

# How can the cultural sector support older people's well-being as part of social prescribing?

Recommendations from a review, interviews and a questionnaire

**Stephanie Tierney and Kamal Mahtani** (co-leads)  
Centre for Evidence Based Medicine, University of Oxford

## Research Team

**Geoff Wong, Amadea Turk, Jordan Gorenberg, Sebastien Libert** (Nuffield Department of Primary Care Health Sciences, University of Oxford); **Lucy Shaw, Emma Webster, Beth McDougall, Harriet Warburton** (Gardens, Libraries and Museums, University of Oxford); **Caroline Potter** (Nuffield Department of Population Health, University of Oxford); **Kathryn Eccles** (Oxford Internet Institute, University of Oxford); **Kerryn Husk** (Peninsula Medical School, University of Plymouth); **Helen Chatterjee** (Department of Genetics, Evolution and Environment, University College London).



# How can the cultural sector support older people's well-being as part of social prescribing?

Recommendations from a review, interviews and a questionnaire

## Summary

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

We received funding from the Arts and Humanities Research Council (AHRC) to address 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?'**

Data we collected 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 requirements of cultural offers that form part of a social prescription.

Tailoring is important for connecting older people to a suitable cultural offer, provided in a way that supports them, which is appropriate for meeting their non-medical needs.

Elements of tailoring we identified that relate to our research question were:

**Messaging** – how the suggestion of a cultural offer is made to an older person.

**Matching** – understanding what an older person might be open to trying and might benefit from in terms of a cultural offer.

**Monitoring** – adapting cultural offers based on feedback and input from older people and link workers.

**Partnerships** – human interactions are key to tailoring, between older people, link workers and cultural sector staff.

**Maintaining boundaries** - having the capacity and support to manage the emotional impact of this work.

Our research suggested that through tailoring, older people might experience one or more of the following benefits from engaging with a cultural offer as part of social prescribing:

**Immersing** – people becoming absorbed in a cultural offer, which temporarily takes them away from life concerns.

**Holding** – providing a space or environment where people feel safe and valued.

**Connecting** – enabling people to develop their social networks.

**Transforming** – changing how people see themselves and their place in the world.

## Introduction

Health is more than an absence of illness; rather, as noted by the World Health Organization (WHO, 2020: 1), it is “a state of complete physical, mental and social well-being.” COVID-19 has put people’s health under strain, challenging how they feel emotionally as well as physically, due to issues like social isolation and economic uncertainty. One way proposed to ease ‘non-medical’ difficulties during this time (e.g. loneliness, debt) is social prescribing. Social prescribing existed prior to the pandemic but has been identified as a solution to some of the consequences encountered across society due to COVID-19 (Ogden, 2020; Tierney et al., 2020).

Social prescribing involves connecting people to ‘community assets’ (e.g. local groups, organisations, charities, events) that can contribute to positive health and well-being. ‘Link workers’ are employed to work in GP practices (or sometimes in community settings) to facilitate social prescribing; they may be known by other titles including ‘social prescribers’ and ‘community connectors’ (Tierney et al., 2019). They have time to find out ‘what matters’ to an individual in terms of their health and well-being, and assist people to produce an action plan that involves connecting them to relevant community assets (NHS England, 2019).

Link workers might face an increase in their caseloads in the near future, as we face the consequences of the pandemic. For example, people might have worries about their health or finances, about being in public spaces, or they may be feeling lonely and low in mood. Older people, in particular, might benefit from seeing a link worker since they were encouraged to socially distance earlier on in the pandemic (so may struggle to reintegrate back into society), and were described as being more at physical risk from the virus.

What people are connected to by link workers is wide ranging and depends on their individual needs and preferences. These connections are also shaped by what is available locally and what a link worker knows about in the community. Link workers connect people to things like befriending services, organisations that provide advice on debt management, or craft groups. They might also connect people to cultural institutions like museums, gardens and libraries. These institutions can provide ‘cultural offers’ such as singing for people with dementia, reading clubs, gardening groups, object handling or volunteering opportunities.





## Our Research

As a team of researchers, we conducted a study, funded by UKRI/AHRC (AH/V008781/1), to explore how cultural institutions (in particular public gardens, libraries and museums) can support older people's health and well-being in light of COVID-19. We considered what these organisations need to put in place to be 'community assets' that link workers can direct older people (aged 60+ years) towards. The research question we set out to address was: 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?

We carried out a review of relevant literature, followed by interviews with 28 older people and 25 staff from the cultural sector, and a questionnaire completed by 148 link workers – details can be found on the study's webpage (<https://socialprescribing.phc.ox.ac.uk/research/projects/social-prescribing-for-older-people-in-the-time-of-covid-drawing-on-the-cultural-sector>).

