____

Now we'd like to ask you some general questions. These help us understand who are using the groups supported by Inspiring Ashfield.

Could you provide your **Age (in years)**? _____

Gender: What best describes your gender? (please put **x** beside your choice)

☐1 Male

☐2 Female

☐3 Prefer not to disclose

☐4 Prefer to self-describe (please describe)_____

Who do you live with?_____

Do you rent or own your home? (please put **x** beside your choice)

☐1 Privately owned accommodation

☐2 Privately rented accommodation

☐3 Social housing

What is your relationship status? (please put **x** beside your choice)

☐1 Never married or never registered a same-sex civil partnership

☐2 Married/ in a same-sex civil partnership

☐3 Long term relationship (but not a marriage/civil partnership)

☐4 Separated, but still legally married/ in a civil partnership

☐5 Divorced / civil partnership has been legally dissolved

☐6 Widowed

What is your employment status? (please put **x** beside your choice)

☐1 Employed full time

☐2 Employed part time

☐3 Self-Employed or freelance

☐4 Unemployed looking for work

☐5 Unemployed not looking for work

☐6 Retired

☐7 Student

☐8 Volunteer work

☐ 9 None of the above (please describe)_____

What is the highest qualification that you hold? (please put **x** beside your choice)

☐1 No qualifications or education

☐2 GCSEs / CSEs / O levels

☐3 NVQ / GNVQ / Foundation diploma

☐4 BTEC National / City and Guilds Certificate

☐5 A levels / AS levels / VCEs / Higher diploma

☐6 Higher school certificate / Progression diploma / Advanced diploma

☐7 Degree (for example, BA, BSc)

☐8 Postgraduate degree (for example MA, PhD, PGCE)

☐9 Professional Qualifications (for example, teaching, nursing, accountancy

☐10 Other vocational / work related qualifications

Which of the following groups are you a member of? (please put **x** beside your choice, You can select more than one)

☐1	Family
☐2	Sports clubs, gyms, or exercise class
☐3	Tenant group/resident group/ neighbourhood watch
☐4	Political party/trade union/ environmental group
☐5	Church or other religious group
☐6	Charitable association or voluntary group
☐7	Education/art/music group, or evening class
☐8	Social club
☐9	Support group (e.g. diabetes support)
☐10	Any other organisation, club or society
☐11	I am not a member of any groups

Thinking about this local community, the kind of place it is and the kind of people who live around here, **would you say that you feel a sense of belonging to this local community?** (please put **x** beside your choice)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly agree

Please indicate how much you agree or disagree with the following statement (please put **x** beside your response)*:*

I identify with other members of my local community

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly agree

We'd like to ask you about the **relationships** you have with other people (please put **x** beside your response)

Do you get the emotional support you need from other people?

Not at all 1	2	3	4	Completely 5

Do you get the help you need from other people?

Not at all 1	2	3	4	Completely 5

Do you get the advice you need from other people?

Not at all 1	2	3	4	Completely 5

How often do you feel the following?

I lack companionship

Hardly ever 1	2	3	4	Very often 5

I feel left out

Hardly ever 1	2	3	4	Very often 5

I feel isolated from others

Hardly ever 1	2	3	4	Very often 5

How often do you feel **lonely**?

Often/Always	Some of the time	Occasionally	Hardly ever	Never

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean higher well-being (please put **x** beside your choice).

I have felt cheerful and in good spirits

0 At no time	1	2	3	4	5 All of the time

I have felt calm and relaxed

0 At no time	1	2	3	4	5 All of the time

I have felt active and vigorous

0 At no time	1	2	3	4	5 All of the time

I woke up feeling fresh and rested

0 At no time	1	2	3	4	5 All of the time

My daily life has been filled with things that interest me

0 At no time	1	2	3	4	5 All of the time

How well would you say you yourself are managing financially these days? (please put **x** beside your choice)

Finding it very difficult	Finding it quite difficult	Just about getting by	Doing alright	Living comfortably

Thank you for helping us with this survey, your responses will be used to evaluate and improve Inspiring Ashfield initiative. We will contact you again in three months to see how you are getting on with your new group.

Appendix Four: List of Activities and Attendees [Provided by AVA].

Note: Greyed boxes = unavailable information

IA Activity	Weeks	Unique Attendees	SP Attendees
Online Guided Meditation (June/July 2021)	6	10	0
Fight the Stigma - 2 Groups	6 (each)	7	1
Group 1: Sept/Oct 2021	6	2	
Group 2: Feb/March 2022	6	5	
Beginners Painting for Pleasure 1 (22/04/22)	1	11	1*
Beginners Painting for Pleasure 2 (29/04/22)			
Drama Classes for Carers (July/August 2021)	6	5	0
Mindfulness for Carers (June/August 2021)	6	4	1
2022)	6	3	0
Inspiring Craft Workshops (March/April 2022)	3	8	1
Introduction to Yoga (Feb/March 2022)	6	5	0
Quirkshops at Brierley Park (July 2021)	1	5	0
Quirkshops at Sutton Lawn (March 2022)	1	0	0
Nature Craft (April 2022)	1	5	0
No Faff Cooking (Feb/March 2022)	6	5	3
Nordic Walking (2 Groups: June/July 2021)	6 (each)	8	0
Online Mindfulness (March/April 2022)	4	4	1
The Power of You: 1st Wave	3	8	
The Power of You: 2nd Wave (Sept/Oct 2021)	4	7	1
Woodworking (July 2021 to present)	6	6	4
Chatty Crafters	weekly	3*	2*
Creative Crafting			
Arthritis Action Support Group	weekly		
In Touch	weekly	1	
Talking Tuesdays	weekly	2*	2*
Garden & Chat	weekly		
Fybromyalgia online (May 2021)	6 weeks	11	
Your Time... Believe, Belong, Become	Externally organised, IA paid room hire.		
Fibromyalgia Support Group			
Craft Boxes (from Feb 2022)	Social prescribers delivered 30 boxes to their patients with some receiving more than one. 13 craft boxes were distributed to other IA participants.		
Crafternoon Tea (25/03/22)	Participants & activity leads invited to this event to celebrate the end of IA. 18 attended, including 4 SP referrals , 3 linkworkers and 3 family members.		

	Totals	
SP Referrals	86	*attended multiple activities
SP Attendees	12	
Unique Attendees (SP+other)	89	Greyed= data not available

Appendix Five: Beneficiary Interviewee Characteristics

Ref	Interview Date	Gender	Age	Ethnicity	Employment Status	Martial Status	Group Attended	Social Prescribing
01	29-Apr	Male	57	Black	Employed	Single	Woodworking	Y
02	05-May	Female	59	White	Self-employed	Single	Nordic Walking	N
03	05-May	Female	38	White	Employed	Living with partner	Online Mindfulness	N
04	12-May	Female	77	White	Retired	Married	Your Time	N
05	12-May	Male	22	White	Not employed	Living with parents	Fight the Stigma	N
06	13-May	Female	60	White	Semi-retired	Married	Your Time	N
07	19-May	Female	43	White	Not employed	Single	Creative Writing	N
08	19-May	Female	77	White	Retired	Married	Inspiring Craft/Painting for Pleasure	Y
09	20-May	Female	61	White	Retired	Married	Nordic Walking	N
10	18-May	Neutral	20	White	Not employed	Single	Nature Craft/Painting for Pleasure	N