

**Gasworks Dock Partnership's  
Social Prescribing  
at Cody Dock  
Pilot Study Report**

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**Green Recovery Challenge Fund**





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GDP is an East London based social enterprise and charity responsible for the community-led regeneration and development of Cody Dock. In addition to working with an average of 1000 local volunteers per year, GDP has a number of important partners, who financially support, or work alongside it on the delivery of its arts, heritage and environmental programs at Cody Dock, which is situated on the River Lea, London's second river. These include, London National Park City, RSPB, Woodland Trust, Thames Water, Thames Tideway, Veolia Environmental Trust, RHS, Thames21, The Lovington Foundation, The National Lottery Community Fund, Big Issue Invest, Impact Alchemy, Tudor Trust, The Fore Foundation, The Port of London Authority, Garfield Weston, the London Marathon Charitable Trust and London Borough of Newham Council.

Within the context of this pilot study, GDP worked with the NHS North East London Clinical Commissioning Group (NELCCG), which has a strong history in social prescribing, and continues to demonstrate its commitment in this area by having it at the heart of its strategy for delivering population health and addressing health inequalities, as it moves towards becoming an Integrated Care System (ICS). The report has been shared with NELCCG.

**Quote** *"Social prescribing will play a central role in our integrated care system as we focus on improving the health of our population and addressing the wider determinants of health over the coming years. The kind of evaluation work undertaken by the team at Cody Dock will be invaluable in helping inform our thinking across north east London. It will support furthering our understanding of the impact of social prescribing, and in particular the benefits of the green social prescribing agenda. We are aware of the benefits Cody Dock brings to its local residents and communities and are grateful for its contribution to our research and evaluation programme across north east London".* **Mark Scott, Deputy Director of Transformation, NHS North East London.**

GDP also works with the following locally based mental health groups and will share lessons learned with; ELFT, Age UK East London, MIND, Cygnet house, and Positive East.

## Disclaimer:

The contents of this report reflects GDP's views and experiences in social prescribing at Cody Dock, and unless specifically cited in the report not those of our funders, sponsors or partners.

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## Executive Summary:

### Introduction

GDP's Cody Dock provides a unique opportunity for volunteers to engage in the community-led regeneration of a formerly industrial and natural environment. Their habitat creation, ecological monitoring, and conservation projects provide volunteers a pathway to participate in meaningful activities which drive positive local environmental change, increase physical and social activity, and the opportunity to spend time outdoors in nature; all key elements in supporting wellbeing.

With increasing challenges of poor mental and physical health in the UK, mixed efficacy of current therapies and need to find new approaches which offer effective holistic support towards patients' health and wellbeing, the need to evaluate, implement and fund social prescribing nationally has never been more timely. Given this backdrop, the social prescribing (SP) work at Cody Dock has potential to add to the national evidence base, awareness of SP models, and include access to training for those who may be able to offer SP projects/referral to them.

Further to this, the first large-scale investigation of climate anxiety in children and young people globally, and its relationship with perceived government response was published in The Lancet in December 2021. The implications of this report are that "Distress about climate change is associated with young people perceiving that they have no future, that humanity is doomed, and that governments are failing to respond adequately, and with feelings of betrayal and abandonment by governments and adults. Climate change and government inaction are chronic stressors that could have considerable, long-lasting, and incremental negative implications for the mental health of children and young people."

To this end, the citizen science and schools work at Cody Dock is a small, yet key part in helping to address this locally and helping people of all ages feel that they can participate in meaningful ways to help to monitor, understand and even begin to address the situation. This is the context of green social prescribing at Cody Dock.

Further to this, a Government-commissioned review of pharmacy prescriptions estimates 10% of items dispensed in primary care are overprescribed, with 15% of people taking 5 or more medicines a day, increasing the risk of adverse effects. Recommendations that Ministers have accepted include introducing a new national clinical director for prescribing and increased use of social prescribing, amongst others. (3)

**Quote** *"Only 10-20% of health outcomes result from NHS medical care. Social prescribing with its focus on what matters to a person and their family is critical to delivering good health and reversing inequalities and harm done during Covid. It focuses on the whole person, their social, physical and mental health. Cody Dock and the team that work and volunteer there, are an amazing example of social prescribing in action. People are connected to nature, water and whatever the activity, solving problems together. As a GP, a social prescription to Cody Dock is far more powerful medicine than much of what I can traditionally prescribe."*

**Professor Sir Sam Everington, Barrister, MBBS, MRCP, OBE**

## Summary of Discoveries & Recommendations

Scoping social prescribing for Gasworks Dock Partnership and, indeed, understanding the national context has brought about a number of discoveries and recommendations both at local and, potentially, national level. Listed below are a summary of the recommendations cited throughout the main report:

### Social prescribing activities:

**Cody Dock context:** With the existing projects that are ongoing at Cody Dock, the focus should continue to be on green social prescribing, as this is the easiest to embed, aligns with all of the existing volunteering opportunities, and supports equity of access for large and diverse numbers of people.

**Cody Dock context:** Indoor activities, such as smaller crafting groups, should be welcomed at Cody Dock and enabled by providing space for external groups to use the new visitors' centre and other existing facilities, as appropriate. This provides a sustainable solution to meet the wish for such activities whilst making the best use of capacity, facilities and resources.