We also ran stakeholder meetings (attended by older people, cultural sector representatives, providers of social prescribing and healthcare staff) to discuss our thoughts about the data and to ensure that the findings we produced were relevant to cultural sector staff and link workers, and could be applied to practice.

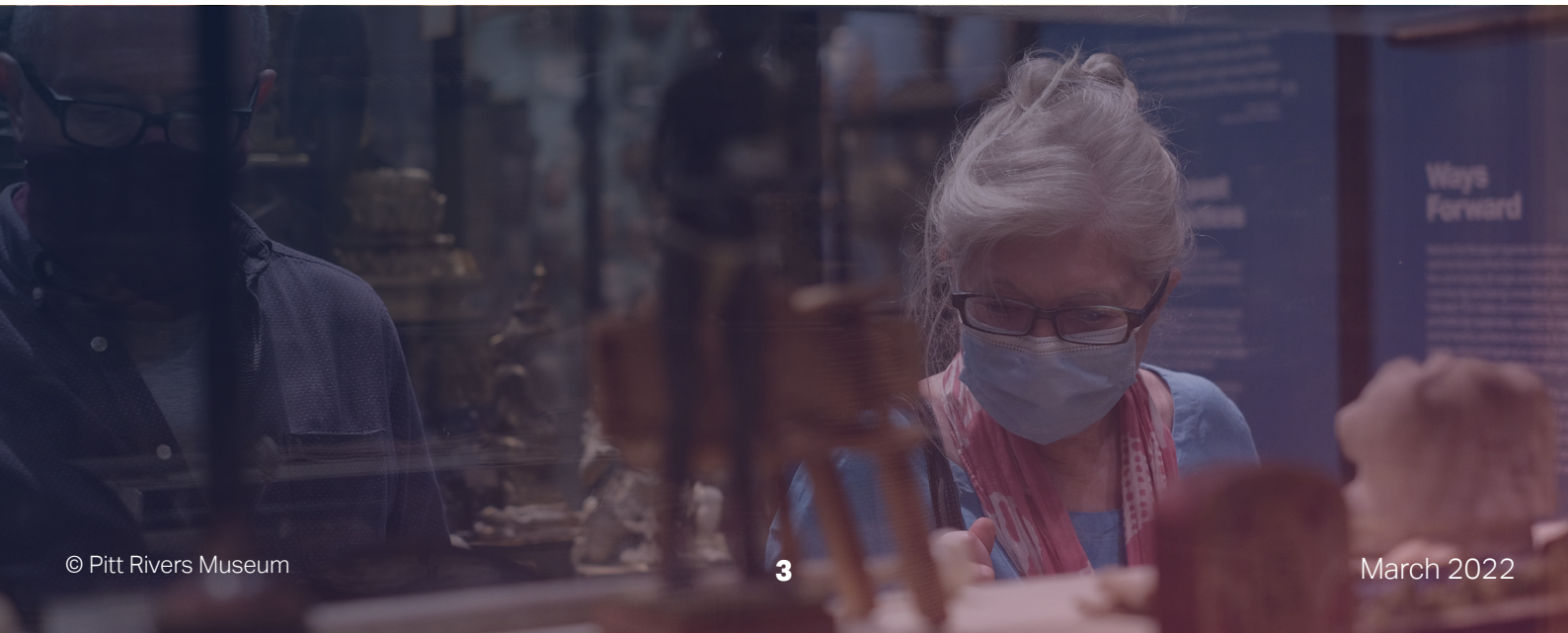
In this document we provide a list of recommendations that came from this research and our discussions with stakeholders. First of all, we describe some of the key findings from the data we analysed.

## Tailoring and its key elements

Tailoring refers to the provision of support or treatment in line with a patient's needs and preferences (Dekkers and Hertroijs, 2018). For our research, it implied the fashioning of a cultural offer and information about this to support older people's health and well-being, whilst reflecting and accommodating environmental and social circumstances (e.g. social distancing due to the pandemic). In terms of connecting older people to a cultural offer as part of social prescribing, our data suggested that tailoring centred around how to:

- a)** prompt someone to take up the offer, and
- b)** produce cultural offers that were acceptable to older people and addressed their non-medical needs.

Five elements to tailoring, described in Table 1, were identified from our analysis.





**Table 1: Elements of tailoring identified from the research**

**Messaging**



This relates to how the idea of a cultural offer is presented to an older person and is linked to their non-medical needs. This information may come from a link worker. A link worker's familiarity (or lack thereof) with a cultural institution may shape how they relay this idea (if they do not have personal experience of the cultural sector, they may not see its relevance to social prescribing). Information from the cultural sector about what it can provide is important here.

