**Optimising cultural provision to improve older people’s wellbeing through social prescribing in the context of COVID-19: Realist review and evaluation**

In recent years, the cultural sector (which can include things like gardens and open spaces, galleries, museums, heritage sites, theatres and libraries) has supported public wellbeing (e.g. by providing a space for relaxation and distraction, volunteering opportunities, or putting on activities for specific populations). Such provision can be considered as part of the ‘community assets’ (e.g. groups, organisations, charities, activities) that are central to social prescribing.

Social prescribing aims to empower people to address ‘non-medical’ challenges (e.g. isolation, anxiety, low mood) that affect how they feel physically and psychologically. The NHS has seen the introduction of link workers who are employed to work in GP practices to facilitate social prescribing. They do this by connecting people to community assets. This might include connections to cultural provision, which can ameliorate social isolation and give people a focus away from their worries.

The COVID-19 pandemic is affecting what the cultural sector can offer, at a time when significant mental and/or social consequences of the crisis are anticipated (e.g. fear, loneliness, money worries), especially among older people. From the outset this population was identified as ‘at risk’ from the condition itself and responses to it, including extreme isolation, especially if unfamiliar with online communication.

Our research will explore how the cultural sector adapts to support older people’s wellbeing. This will allow us to provide recommendations to the cultural sector about being 'referral-ready' (O’Neill, 2010) for social prescribing with older people in the context of the current pandemic and future ones. We will use a realist approach to explore what works, for whom, why and in what circumstances. This will involve developing a programme theory on how the cultural sector might be best mobilised and engaged to support older people's resilience during and after the pandemic.

***Question***

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

***Objectives***

1. To create a programme theory centred on optimising the use of the cultural sector for social prescribing for older people within the context of COVID-19;
2. To develop dimensions of the programme theory with national and international stakeholders;
3. To test and refine the programme theory in the real world by:
	1. Assessing what older people find helps or what hinders them from using the cultural sector for wellbeing, especially in the context of COVID-19;
	2. Evaluating what role link workers perceive for the cultural sector in terms of social prescribing in the context of COVID-19;
	3. Exploring challenges and potential solutions for cultural sector staff in providing social prescribing opportunities in the context of COVID-19.
4. To understand how the cultural sector can build on, refine and adapt what it has offered previously to older people (pre COVID-19) to support their wellbeing, so that going forward they can work with and help a diverse range of individuals with specific needs in the context of operating environments, new regulations and restrictions during the current pandemic and its subsequent recovery period.
5. To develop recommendations that can be applied to practice within the cultural sector.

**Design**

Research through a realist lens takes an explanatory rather than judgmental (works/does not work) focus when evaluating programmes and interventions. It does this by looking at how a programme or intervention changes context and activates generative mechanisms to bring about specific outcomes. Realist approaches strive to develop an overarching programme theory, to “provide explanations of how and why intervention components work and how and why they may be optimally implemented” (Wong, 2015: p.1). We will produce a detailed insight into causal mechanisms - how resources offered through the cultural sector might influence older people and their reasoning and affect well-being. These mechanisms are likely to be shared across settings but may be activated (or not) in different contexts. Specific components of the research, which will be conducted over 12 months, will be:

* *Truncated realist review:* To address objective 1, a realist review will permit us to use data from a range of documents (including surveys, qualitative papers and blogs) and settings to develop transferable learning.
* *Stakeholder meeting*: To address objective 2, we will conduct two online stakeholder meetings. This will enable us to present the programme theory developed from our realist review to a diverse audience, composed of participants from across the globe who are part of GLAM’s Oxford Cultural Leaders Programme, and older people engaged with UK cultural provision.
* *Testing and refining the programme theory:*To address objective 3, we will collect primary data to extend and enhance the programme theory developed from the review. It will involve data collection with the following stakeholder groups:
	+ *Older people:* semi-structured interviews will provide an in-depth understanding of what might help or hinder older people from using the cultural sector for well-being;
	+ *Link workers:*survey to understand their views on the role of and interactions with staff from cultural institutions as part of social prescribing;
	+ *Cultural institution staff:* semi-structured interviews to understand how they are supporting older people’s well-being.
* *Bringing data together to produce a refined programme theory:*The final objectives will be addressed by bringing together data from different stakeholders to test the programme theory we developed from the review. This will allow us to provide recommendations on what a ‘referrer ready’ cultural institution looks like in terms of social prescribing for older people in the context of the COVID-19 pandemic.

**References**

O’Neill M. (2010) Cultural attendance and public mental health – from research to practice. Journal of Public Mental Health 9(4): 22-29.

Wong G. (2015) Special invited editorial: Getting started with realist research. International Journal of Qualitative Methods 14(5): 1-2.