**Regional context:** Through this pilot at Cody Dock, it is clear that demand for smaller, therapeutic groups, such as crafting or horticultural therapy, far outstrips supply and availability within the boroughs of Newham and Tower Hamlets.

**National Context:** Indoor social prescribing activities or smaller therapeutic group activities may be much more challenging to sustainably fund. For example, the demand for indoor activities was shown through the pilot craft sessions at Cody Dock, and the benefit and impact on mental health and social contact was extremely compelling, however these initiatives tend to focus on smaller, stable groups and therefore are difficult to fund, as this creates inequity of access for larger numbers of people due to capacity and resources required to deliver this.

### Social prescribing data and evaluation:

**Cody Dock context:** Cody Dock has many different ongoing initiatives and project leads and it was a challenge to gather consistent data in social prescribing beyond the data required to meet funding agreements and grant reports. Baseline data at GDP is robust and forms part of the initial induction that all volunteers receive. Further data, such as ONS4 or MYCAW (see case studies within the main report) requires extra capacity. For example, to ask wellbeing questions within the context of social prescribing requires resources in terms of time, training of staff, collation of data, concern that volunteers are being 'over questioned' or, indeed, singled out to discuss deeply personal aspects of their lives with non-medical volunteer coordinators at the point of first contact.

**Regional & National Context:** Evaluation data is essential to assess relevance and impact of social prescribing, in particular in relation to commissioning. In order to streamline and align data impact gathering requirements with individual funding requirements, as well as the national evidence base, a simple and flexible approach is required for working with VCSE (Voluntary, Community & Social Enterprise organisations) and where specific data is required by commissioners, for this to be factored into the commissioning.

## Social prescribing data and evaluation:

**National Context:** Consider feedback mechanisms for referrers and at what point this should take place, and by whom (how to administer this). Likewise, consider the referrers, such as social prescribers and link workers, as sources to capture the impact data required to continue to grow the national evidence base, such as through MYCAW and ONS4. This would also provide more continuity of care for the individuals being referred.

### Referral pathways:

**Cody Dock context:** Manage expectations of referrals from the outset, including how many sessions are being offered. This will support equity of access. Further to this, consider making it clear when limited sessions begin and end, and that non-attendance without notification will equal one session. This approach will ensure minimal waiting lists, if any.

**Regional & National context:** Understanding of evaluation from the perspective of smaller VCSE organisations in relation to grant funding and reporting is essential to avoid an added layer of administration (and therefore cost) to such organisations. A degree of flexibility is recommended for evaluation from VCSE organisations and could form part of the kite mark scheme, for example.

**Cody Dock context:** Embed formal referral pathways into Cody Dock with statutory organisations via link workers and online platforms, such as the 'Joy' platform.

**National Context:** Maintaining an up to date and relevant platform for social prescribers to use as a resource for appropriate referrals and for VCSE to maintain up to date information about opportunities and where they are in their funding cycle (e.g. if a project is about to end) appears to be a huge challenge which could benefit from strategic national, as opposed to just local, work as this will then facilitate potential cross-borough referrals.

### Workforce development:

**Cody Dock context:** Training and supervision with the team at Cody Dock was key to engaging them with the social prescribing agenda (see national context below).

**Cody Dock context:** Development of guidance materials, prospectuses and training packs, supporting other organisations to devise and implement SP projects. This will help to maintain a profile as well as contribute to a sustainable income stream.

**Cody Dock context:** Promote and monitor take-up of our open source SP guidance materials and training programme by other relevant organisations. This will include assessing their impact on SP adoption on a national scale.

**Regional & National context:** Cody Dock to maintain its position in support of other organisations through the development of guidance for VCSE and other organisations in receipt of social prescriptions to identify their own capacity, budgetary needs etc.

**Cody Dock & Regional context:** One of the challenges discovered during this pilot was the high turnover of link workers and social prescribers in statutory organisations. Much of the social prescribing referral process is the result of local knowledge of VCSE and personal connection. As link workers leave, the relationships between VCSE organisations and new link workers requires new investment with no apparent knowledge or handover from previous link workers. This results in an imbalance of time being invested in supporting the orientation of new workers versus new,

incoming referrals. Cody Dock is in the position of supporting the promotion of the benefits to retention and training of external link workers, focusing on knowledge; experience, offering supervision and leadership development, maintaining relationships and through stakeholder engagement and co-production.

**National context:** Workforce engagement, training and supervision is an essential component to sustainability of social prescribing initiatives for both statutory and VCSE organisations. Many of the referrals are extremely complex and require a broad range of understanding as well as competency, and for this, psychological safety for link workers and non-medical volunteer coordinators is paramount, along with a clear understanding and training in safeguarding, ability to quickly escalate concerns to referrers, recognise and push back on inappropriate referrals and so forth. Regular supervision will not only facilitate this but will also support development and retention of staff.

#### **Social prescribing sustainability:**

**Cody Dock context:** Cody Dock initiated a volunteer buddying scheme to support and enable people who would otherwise find participation extremely challenging, such as due to learning disabilities, mental health conditions, lack of confidence and so on (see section within main report). Consider how, despite minimal costs incurred, this may be sustainably funded, e.g. cover the cost of safeguarding training and DBS.