**Matching**



The link worker must understand what an individual might be open to trying in order to make appropriate connections to community assets. They have to understand what a cultural offer involves and how it might benefit someone (see Table 2 for potential benefits). If a link worker or older person perceives cultural offers as 'elitist', this may prevent link workers from matching someone there. Successful matching also relies on having a range of cultural offers available within the local area.

**Monitoring**



Collecting regular feedback is important to understand if and in what ways cultural offers are accessible and appropriate, and to identify areas for improvement in what is offered and how an offer is presented to an older person. Cultural sector staff should gather such feedback from older people and link workers, and link workers should have catch-ups with older people to see if a cultural offer is working for them.

**Partnerships**



Positive interactions and relationships between different parties (older people, link workers, cultural sector staff) are key to tailoring. This can help with the coproduction of accessible and acceptable cultural offers, presented in a way that makes them appealing and able to support people's non-medical needs. Partnerships within an organisation are also required so that staff involved in delivering cultural offers feel well supported by their employers. This relates to the idea of having boundaries.

**Maintaining boundaries**



Cultural sector staff described the need for clear exit plans or routes to support following a social prescribing cultural offer. Otherwise there was concern that older people might become dependent on such provision by the cultural sector, which is not set up to deliver open-ended offers. This has implications when it comes to tailoring. Staff also talked about worrying that they might lack the requisite skills or infrastructure to assist people with significant psychosocial difficulties. Having space and opportunities to discuss emotional issues arising from social prescribing work was seen as essential for staff we interviewed.



## Advantages of tailoring

We suggest that successful tailoring can help with producing the benefits outlined in Table 2, which we identified from our data as emerging when older people engage with a cultural offer. They may experience one or more benefits, or none if the offer is not tailored to their needs and preferences. Some benefits may be quick to arise but short lived ('immersing'), others may be slower to transpire but more profound ('transforming').

As part of tailoring, the link worker has to identify with an older person what they want/ need from a social prescription; this will shape what the older person is directed towards (see 'matching' in Table 1 above).

For example, if the older person is seeking to escape from problems momentarily, an online exhibition may be appropriate. Alternatively, if they wish to make social connections, they may need to attend several meetings or activities (in-person or online). Our data suggested that through engaging with a cultural offer, older people can develop new skills, knowledge and confidence, changing how they see themselves and their place in the world.





**Table 2: Potential benefits that might transpire for an older person engaging with a cultural offer**

**Immersing**



A cultural offer is something that allows people to become absorbed in a way that takes them away from their problems and can provide them with immediate relief. It gives them the chance to be present and engaged, to focus on something in the moment. This is possible online or in-person, with learning, knowledge or activity stimulating people's senses. Older people mentioned that online provision needs to be professionally delivered, with funding, skills, staff time and training provided to make any digital engagement seem like a seamless and worthwhile experience.

**Holding**



Cultural settings can be places of refuge and comfort – a holding environment for individuals experiencing turbulent times, where they feel accepted and valued. People may need to be encouraged to persevere with a cultural offer by a link worker, especially if unfamiliar with such spaces or with using online provision. Trying something more than once may be important as benefits may not be immediate; people may be more likely to do this if they feel the cultural offer is provided in a space where they feel safe and welcomed.

**Connecting**



Gains from engaging in cultural activities can come through interacting with staff and with other people who are present (in-person or online). Replicating a space online where people feel able to connect requires specific consideration, especially for provision aimed at people unfamiliar with digital interactions. That said, it should be noted that our research showed how for some older people, the pandemic had prompted them to become more familiar with online platforms (e.g. Zoom).

