How can the cultural sector support older people's well-being as part of social prescribing within the context of a pandemic?

Interim results from a multi-methods study

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OXFORD SOCIAL PRESCRIBING RESEARCH NETWORK

Summary

Social prescribing is a non-clinical approach to addressing the social, environmental and economic factors that can affect people's health and well-being.

The Arts and Humanities Research Council (AHRC) has funded a team of researchers to conduct a study on culture-based social prescribing for older people in the time of COVID-19.

The study addresses the following question:

'Cultural institutions as social prescribing venues to improve older people's well-being in the context of the COVID-19 pandemic: What works, for whom, in what circumstances and why?'

A literature review highlighted the importance of 'tailoring' from link workers and cultural sector staff. This involves adaptation and flexibility (and adequate resources) to meet the diverse needs of older people, who will have differing expectations and investment in cultural offerings.

The literature review showed that the following benefits might transpire for an older person engaging with a cultural offering:

- **Distraction** from daily concerns
- **Psychologically held** in a space where they felt safe and valued and respected
- **Connecting** them to new social networks
- **Transforming** how people saw themselves and their place in the world

Stakeholder meetings were held in February 2021 with UK and international colleagues from the cultural sector, link workers and older people. Discussions covered:

- **Adaptability and innovation**
- **Co-production**
- **Relationships**
- **Creating safe and welcoming spaces**
- **Online/digital provision**
- **Funding/resources**

This research is ongoing. The project will finish later in 2021. We are in the process of conducting interviews with older people, cultural sector staff, and a questionnaire with link workers, which will further our understanding of the topic.

This interim policy document is for those involved in the cultural sector or social prescribing to learn from our work as the project progresses.

Background

Social prescribing aims to address the 'non-medical' challenges (e.g. isolation, anxiety, low mood) that affect how people feel physically and psychologically. The NHS has introduced link workers into GP practices to facilitate social prescribing. They do this by connecting people to 'community assets' (e.g. groups, organisations, charities). This might include connections to cultural offerings (e.g. being part of a book group in a library, volunteering for a museum or attending a guided walk at a botanical garden), which can reduce feelings of loneliness, help people think more clearly and give them something to focus on away from their worries. The COVID-19 pandemic has highlighted the need for a range of approaches to support health and well-being, as people deal with significant mental and/or social consequences (e.g. fear, low mood, money worries).

The Research

An interdisciplinary team of colleagues received funding from UKRI/AHRC to conduct a study that addresses the following question:

Cultural institutions as social prescribing venues to improve older people's well-being in the context of the COVID-19 pandemic: What works, for whom, in what circumstances and why?

The research has two key aims:

To understand how cultural institutions can play a sustainable role in social prescribing for older people in the context of the pandemic and recovery from it.

To develop recommendations of how cultural institutions can optimise delivery of what they offer to support older people's well-being as part of social prescribing in the context of the pandemic.

Components of the research are a literature review and stakeholder consultations, followed by primary data collection – interviews with older adults (aged 60 and above) and staff working in the cultural sector, and a questionnaire for link workers. Within the research, we are focusing on curated/public gardens, libraries and museums, to reflect our previous work in this area[1] and to make it manageable within 12 months. However, findings will have relevance to other cultural areas and activities. In this summary, we describe some key concepts and suggestions that come from our literature review (which will be published in full in due course) and our stakeholder meetings.

Review

Key concepts from the review that have helped us understand how older people can benefit from engaging with a cultural offering as part of social prescribing are outlined in Table 1. The reviewed literature highlighted the importance of 'tailoring' from link workers and cultural sector staff. This involves adaptation and flexibility (and adequate resources) to meet the diverse needs of older people, who will have differing expectations and investment in cultural offerings.