**Cody Dock and Regional context:** Cody Dock to support initiatives in developing further guidance for other voluntary, community and social enterprises (VCSE) with regards to volunteer buddies to enable project managers to manage need for support or supervision of people being referred to the organisation.

**Cody Dock context:** Maintain the strong, existing presence within social prescribing by representing Cody Dock at forums such as Newham's Health & Wellbeing Board, ELIN (Ending Loneliness In Newham), Compass Wellbeing, Compost and so forth.

**Cody Dock context:** Through maintaining a profile, Cody Dock will be in a strong, and informed position to provide training or paid consultancy at a national level for other organisations who wish to develop or implement a social prescribing offer.

**Cody Dock, Regional & National Context:** Use local evidence to build a case for further funding / sponsorship via trusts and corporate entities, offering them the chance to support a nationwide movement transforming how mental health, isolation, and environmental breakdown is addressed.

**Cody Dock & Regional context:** Develop income streams via pay-by-referral, sponsorship and an education programme to ensure both sustainability and potential to scale up. This will require a further feasibility study to fully capture the potential scope, from which a strategy can be formed.

#### **Summary of further insights and considerations for statutory and referring organisations to meet the needs of VCSE:**

**Regional & National context:** Commissioners, as well as referrers, to understand the time spent on referrals for VCSE, with appreciation of cost implications - all the back office work, the induction and orientation of volunteers, purchase of PPE, training and development of both volunteers and staff, coordination, adaptation of activities to make them more widely accessible and so forth.

**Regional context:** With over 50% of the London Boroughs of Newham and Tower Hamlets children classed as living in poverty, there needs to be more engagement with schools and young people to ensure inclusion, and take a preventative approach to health inequalities. Early years or family activity through social prescribing could support this, along with more outdoor field study opportunities, such as those available at Cody Dock.

**Regional context:** For statutory referral sources to create the non-clinical opportunities they would like for the patients, either by funding specific groups and similar opportunities for mutual support, or by rental of space in a community setting, such as the Cody Dock visitors centre.

**Regional & National context:** For statutory referral sources to see social prescribing as a non-medical, holistic approach (as opposed to an intervention or treatment) and to appreciate that VCSE are community-led projects, as opposed to an often-referred to "service". A service is something that is fully commissioned and paid for by the referrer.

**Regional & National context:** For statutory organisations to invest in VCSE and places where social prescribing referrals will be received, such as supporting policy development, identifying outcomes, ensuring robust governance and not always simply via funding.

**Regional & National context:** Consider developing a local, organisational 'kite mark' for due diligence which would include review of policies, insurances, staffing and sustainability of opportunities. This could form the basis for a fee per referral service model. This would help to ensure safeguarding and robust governance underpins where people are being referred to and, at the same time, provides clarity of accountability, responsibility and value for smaller organisations, many of whom work directly at grass-roots level.

**Regional context:** Work with VCSE to improve recruitment, training and retention of social prescribers and link workers.

**Regional & National context:** Recommendation for any future research work or pilot studies to look more closely at sustainable funding. The evidence for social prescribing continues to emerge, is increasingly robust and seems to be mostly via pilot studies - a much longer-term approach to funding and working with VCSE as a means to addressing health inequalities and assessing impact is now required at both Regional and National level. Further pilots should focus on long-term funding and commissioning, as well as evidence, and include focus on quantitative benefits (e.g. cost savings for GP services, hospital admissions, social services involvement etc) as well as qualitative data.



## Conclusion

Green spaces and connection with the natural environment will, without a doubt, play a pivotal role in supporting individuals and communities during challenging times, where isolation and health inequalities urgently need to be addressed, and within the backdrop of climate change and climate anxiety. This was clearly noted during the lockdowns of the Covid 19 pandemic, where people took their daily walks through Cody Dock and regularly commented on the importance of family, community and being able to enjoy nature. Social prescribing is well placed to address much of this and for it to be a continued success, requires sustainable funding, strong partnership working and an appreciation that 'one size does not fit all.'



**Quote:** "Whether you are a local link worker, GP or commissioner, this report provides a great insight into the social prescribing opportunities at Cody Dock. For those working at a local, regional or even national strategic level who are looking to work with and implement social prescribing partnerships of their own, this pilot study report hopefully adds something to the exciting conversation which is currently happening up and down the UK around how to develop social prescribing within our communities and vibrant voluntary sector and integrate SP into our country's wider healthcare strategy."

**Simon Myers FRSA, Gasworks Dock Partnership CEO**

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## About Cody Dock

Cody Dock provides a unique opportunity for volunteers to engage in the community-led regeneration of a formerly industrial natural environment. The habitat creation, ecological monitoring, and conservation projects volunteers work on offer meaningful activities which drive positive local environmental change, help them increase physical and social activity, and time spent outdoors in nature; all key elements in supporting wellbeing.

Prior to the rolling out of this SP pilot program, GDP already worked with an average of over 1000 volunteers per year from all ages and backgrounds that are reflective of the highly diverse make-up of Newham and Tower Hamlets. They have over 10 years of experience managing and supporting volunteers, and a track record of highly positive, sustained impact at individual and community level. They also have strong institutional buy-in, which will support them to efficiently embed new social prescribing pathways in local healthcare systems.