**Transforming**



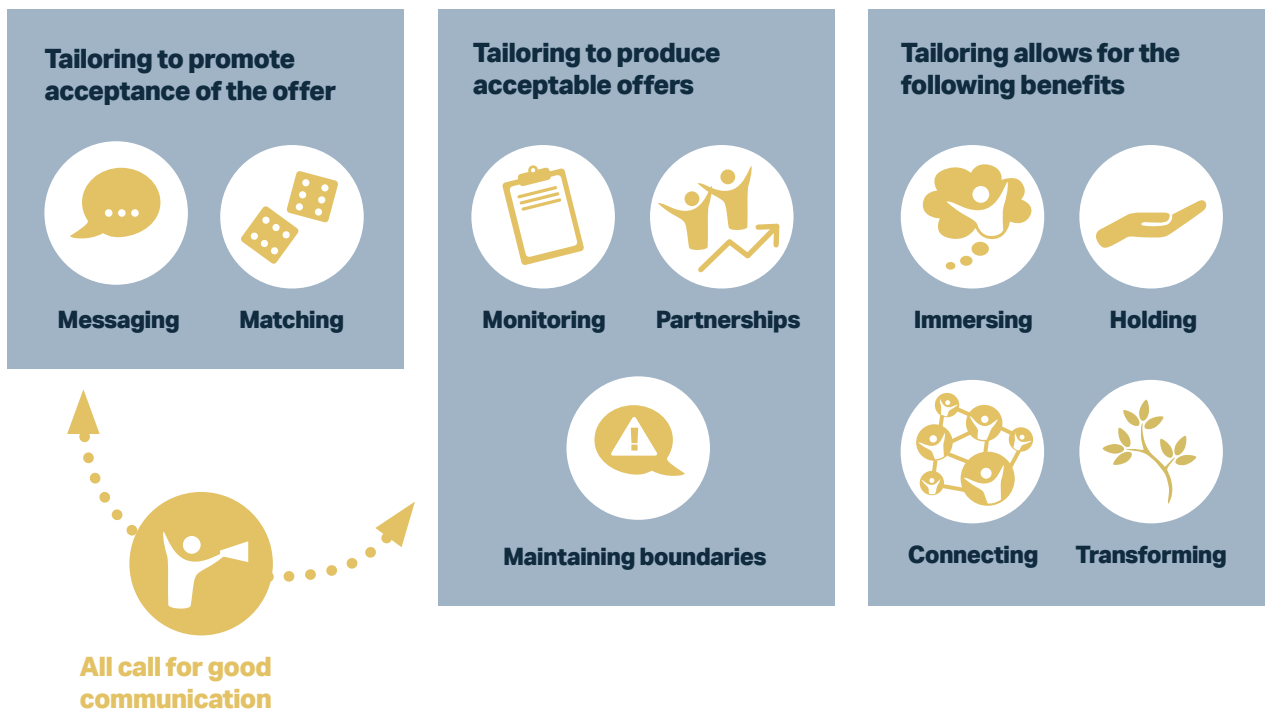
Data suggested there is capacity for self-growth through engaging with cultural offers, which can prompt a cognitive shift in how people perceive themselves and their abilities. Such engagement can empower them to feel they have agency and give them confidence to make changes in their life. Having some control over how cultural offers are interacted with (e.g. choices in what activities are undertaken, at what time, in what order and what items are viewed) might help with such personal transformation. Volunteering within a cultural setting could also help here, as people get validation and feel valued from undertaking such unpaid work. However, our data suggested that volunteering in cultural settings was more difficult during the pandemic, when venues were shut for sustained periods of time.

## Programme theory

The elements listed above helped us to understand how the cultural sector can support older people as part of social prescribing. We captured these elements into something called a 'programme theory', which provides a high-level explanation of how we see the cultural sector contributing to social prescribing for older people, and the processes involved in producing potential benefits.

Figure 1 outlines the programme theory. It moves from an older person hearing about a cultural offer from a link worker (left hand side of Figure 1) and how appropriate cultural offers are developed through regular monitoring and partnerships, to provide the four broad benefits we have presented in Table 2 (right hand side of Figure 1).

**Figure 1: Programme theory explaining how the cultural sector, through tailoring, can contribute to social prescribing for older people to produce potential benefits**



