Health & Wellbeing Group Grant Form (for small grants)

1. Name of applicant:

Leigh Chalmers

2. Organisation applying:

Salisbury Cathedral Outreach

3. Contact details of applicant:

l.chalmers@salcath.co.uk

4. Total cost of your project (provide a simple breakdown of costs):

Income		Expenditure			
Artist Fees			£	800	£100 per day *8 weeks
Materials			£	250	
Marketing			£	200	In Kind Salisbury Cathedral
Admin/Management			£	400	In Kind Salisbury Cathedral
Refreshments			£	100	In Kind Salisbury Cathedral
Grant Support	£	600			
TOTAL	£	600	£	1,750	
S/D	-£	1,150			

5. How much are you applying for from the Health & Wellbeing Group fund?

£450 please

I have secured a grant of £600 to put towards the cost of the project.

6. What is the title of your project?

Social Prescribing Pilot 1: Stained Glass to Textiles

7. Please give a paragraph (or 2) description as to what your project is for/what its aims and objectives are

Salisbury Cathedral is looking to offer Social Prescribing opportunities for Salisbury residents as part of the Cathedral's ongoing outreach work. By utilising the building, its art, heritage, history and staff and volunteers we are confident we can offer a **healing creative social experience** for those who may be struggling to maintain a sense of good well-being, or for those who are feeling social isolated or lonely.

Our two pilot courses utilize the art and heritage within the building to inform the content of the work. Pilot 1: Stained Glass to Textiles uses the stained glass windows as a starting point to go on to exploring collage, mark making and textiles. Working with a local textiles artist, our aim is that the group will learn new skills, forge new relationships, improve their well-being, develop a strong sense of pride and achievement and will want to return to the Cathedral to do a similar course. We also want to know:

- What is it about coming to the Cathedral that make the experience meaningful for the participants
- What improvements could be made to the course
- How best we can celebrate and share the achievements of the group

The Arts Council report on the impact art can make on well-being states that a similar Art on Prescription project in London showed a 37% drop in GP consultation and a 27% drop in hospital referral.

The key messages from their report are:

- The arts can help keep us well, aid our recovery and support longer lives better lived.
- The arts can help meet major challenges facing health and social care: ageing, long-term conditions, loneliness and mental health.
- The arts can help save money in the health service and social care.

We recognise a gap in Salisbury's current Social Prescribing offer, where Social Prescribers or Link Workers working out of GP surgeries are struggling to find creative opportunities for their patients. We believe that we can play a significant role in improving this for the residents of Salisbury.

NB: We are also running a second pilot in September, Pilot2: Stone Carving will see participants learn a little about the history of the fabric of the building, learn some stone carving techniques and put these skills into practice to produce their very own piece of stonework.

8. Please tell us when your project will take place

Pilot 1 will run for 8 weeks and start on Tuesday 29 May (then every Monday from then on)

9. Does the project meet a local need? (for which postcodes?)

Yes. SP1, 2 & 3. It will be available to people in from all over the city and surrounding area who are living with poor mental health. I am currently working in support of people who have poor mental health so they will be invited onto the course(s)

10. How well does the project meet the priorities of the Joint Strategic Needs Assessment:

Loneliness and Social Isolation X The project will bring together a group of 8

participants all of whom will be bonded by similar experiences of living with poor mental
health. Over the course of the 8 weeks it is expected that the group will bond and form
friendships.
Dementia □
Carers □
Avoidable admissions to hospital X See statistics above
Avoidable admissions to hospital due to falls □
(ie Does the project addresses the reasons why people are admitted to hospital eg
providing opportunities for healthy eating/exercise etc)

Yes, Social Prescribing has been shown to be an effective way of reducing the number of people who access their GP or A&E services for mental health.

Communities that currently offer a good selection of SP opportunities show on average a 28% reduction in demand for GP services, for surgeries who are prescribing and a 24% fall in A&E attendance.

The groups of people most likely to benefit are:

- Frequent attenders at primary care, who present with social isolation and other psychosocial and emotional needs.
- Vulnerable and at-risk groups
- People with chronic (but stable) physical illness
- People with mild to moderate depression & anxiety
- Those who are physically inactive

11. How well have older people and their carers been/will be involved in the project?

They will not have been involved in this pilot project, but I am looking to run similar Social Prescribing projects in 2019 which would target older people.

12. How accessible is the project for all? (Disabled access, low income, vulnerable, socially isolated etc)

There will be no cost for participants other than a small donation towards refreshments. The project will take place in and around the Cathedral, so participants would have to make their own way in. But parking costs etc would be waivered.

13. How well will the project safeguard the welfare of vulnerable people?

Myself and the project leaders and volunteers are all DBS checked and we adhere to the Cathedral's Safe Guarding policy. We will also have attended the SAMS training course on effective listening.

14. How will the you monitor and evaluate the project?

Participants will be invited to take the WEMWBS wellbeing scale test at the start and the end of the project so that I can monitor the effect the course has had on their wellbeing. I will record hard data – how may people attend etc each week and soft data with end of session discussions, a questionnaire at the end of the course, a case study and an invitation for the group to meet again a few weeks after the course has finished to reflect on the programme.