## Introduction

With increasing challenges of poor mental health in the UK, mixed efficacy of current therapies and need to find new approaches which offer effective holistic support towards patients' health and wellbeing, the need to evaluate, implement and fund social prescribing nationally has never been more timely. Given this backdrop, the social prescribing (SP) work at Cody Dock has potential to add to the national evidence base, awareness of SP models and include access to training for those who may be able to offer SP projects/referral to them.

This is in conjunction with a much wider picture globally, for example the urgent need for more regenerative environmental/climate actions and to widen public participation in this, to address growing climate anxiety across society. As a term, Climate Anxiety has just been added to the English dictionary (1) and represents "how climate change has important implications for the health and futures of children and young people, yet they have little power to limit its harm, making them vulnerable to climate anxiety".

The first large-scale investigation of climate anxiety in children and young people globally, and its relationship with perceived government response was published in The Lancet in December 2021 (2), where 10 000 children and young people (aged 16–25 years) were surveyed in ten countries (Australia, Brazil, Finland, France, India, Nigeria, Philippines, Portugal, the UK, and the USA; 1000 participants per country). Respondents across all countries were worried about climate change - key results included

- 59% were very or extremely worried and
- 84% were at least moderately worried.
- More than 50% reported each of the following emotions: sad, anxious, angry, powerless, helpless, and guilty.
- More than 45% of respondents said their feelings about climate change negatively affected their daily life and functioning, and
- Many reported a high number of negative thoughts about climate change (eg, 75% said that they think the future is frightening and 83% said that they think people have failed to take care of the planet).

The implications of this report are that "Distress about climate change is associated with young people perceiving that they have no future, that humanity is doomed, and that governments are failing to respond adequately, and with feelings of betrayal and abandonment by governments and adults. Climate change and government inaction are chronic stressors that could have considerable, long-lasting, and incremental negative implications for the mental health of children and young people."

To this end, the citizen science and schools work at Cody Dock is a small, yet key part in helping to address this locally and helping people of all ages feel that they can participate in meaningful ways to help to monitor, understand and even begin to address the situation. This is the context of green social prescribing at Cody Dock.

Further to this, a Government-commissioned review of pharmacy prescriptions estimates 10% of items dispensed in primary care are overprescribed, with 15% of people taking 5 or more medicines a day, increasing the risk of adverse effects. Recommendations that Ministers have accepted include introducing a new national clinical director for prescribing and increased use of social prescribing, amongst others. (3)

Locally, the wider determinants of health form much of the work undertaken in local, neighbouring Boroughs in East London, including public health teams, mental health trusts, charities and faith groups. Local statistics around child poverty and healthy life expectations are poor.

There is increasing NHS recognition that community engagement and increased time outdoors via green SP could support individuals to make sustained improvements to their health, and reduce NHS pressure (4).

This report represents the findings, conclusions and recommendations of a pilot study into social prescribing at Cody Dock, delivered between March 2021 – April 2022.

This report cites a number of recommendations and potential implications as a result of learning through this pilot at Cody Dock. They are listed as follows:

- **Cody Dock context** - hyperlocal yet may still be relevant to other organisations
- **Regional context** - relevant to East London, in particular Newham, where Cody Dock is based. May also be relevant in other, more populated regions where there are neighbouring boroughs.
- **National context** - where learning and consideration has a potential contribution to national strategies in social prescribing.

## Governance

All aspects of implementation of social prescribing at Cody Dock are aligned to GDP's existing policies and governance, in particular those around safeguarding, diversity and inclusion, as social prescribing is a potential source of volunteers who represent some of the most vulnerable people in society.

With this in mind, combined with considerations of potential physical and cognitive requirements to participate in volunteering at Cody Dock, the referral form ([appendix 1](#)) designed and used, ensures protection of both Cody Dock and of the person being referred.

One example of a concern is acceptance of referrals from mental health trusts and charities. The governance is designed to be robust enough to ensure referrers are fully aware that Cody Dock is not a mental health charity, and therefore lacks expertise to support serious conditions, whilst at the same time, ensuring equity of access by accepting people with serious conditions, if their key worker is known, if they are stable in their condition or if the referral is as part of a wider therapeutic programme.

Further to this, implementation of the referral process manages expectations of both referrers and referred. Much of the volunteering work at Cody Dock involves some physical ability, in all weathers and with very basic facilities, such as builders porta-loos. Whilst accessibility is improving on site in the form of a new and accessible toilet block, for instance, this referral process therefore looks to minimise disappointment or unrealistic expectations of ability.