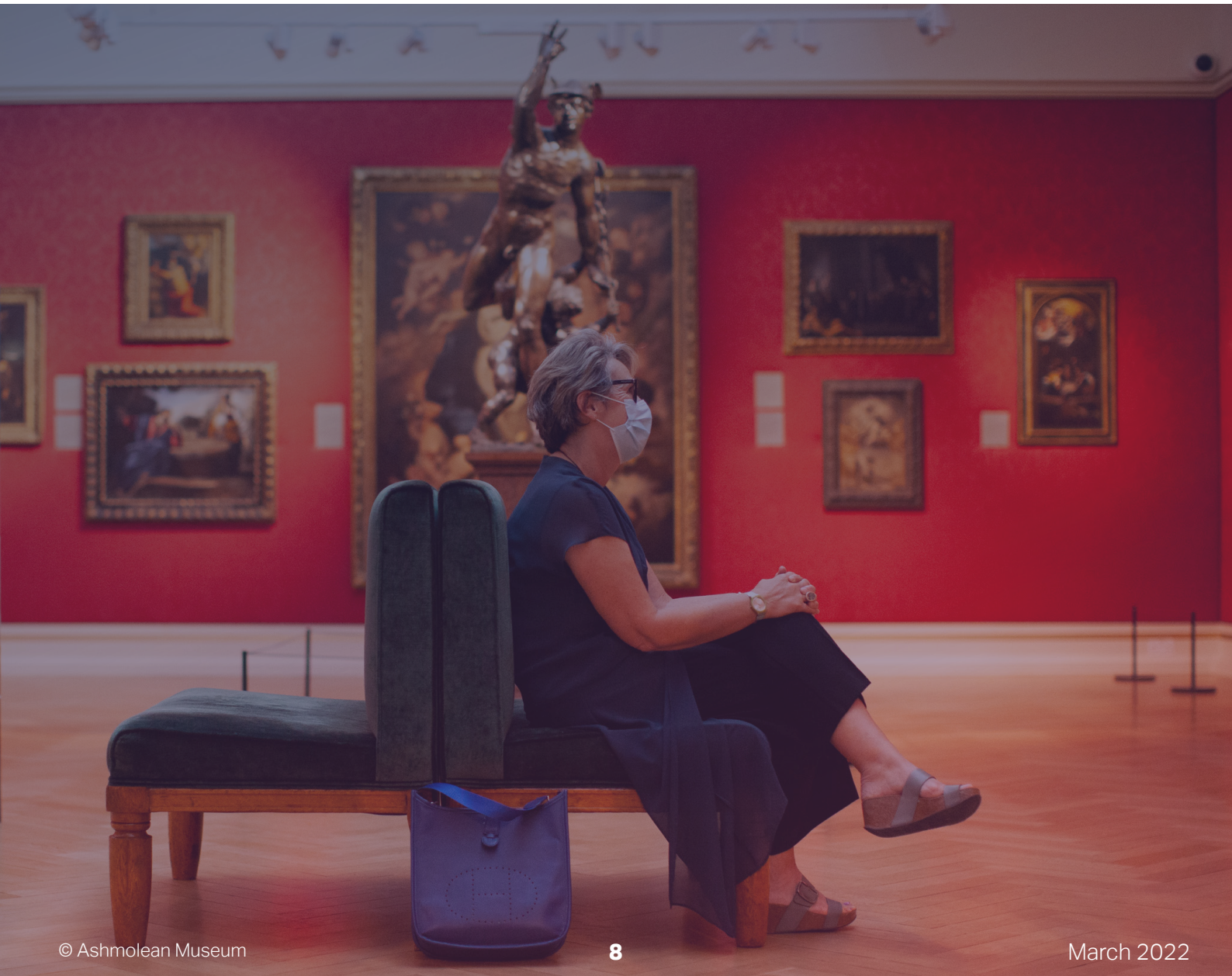




## Recommendations

The list of recommendations presented in Table 3 has been produced from our knowledge of the data collected for our research and conversations with stakeholders. These recommendations were produced in the context of COVID-19, at a time when the cultural sector was forced to close its buildings. They are relevant for the cultural sector and link workers as we emerge from the pandemic into an era in which social prescribing is increasingly valued as a means of addressing people's non-medical needs.

The recommendations are provided to help cultural sector and social prescribing providers to address the elements of tailoring listed in Table 1. It is not expected that all these recommendations will be relevant to every individual or organisation as they are likely to be at different starting points. However, within this range of recommendations, we have covered key actions based on our data to be considered if older people are to derive benefits from a cultural offer. These recommendations can be used to stimulate reflection and for self-assessment.





**Table 3: Recommendations from the research  
– in brackets we indicate the focus for each recommendation  
(CS = cultural sector, SP = social prescribing, including link workers)**

### Messaging



**Clarity and comprehensiveness:** Produce clear information about what the cultural offer entails, how long it will last, where it will take place and how often. Information should include a reference to someone who can be contacted from the cultural sector. **(CS)**

**Multi-format:** Create promotional information in a range of formats (e.g. written and videos), which are tested or (even better) developed with the target audience. Hard copies of leaflets (in addition to any online information) should be available for link workers to pass on to an older person. **(CS, SP)**

**Personal experience:** Give link workers the chance to try cultural offers (taster sessions) before they refer older people. They can then speak with authority about what is on offer. **(CS, SP)**

### Matching



**What matters to me:** Link workers need time to learn what people enjoyed in the past before connecting them to a cultural offer. They must also understand what older people expect from a cultural offer so any misconceptions can be addressed. This may include discussions about online provision and how this can be different to in-person activities but still potentially beneficial. **(SP)**

**Taster sessions:** Run taster sessions of a range of cultural offers to allow older people to try different things and work out what they might benefit from doing/attending. **(CS)**

**Involve older people:** Coproduce activities from the outset with older people, rather than the cultural sector developing an offer without such input. This will help to make cultural institutions seem less elitist. Invite older people to a cultural setting and allow them to discuss what they might want to do in this space to then build an offer around this. **(CS)**