[1] **Turk A et al. (2020)** Can gardens, libraries and museums improve wellbeing through social prescribing? www.phc.ox.ac.uk/files/research/glam-repor-march-2020_rgb.pdf

Elements of tailoring that help with acceptance to a cultural offering among older people	
Messaging	The communication channels through which the offers that the cultural sector can provide as part of social prescribing are relayed.
Partnerships	Social prescribing centres on human interaction (even when delivered remotely). Positive relationships among different parties are required.
Adaptability	This relates to actors having the capacity, opportunity and motivation to do things differently, which might call for the acceptance of some risks (e.g. an older person returning to a venue following a national lockdown, the cultural sector developing online provision).
Potential benefits that might transpire for an older person engaging with a cultural offering	
Distracting	A cultural offering can provide an instant boost to people's well-being as they try something new and are taken away from problems in life, even if for a short period. In this way, cultural offerings can give respite and immediate relief. This is possible online or in person, with learning, knowledge or activity serving as a distraction.
Holding	People can feel uplifted from being in a pleasant space. Cultural settings (whether online or in real life) can be places of refuge, acting as a holding environment for individuals experiencing turbulent times, where people feel welcomed and as if they matter.
Connecting	Gains from engaging in cultural activities can come through interacting with staff and with other people who are present. This can occur online as well as in person.
Transforming	There is capacity for self-growth through engaging with cultural offerings. It calls for a cognitive shift in self-perception from someone in need, who passively accepts support, to one in which individuals feel empowered to control their response to a situation and to have agency.

Table 1: Key concepts from the review. We explored these concepts within stakeholder meetings, which took place in February 2021.

Stakeholder meetings

We held three stakeholder meetings, attended by 40 people. The first two consisted of UK and international colleagues working in the cultural sector, the third involved link workers and older people. Each meeting, held on Zoom, ran for two hours. At these meetings, the project team shared initial findings from the review with those present, who then divided into small groups to discuss them. Below are key topics raised during these discussions, which highlight areas for consideration by cultural organisations as we continue to live with COVID-19 and its legacy.

Adaptability and innovation

Be open to trying new things across an organisation. The pandemic has allowed the cultural sector to take risks in what it provides. To do this, a willingness to take risks must be part of an institution's fabric.

Be flexible in light of changing circumstances. The development of offerings in cultural spaces is an organic process.

Develop creative ways of attracting people into the building in order to develop a relationship over time. For example, addressing overriding needs first (e.g. food, self-confidence) and engaging with cultural offerings once people's trust has been gained.

Ask older people what they want but also give them an expansive offer, otherwise they are liable to stick with what is familiar. Older people may require a leap of faith to accept a new cultural offer; they may need convincing that the offer is worthwhile and has credibility.

Enable older people to try a new activity for a short period of time, without commitment, so that they can decide whether they like it or not.

Work with link workers so they are aware of the contribution that the cultural sector can make to social prescribing. Link workers can play a role in encouraging people to move outside of their comfort zone. This may involve taking risks, trying things that do not work, and returning to the link worker for an alternative.

Be honest and open about the new ways of working and experimentation.
'We're not quite sure how this will work but …'

Co-producing offers

Think of older people as potential assets rather than just passive users of a cultural offer. This will involve spending time understanding older people and their skills and how they may contribute to supporting others. It is important to ask older people what they would like.

Help to create a sense of ownership in the community. Places like museums and libraries should belong to the community and not the other way around.

Relationships

Identify trusted individuals (e.g. link workers) and work with them to encourage older people to attend cultural offerings. The relational element of social prescribing is key but can take time to establish and also to sustain. Link workers need to develop trust in an institution or an individual before referring people to a cultural space.

Consider establishing a 'buddy' system for older people to help develop confidence. This person should not necessarily be a friend, more of a helper; steps should be taken to avoid someone becoming dependent on a 'buddy'. The idea of having a buddy is to support individuals who feel daunted about trying a new experience, or if they feel concerned about going outside the home after several months of isolation. A buddy can provide some 'hand holding' but, at the same time, allow for a gentle introduction (or reintroduction) to cultural activities. Over time, they should empower someone to use cultural offerings on their own. A buddy could also help individuals to access and use technology.

Avoid socially prescribing time-limited interventions where possible. Culture-based social prescribing offerings should not be prescribed like antibiotics as this will not allow relationships to grow in an organic fashion.

Facilitate intergenerational connections. Younger people are lonely too and intergenerational connections can be facilitated through cultural offerings, for example, around history and art.