A Standard Operating Procedure (SOP) ([appendix 2](#)) was created to ensure clarity on the journey new referrals take through the opportunities at Cody Dock as follows:

Referral sources:

- Social prescribing referrals are welcomed from all statutory organisations including, and not exclusively,
- Social prescribers and link workers
- GP practices
- Community organisations e.g. libraries
- Police
- Occupational therapists and other allied health professionals
- Adult social care and social workers
- Supported or sheltered care homes
- Other VCSE organisations

In particular, the following criteria form the basis for the guidance in referring to Cody Dock:

Criteria:

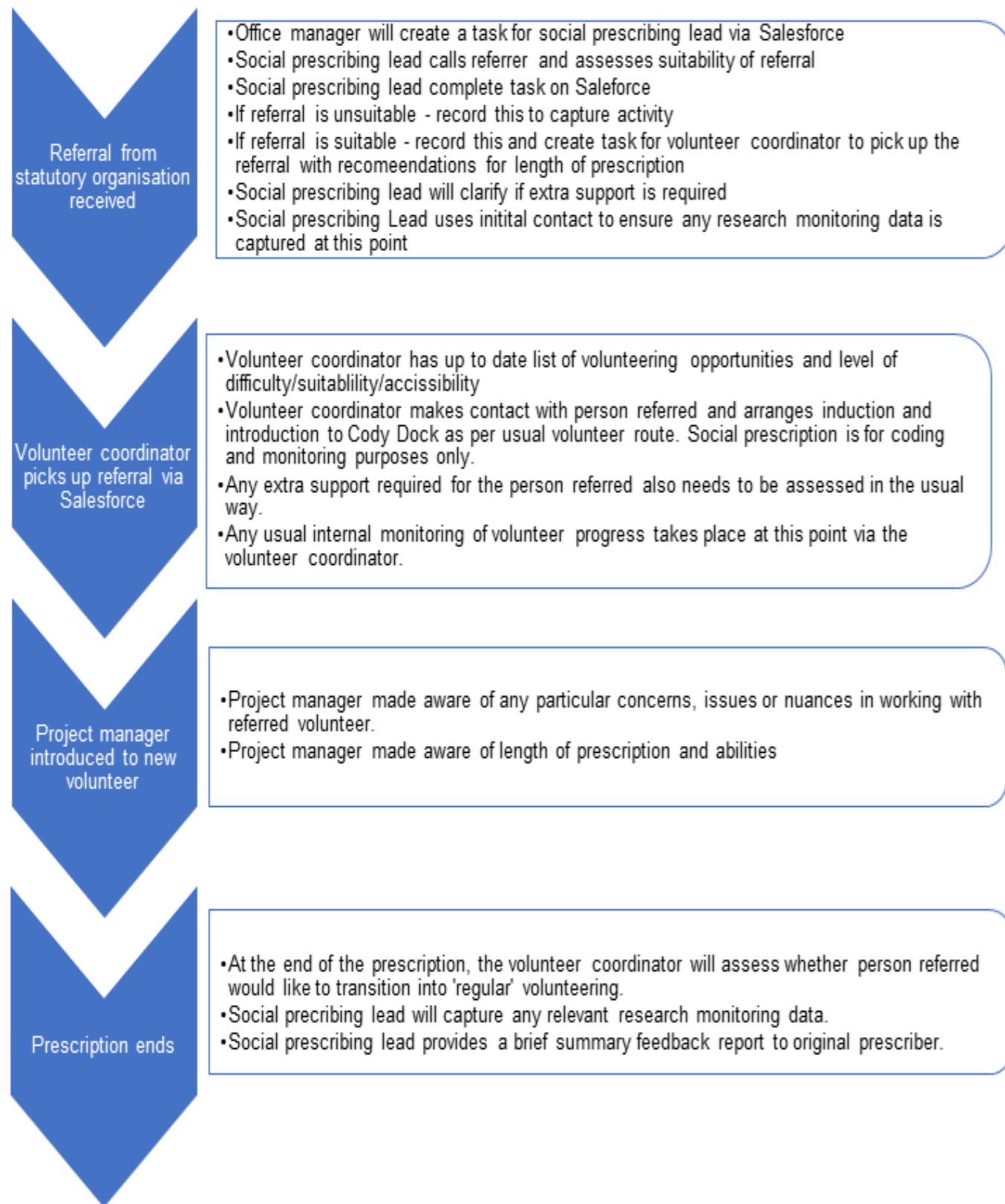
- People over 16 years old
- People with full mental capacity - Cody Dock can ensure their safety and wellbeing during a session however cannot take responsibility for people making their way to/from site or if they decide they would like to leave a session early, for whatever reason
- People with one or more long-term condition
- People who need support with their mental health
- People who are lonely or isolated
- People who have complex social needs which affect their wellbeing.

Exclusion Criteria:

- Young people under the age of 16 \*
- People with severe and enduring mental health conditions unless it's part of a package of care and has been discussed between the referrer and Cody Dock
- People in palliative care unless discussed at point of referral (requires needs assessment first)
- People who do not want to engage with social prescribing
- People who are being referred mainly for clinical reasons, eg. Addictions
- People who require carer support or supervision, unless they bring their carer with them - carers are required to engage and participate.



## Process flowchart



## Implementing social prescribing at Cody Dock

Social prescribing, as a term, was relatively new to most of the team at Cody Dock. In the initial phase, it involved some consideration about how this might impact workloads, dynamics between established volunteering teams and caring for people who are vulnerable or with complex needs. This also presented the opportunity for a slight shift in perception, from seeing individual projects solely as stand-alone building projects with volunteers and instead, as opportunities for much wider participation.