**Cultural champions:** Identify people in a cultural organisation who want to work with older people and invest in their ongoing training and support. **(CS)**

**Database:** Develop and keep up-to-date a single database of local cultural offers that link workers can access and explore. **(CS, SP)**

**Buddying:** Have a buddy system (volunteers) so an older person has someone who supports them when engaging with a cultural offer initially; this may include going to a building with them or supporting them with online provision. **(CS, SP)**

## Table 3 continued

### Monitoring



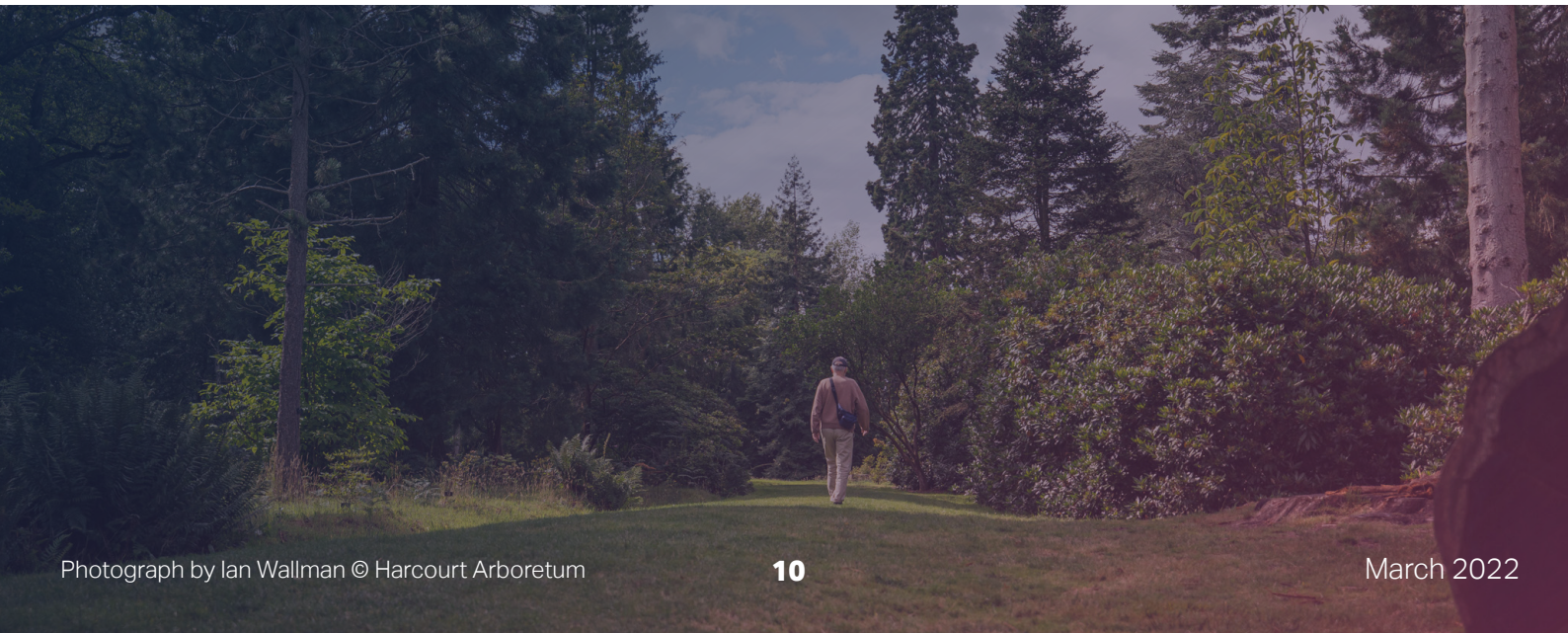
**Check-ins:** Have regular check-ins between an older person and link worker to find out if someone is getting what they need from a cultural offer. **(SP)**

**A system for feedback:** Have a consistent and simple approach to monitoring, with a clear system in place to receive feedback on experiences of cultural offers (from link workers and older people). This might be on a website or could include drop-in sessions for people to make suggestions. Offer opportunities for regular feedback on what older people who are participating in a cultural offer thought was unhelpful or did not make them feel safe. Do this as they are engaging with the cultural offer rather than waiting until the end, so any problems can be addressed as they occur. **(CS)**

**Funding:** Provide resources, including for training, to facilitate effective monitoring. Fund time within cultural sector staff's workload so they can think about what data should be captured to allow for the tailoring of cultural offers that then meet the needs of a range of older people. This will include data on who engages (and who does not) and why. Provide capacity to grow and develop cultural offers in response to feedback and monitoring data. **(CS)**

**Manage expectations:** Be clear about what the cultural offer can do; have realistic expectations that can be shared between all parties and shape monitoring around this. **(CS, SP)**