Safe and welcoming spaces

Consider the possibility of embedding a link worker in cultural venues. This could remove medical connotations of link workers seeing people in a healthcare setting. Cultural venues can also be spaces for interventions that might usually take place in a hospital to help people transition back into the community.

Provide people with opportunities to learn how to sit with difficult feelings through cultural engagement, which can be cathartic and help to build resilience. People need to believe that the space they are in is safe to do this, which may be especially important if they are dealing with losses associated with COVID.

Consider how and when to make space for the acknowledgement of collective loss following the pandemic. Groups who have meet in a cultural venue before the pandemic may need to acknowledge collective loss - those who will not be coming back - and what this does to the remaining dynamic (staff and participants).

Consider programming a 'quiet' hour in the afternoons when noise is minimised in a venue. This may make sitting in a cultural space more comfortable, particularly for those with mental health concerns. People may attend regularly at these times and may look forward to them.

Consider programming special opening times/sessions that help individuals to orientate themselves to the building and its contents. People unaccustomed to visiting cultural institutions may need reassurance about what to expect.

Consider readapting cultural spaces to help to overcome anxiety about returning to a building. People who are accustomed to visiting cultural settings want a post-pandemic experience that they recognise, even with masks and hand sanitiser.

Be upfront about the safety measures implemented to keep people safe. Organisations could create videos showing how it will be when buildings reopen. Front of house staff need to be open to talk to people about this. Remember that fear and risk have been a key discourse around COVID.

Consider accessibility issues. This includes transport and getting to a venue, but also ensuring that buildings can be navigated easily by people with a disability, and that there are adequate toilets.

Consider providing/working with transport providers to provide affordable or even free (grant-funded) accessible transport. Entry may be free into some cultural organisations but some people cannot afford the transport costs or the time off work. Affordable transport can be very important in helping to encourage people into cultural spaces.

Consider running hybrid events (online and face to face). This may be a way of navigating challenges associated with physical access.

Programme activities that allow older people to take part and fully engage. Going to a museum can be a learning experience but people with memory problems may struggle to remember what they have heard/read. Therefore, taking part and engaging with activities is key, not just passively listening/reading.

Online/digital provision

Recognise that online experiences are qualitatively different from in-person encounters. Cultural providers have taken risks and opportunities to be creative during the pandemic by embracing technology. However, there may be a challenge getting older people online due to lack of confidence, lack of interest or lack of knowledge. It can be difficult to replicate the atmosphere of in-person events, potentially limiting the effectiveness of virtual provision for people's health and well-being. On the other hand, using an online cultural offering may be an entry point to in-person engagement for some individuals. Whilst moving things into a virtual space may exclude some, it can be an opportunity to broaden access and increase the reach of the offerings of the cultural sector for health and well-being.

Consider organising tutorials (e.g. on using Zoom) to help to mitigate the digital exclusion of those less comfortable using digital technologies. Libraries could be a teaching space for this purpose. Older people may find some digital devices (e.g. iPads) overly complicated for their needs; some want a more basic monitor just for Zoom and/or would like home visits to learn how to use technology in their own space.

Do not overlook contact via telephone. Many older people have access to a landline or mobile telephone so it is also worth investment.

Funding/resources

Consider introducing a 'pay what you can/ feel' model for some offerings as a way of appealing to a wider audience. There is a tension between the onus on the cultural sector to 'make money' but also to contribute to the community and this model could be of benefit.

Consider how work with older people and well-being will be resourced and how the cultural sector will be financed to provide social prescribing offerings. Such work raises additional costs like having a co-ordinator and training of staff to work with more vulnerable groups of people. There is also concern about the potential for the cultural sector to be overwhelmed by social prescribing referrals.

Future reports

This research is ongoing. We are in the process of conducting interviews with older people, cultural sector staff, and a questionnaire with link workers. This will further our understanding of the topic. The project is due to finish later in 2021. We will produce further reports in due course. In the meantime, please visit our website (https://socialprescribing.phc.ox.ac.uk/), where we are publishing regular blogs to spotlight various aspects of our research as it is progressing.

Many thanks to our project partners, public involvement group and individuals who attended our stakeholder meetings for their contributions.

**OXFORD
SOCIAL PRESCRIBING
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If you would like more information about this study or to comment on it, please contact one of the project leads:

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