### Social Prescribing Activities Recommendations :

**Cody Dock context:** With the existing projects that are ongoing at Cody Dock, the focus should continue to be on green social prescribing, as this is the easiest to embed, aligns with all of the existing volunteering opportunities, and supports equity of access for large and diverse numbers of people.

Once the referral to Cody Dock is received and approved, it has been made clear that social prescribing is not a clinical intervention. It was strongly felt that, as all volunteers, regardless of their route in, come for very personal reasons. It feels intrusive to single out some from others and make people reveal aspects of their personal lives that might make them stand out or receive different treatment. Whilst evaluation is essential, there should be a uniform approach to all volunteers to make this inclusive and that outcome data should reflect the experience of all.

### Example:

An example of managing expectations is seen in a referral from a mental health trust for one of its inpatients. The request was to ask if they can visit with the patient, start some volunteering activities whilst they are still an inpatient, and for the volunteering to continue once they are discharged back into the community with no further support from the referrer, as they "think they will be safe". From a therapeutic perspective, this is an excellent idea.

A number of assumptions appear to take place at this point, not least the assumption that the community organisation being referred to has robust safeguarding and governance systems in place for a potentially vulnerable individual, who may require ongoing support. A further assumption being that the organisation referred to has adequate facilities, staffing and, indeed, is comfortable with working with more serious mental health conditions. Many smaller grassroots organisations will have contact with some of the most vulnerable and hard to reach people in a community, therefore having a very good reach, however they may not have an office, or even a dedicated telephone line.

The general experience at Cody Dock, when receiving such referrals, has been that the individuals require a higher level of support at each volunteering session and in response to this, Cody Dock developed the role of a dedicated volunteer support buddy. To develop a volunteer support buddy requires training and commitment from the buddy themselves, and a final assumption being made is that volunteer buddies wish to do this - many volunteers simply wish to get on with an activity, as opposed to support one.



### Referral Pathways recommendations :

**Cody Dock context:** Manage expectations of referrals from the outset, including how many sessions are being offered. This will support equity of access. Further to this, consider making it clear when limited sessions begin and end, and that non-attendance without notification will equal one session. This approach will ensure minimal waiting lists, if any.

**Regional & National context:** Understanding of evaluation from the perspective of smaller VCSE organisations in relation to grant funding and reporting is essential to avoid an added layer of administration (and therefore cost) to such organisations. A degree of flexibility is recommended for evaluation from VCSE organisations and could form part of the kite mark scheme, for example.

**Cody Dock context:** Embed formal referral pathways into Cody Dock with statutory organisations via link workers and online platforms, such as the 'Joy' platform.

**National Context:** Maintaining an up to date and relevant platform for social prescribers to use as a resource for appropriate referrals and for VCSE to maintain up to date information about opportunities and where they are in their funding cycle (e.g. if a project is about to end) appears to be a huge challenge which could benefit from strategic national, as opposed to just local, work as this will then facilitate potential cross-borough referrals.

## Administration of social prescribing referrals

The following resources are provided by Cody Dock to the referrer, and therefore should be reflected in future commissioning including:

- The development of the social prescribing offer, including all aspects of the governance, referral forms, pathways, evaluation and so forth.
- Administration upon receipt of the referral - including contacting the referrer and the referred.
- Discussion in team meetings to ensure suitability of referral.
- Monthly supervision for the team, none of whom are trained in health professions.
- Arranging and facilitating a time to visit, showing round the site and explaining the opportunities.
- Training of volunteer buddies if required (this includes the development of this opportunity, cost of training in safeguarding and DBS checks, cost of monthly supervision, coordination of volunteer buddies to work with referrals etc).
- Coordination of referrals - to ensure equity of access to activities for all volunteers, ensure there is a good mixture of abilities and that all needs are accommodated.
- Cost of fundraising for the organisation at approx £450 per day, where larger bids are concerned, and not necessarily guaranteed - larger funding bids can take several days to compile and a success rate of 1:6 is deemed good.

## Evaluation and data

Cody Dock has many different ongoing initiatives and project leads and it was a challenge to gather consistent data in social prescribing beyond the data required to meet funding agreements and grant reports. Baseline data at GDP is robust and forms part of the initial induction that all volunteers receive. Further data, such as ONS4 or MYCAW (*see case studies*) requires extra capacity. For example, to ask wellbeing questions within the context of social prescribing requires resources in terms of time, training of staff, collation of data, concern that volunteers are being 'over questioned' or, indeed, singled out to discuss deeply personal aspects of their lives with non-medical volunteer coordinators at the point of first contact.

### Social Prescribing Data and Evaluation recommendations:

**Regional & National Context:** Evaluation data is essential to assess relevance and impact of social prescribing, in particular in relation to commissioning. In order to streamline and align data impact gathering requirements with individual funding requirements, as well as the national evidence base, a simple and flexible approach is required for working with VCSE (Voluntary, Community & Social Enterprise organisations) and where specific data is required by commissioners, for this to be factored into the commissioning.

**National Context:** Consider feedback mechanisms for referrers and at what point this should take place, and by whom (how to administer this). Likewise, consider the referrers, such as social prescribers and link workers, as sources to capture the impact data required to continue to grow the national evidence base, such as through MYCAW and ONS4. This would also provide more continuity of care for the individuals being referred.