**Reassurance of quality:** Develop systems that are easy to put in place that give link workers and older people confidence that cultural offers used as part of social prescribing are of good quality and safe. **(CS, SP)**





## Table 3 continued

### Partnerships



**Cross-sector links:** Place an emphasis on investing in good communication between different sectors. Allocate time, as part of people's role, to allow for interaction between cultural sector providers and link workers. **(CS, SP)**

**Information:** Set up communication systems that enable link workers to keep abreast of local cultural offers. This may be through meetings (online or in-person), newsletters, WhatsApp groups. **(CS, SP)**

**Community connectors:** Use contacts in the community to broaden reach and breakdown any perceptions that cultural offers could be elitist. Take steps to reach and involve diverse groups, which may call for community outreach. **(CS, SP)**

**Co-funding:** Explore shared funding streams to work in innovative ways and to coproduce cultural offers that are appropriate and accessible to older people. **(CS, SP)**

**Embedded link worker:** Consider having a link worker as part of a cultural organisation who can act as a bridge between this sector and health. **(CS)**

**Understanding barriers:** Develop an understanding of why link workers may be reluctant to refer to a cultural offer. **(CS)**

**Online design support:** Design online cultural offers with good IT support so they are experienced by older people as professional. Recognise that what is presented in-person cannot necessarily be replicated online so seek advice (in-house or externally) on how to best present information on a digital platform. **(CS)**

### Maintaining boundaries



**Pathways:** Have options to support people as they exit from a cultural offer as part of social prescribing. This may include volunteering or organising monthly catch ups. **(CS, SP)**

**Available support:** Have a system in place that enables cultural sector staff to receive support with any difficult emotions that they may experience from working with people in difficult life circumstances who are referred as part of a social prescription. **(CS, SP)**

## Table 3 continued

### Immersing



**Evidence-base:** Draw on existing evidence to understand how cultural offers can be immersive (both online and in-person), or consider working with local academics to develop such evidence. This information can then be used to produce immersive cultural offers. **(CS)**

**Multi-sensory:** Provide a range of activities that address different senses and allow people to do or produce things. **(CS)**

### Holding



**Prepare to welcome:** Plan what needs to be done from the outset to make older people feel welcome, which starts before coming to a cultural space (in-person or online). It might include having someone on hand to allay any fears, to reassure and to answer an older person's questions. It might also include giving an older person the opportunity to get to know someone else before joining a session or to do a taster session that is more contained (e.g. with smaller groups). **(CS)**

**Sensory awareness:** Consider the sensory impact of a place – sensory extremes can affect if someone feels a setting is welcoming and safe. **(CS)**

**Accessibility:** Make venues accessible for all. Older people may require adequate seating, accessible toilets, clear signage, and terrain that is easy to navigate, but this is good for all visitors. Likewise, our data suggested older people want online cultural offers that are easy to use and professionally put together, which will be of benefit to everyone, regardless of age. **(CS)**

### Connecting



**Expanded range of offers:** Broaden what is offered to attract as wide an audience as possible. This will enable a range of people to connect. **(CS)**

**Informality:** Provide opportunities during sessions for conversations that are social (not activity specific). Have volunteers or staff available to just chat. This applies to online as well as in-person provision. **(CS)**

**Cafes:** Recognise the importance of cafes as places where people can connect in an informal manner. **(CS)**

### Transforming



**Skills development:** Give people the chance to learn or to practice new skills. **(CS)**

**Coproduction:** Involve older people in coproducing activities. **(CS)**

**Choice:** Support older people to use a cultural space (online or in-person) in a way that meets their needs; try to give them choice over what they do, how and when. **(CS)**



## Examples from the data and stakeholder meetings

We end this document by presenting some examples, derived from our interview data and stakeholder meetings, which we think are useful illustrations of how the cultural sector can be tailored to meet the needs of individuals, link workers and organisations. Some examples also highlight how tailoring can be a response to the challenges encountered due to COVID-19.

### Example 1: Museum working with link workers to identify and address needs

Staff at this museum were proactive in contacting link workers. They sought to identify how they could best contribute to social prescribing by understanding the main issues experienced by older people seeking support from a link worker. Loneliness was noted as a key issue. Together, link workers and museum staff developed a joint application for funding, which was successful, to run regular activity meetings at the museum for people referred as part of a social prescription. One individual who was referred by a link worker was very nervous about coming in-person. Therefore, a member of staff at the museum contacted her and had meetings with her one-to-one initially to build up her confidence. Overtime, she was willing to try the social prescribing cultural offer; her self-confidence flourished whilst engaging with the cultural offer and she was invited to be a volunteer when it ran again.