## Long-term sustainability

For the future sustainability of social prescribing in any organisation, a sustainable income stream needs to be established, one that does not solely rely on grant funding. Grant funding provides an essential source of income for VCSE organisations and enables pilots, such as this, and other projects to take place. This being the case, projects are often short-term, come to an end and make it difficult for someone who is referred to a project to become involved if the project is at the end of its cycle for example.

### Social Prescribing Sustainability recommendations:

**Cody Dock context:** Maintain the strong, existing presence within social prescribing by representing Cody Dock at forums such as Newham's Health & Wellbeing Board, ELIN (Ending Loneliness In Newham), Compass Wellbeing, Compost and so forth.

**Cody Dock context:** Through maintaining a profile, Cody Dock will be in a strong, and informed position to provide training or paid consultancy at a national level for other organisations who wish to develop or implement a social prescribing offer.

**Cody Dock, Regional & National Context:** Use local evidence to build a case for further funding / sponsorship via trusts and corporate entities, offering them the chance to support a nationwide movement transforming how mental health, isolation, and environmental breakdown is addressed.

**Cody Dock & Regional context:** Develop income streams via pay-by referral, sponsorship and an education programme to ensure both sustainability and potential to scale up. This will require a further feasibility study to fully capture the potential scope, from which a strategy can be formed.

One of the challenges discovered during this pilot was the high turnover of link workers and social prescribers in statutory organisations and, it appears, recruitment and retention is also a challenge for these organisations, possibly, in part, due to fixed term, one-year contracts.. Much of the social prescribing referral process in general is the result of local knowledge of VCSE and personal connection. As link workers leave, the relationships between VCSE organisations and new link workers requires new investment with no apparent knowledge or handover from previous link workers. This results in an imbalance of time being invested in supporting the orientation of new workers versus new, incoming referrals. Cody Dock is in the position of supporting the promotion of the benefits to retention and training of external link workers, focusing on knowledge; experience, offering supervision and leadership development, maintaining relationships and through stakeholder engagement and co-production.

**Workforce Development recommendations:**

**Cody Dock context:** Training and supervision with the team at Cody Dock was key to engaging them with the social prescribing agenda and should be reviewed and updated to ensure new members of the team are equipped to support SP and existing team members' learning is shared. (see national context below).

**National context:** Workforce engagement, training and supervision is an essential component to sustainability of social prescribing initiatives for both statutory and VCSE organisations. Many of the referrals are extremely complex and require a broad range of understanding as well as competency, and for this, psychological safety for link workers and non-medical volunteer coordinators is paramount, along with a clear understanding and training in safeguarding, ability to quickly escalate concerns to referrers, recognise and push back on inappropriate referrals and so forth. Regular supervision will not only facilitate this but will also support development and retention of staff.

**Cody Dock context:** With the experience and skills it has gained, GDP is particularly well placed to start developing guidance materials, prospectuses and training packs, supporting other organisations to devise and implement SP projects. This will help to maintain a profile as well as contribute to a sustainable income stream.

**Cody Dock, Regional & National context:** Cody Dock is in the position of supporting the promotion of the benefits to retention and training of external link workers, focusing on knowledge; experience, offering supervision and leadership development, maintaining relationships and through stakeholder engagement and co-production. This could be done through an offer of support with supervision and training.

**Cody Dock context:** Promote and monitor take-up of our open source SP guidance materials and training programme by other relevant organisations. This will include assessing their impact on SP adoption on a national scale.

**Regional & National context:** Cody Dock to maintain its position in support of other organisations through the development of guidance for VCSE and other organisations in receipt of social prescriptions to identify their own capacity, budgetary needs etc.



## Outcomes and lessons learned during the Covid 19 pandemic



### Cody Dock's telephone befriending:

Much of the social prescribing interest at Cody Dock stems from March 2020, when the Covid 19 pandemic created a need for the whole country to lockdown. As a charitable organisation, it was clear that Cody Dock would participate in the community response and, as such, commissioned the creation of a 2-hour online training webinar on telephone befriending. This was initially designed with Cody Dock's own volunteers in mind, to ensure they had safe and appropriate contact with one another, if required, to address loneliness and social isolation.

Cody Dock then attended a Borough-wide online meeting, hosted by Newham Council (LBN), as a means for them to gather intelligence of what was taking place in response to the lockdown and how this might be better coordinated, to ensure equitable support across the board. The telephone befriending webinar was mentioned at this, and very soon after, commissioned by LBN to train all of the redeployed, front-facing council staff who were being asked to check in on all of the vulnerable and shielding people living in the Borough. The uptake for telephone befriending within the Borough and beyond, coupled with the vast number of people who were shielding, highlighted the pre-existing need for social contact and support, with 10,000 people in Newham alone being identified as vulnerable and being offered telephone befriending.

It very quickly became clear that some of the befrienders were out of their depth and so, working together with a senior social worker, regular supervision sessions were provided via Cody Dock, along with deep dive training sessions in subjects such as dealing with grief and bereavement, and more advanced communication skills. In total, 379 LBN staff have been trained in telephone befriending, supporting approximately 1900 beneficiaries. This work provided Cody Dock with an unprecedented insight into existing and emerging needs of its community, strengthened links between Newham's voluntary and health sector and opened doors to new potential referral pathways.