### Example 2: Museum hosting events that link workers can attend

This museum invites link workers to see the various activities it runs that might be of assistance to people they support. This can help to overcome views of the cultural sector as elitist and means link workers can talk to older people about cultural offers run by this museum in a convincing manner. Link workers were seen by museum staff as potential gatekeepers who might not introduce a cultural offer as an option if they lacked informed knowledge of what it entailed. Hence, the need for close collaboration with these potential referrers. This museum also holds monthly social events, open to anyone who has attended one of its cultural offers and to link workers.

### Example 3: Library proactively contacting older users during the pandemic

Staff from this library, in a rural part of the country, contacted all its users aged 80 years and older during the first national lockdown. They were invited to have a weekly chat with a member of staff about books or other interests. Over three months, 25 older people took part; more would have been involved but there was a lack of staff to support this. Older people preferred one-to-one rather than group phone calls. Being called on a weekly basis made them feel cared for, gave some structure to their week, and compensated for the lack of in-person contact they had with library staff.



#### **Example 4: Museum running an intergenerational project to develop a garden mural**

A piece of intergenerational artwork was created for a garden in this museum. Museum staff worked with 15 older people, who were recruited through local community and church groups. They were asked to sketch what their ideal garden would look like. They received watercolour pencils and paper to work with at home and sent in their sketches to the museum (due to COVID-19). An artist involved in the project then shared online the sketches with schoolchildren, who were asked to state which they liked best. Their feedback was used to produce a mural for the museum garden. Although this was quite a simple project to set up, the museum staff involved received lots of positive feedback as it gave older participants a focus and purpose and made them feel less alone.

#### **Example 5: Library transferring services online**

At this library, like most organisations, shock was its initial response to the pandemic as everything had to be transferred online. This meant doing things that staff were unfamiliar with and trying out new ways of working. After some trial and error, having online provision has meant that users of the library, including older people, have been able to keep in touch with events and activities it ran. This contributed to a sense of feeling connected to others, as well as being informed by events (e.g. talks). For some older people, they would not have come to events run by the library in-person because getting to it was difficult for them; hence, the library has been able to expand or diversify its user base by offering events online.

## **References**

- Dekkers T, Hertroijs DFL.** (2018) Tailored healthcare: Two perspectives on the development and use of patient profiles. *Advances in Therapy* 35: 1453-1459.
- NHS England.** (2019) Social prescribing link worker welcome pack. Accessed on 11.01.22 ([www.england.nhs.uk/wp-content/uploads/2019/09/social-prescribing-link-worker-welcome-pack-web-2.pdf](http://www.england.nhs.uk/wp-content/uploads/2019/09/social-prescribing-link-worker-welcome-pack-web-2.pdf)).
- Ogden J.** (2020) Social prescribing in a time of Covid-19 and social isolation... *Progress in Neurology and Psychiatry* 24: 4-5.
- Tierney S, Mahtani KR, Turk A.** (2020) Can social prescribing support the COVID-19 pandemic? Accessed on 11.01.22 ([www.cebm.net/covid-19/can-social-prescribing-support-the-covid-19-pandemic/](http://www.cebm.net/covid-19/can-social-prescribing-support-the-covid-19-pandemic/)).
- Tierney S, Wong G, Mahtani KR.** (2019) Current understanding and implementation of 'care navigation' across England: A cross-sectional study of NHS clinical commissioning group. *British Journal of General Practice* 69: e675-e681.
- WHO** (2020) Basic documents: Forty-ninth edition. Accessed on 11.01.22 ([https://apps.who.int/gb/bd/pdf\\_files/BD\\_49th-en.pdf](https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf)).



OXFORD  
SOCIAL PRESCRIBING  
RESEARCH NETWORK

**This research was funded by UKRI/AHRC (AH/V008781/1). The views expressed in this document are those of the authors and not necessarily those of their host institutions, organisations mentioned or the funding body.**

**Many thanks to our project partners, public involvement group and individuals who attended our stakeholder meetings for their contributions. Also thanks to the older people and cultural sector staff who took part in an interview, and link workers who completed the questionnaire.**

**Cite as: Tierney S, Mahtani KR, Wong G, Turk A, Gorenberg J, Libert S, Shaw L, Webster E, McDougall B, Warburton H, Potter C, Eccles K, Husk K, Chatterjee H. (2020) How can the cultural sector support older people's well-being as part of social prescribing? Recommendations from a review, interviews and a questionnaire (<https://socialprescribing.phc.ox.ac.uk>).**

NUFFIELD DEPARTMENT OF  
**PRIMARY CARE**  
HEALTH SCIENCES



Gardens,  
Libraries  
& Museums