Subsequent to many of the restrictions easing, it was realised that there was an ongoing need for telephone befriending. At this point, Cody Dock training and supervision was cited as the preferred training provider for a tender to create a consortium of VCSE organisations, to take over telephone befriending. This contract, led by Age UK East London, and together with The Renewal Programme and Subco Trust lasted an initial year and saw 319 people trained ([See p36, stakeholders and partnership](#)). Indeed, collaborating with the other organisations was an excellent opportunity to forge some strong, new partnerships. The consortium continues, and Cody Dock has since provided 'Train the Trainer' sessions to enable this training to be used widely across the Borough and also, be delivered in other languages.

### Assessing the viability of indoor social prescribing activities at Cody Dock:

Based on the highlighted need within the community and success of the telephone befriending initiative, GDP began testing the viability and sustainability of different social prescribing activities at Cody Dock. From January 2021, during the second lockdown, due to the second wave of the pandemic, Cody Dock received some funding for a crafting and makers project. Cody Makers looked to support the local community in feeling connected through crafting and projects, using materials that are easy to find in any home.

The funding for Cody Makers was for an initial 10 months and Cody Dock managed to extend this funding by a further five months.

Initially all online, people were able to join in via Zoom to craft together. These sessions were also recorded and are available online via the Cody Dock website. When people were once again able to be in shared public spaces, Cody Makers was able to provide safe, socially distanced workshops for participants, many of whom were referred via the social prescribing route.

Cody Makers, as a project, had mixed success. Whilst feedback from participants was excellent, the need for sustainable funding, whilst explored at great length, was not possible in the format it was in.

The regular participants of Cody Makers were referred from mental health organisations and charities. The original pathway intention was for Cody Makers to be an introduction to Cody Dock, and for participants to then take part in the other volunteering opportunities, such as gardening. The reality was that participants thoroughly enjoyed each other's company and this in turn, whilst extremely therapeutic, meant that accessibility or throughput for other people was not possible, making the project, as a whole, inequitable, not inclusive and therefore unsustainable.

**Quote:** *"We've been speaking recently about the lack of accessible arts/crafts resources for our service users, it's a popular request. At the same time that Cody Makers ended we actually had another art project based group end also, so we're feeling the loss! One thing we have been exploring as a service lately is collaboration with organisations such as yourselves, to provide the therapeutic/mental health space away from the clinical setting. So I'd be really keen to meet with you at a later stage and think about things in a bit more detail. Really looking forward to updates on the visitors centre, I know how hard you've been working over there!"* - **East London Foundation Trust.**

### Small Group Activities recommendations:

**Cody Dock context:** Indoor activities, such as smaller crafting groups, should be welcomed at Cody Dock and enabled by providing space for external groups to use the new visitors' centre and other existing facilities, as appropriate. This provides a sustainable solution to meet the wish for such activities whilst making the best use of capacity, facilities and resources.

**Regional context:** Through this pilot at Cody Dock, it is clear that demand for smaller, therapeutic groups, such as crafting or horticultural therapy, far outstrips supply and availability within the boroughs of Newham and Tower Hamlets. To address this sustainably requires a wider discussion with potential delivery partners.

**National Context:** Indoor social prescribing activities or smaller therapeutic group activities may be much more challenging to sustainably fund. For example, the demand for indoor activities was shown through the pilot craft sessions at Cody Dock, and the benefit and impact on mental health and social contact was extremely compelling, however these initiatives tend to focus on smaller, stable groups and therefore are difficult to fund, as this creates inequity of access for larger numbers of people due to capacity and resources required to deliver this.



### Volunteer buddies:

Scoping and embedding social prescribing at Cody Dock has provided an excellent opportunity to review all of the volunteering opportunities that take place, in particular with inclusion in mind.

To this end, it was realised that some people who are socially prescribed lack confidence to find integration easy, and this is why the concept of volunteer buddies came about.

The main purpose of the buddying role is in support of promoting the independence of all people who volunteer with Cody Dock, often, though not exclusively, through the social prescribing route, and who may have conditions that mean they benefit from someone who helps them integrate and be able to contribute. In turn, this enables the project leaders to be able to share focus across the participants of an activity, rather than having to focus on individuals with more need.

This particular volunteering opportunity lends itself particularly well to people with a strong interest or background in healthcare, social care or education and is not suitable for people who lack experience or understanding in working with more vulnerable members of the community. Cody Dock's volunteer buddies include a retired teacher and a dental nurse.

A formal Job Description and Person Specification was devised (appendix 3) to create an opportunity for existing, regular volunteers with Cody Dock in enabling socially prescribed participants and volunteers, who may not be able to take part in activities and volunteering opportunities without some additional one to one support. The Job Description and Person Specification is not shared with volunteers per se and instead, acts more as the governance and training requirements that underpin recruitment of volunteer buddies, which includes level 1 safeguarding and a DBS check.



The concept of volunteer buddies was co-produced with some of the established volunteers, and this informed Cody Dock's approach to embedding it. Feedback from volunteers suggested that ensuring other people were properly included was something that happened naturally in sessions. Therefore, it was agreed that volunteer buddies would simply be a more formalised offer, whereby Cody Dock checks with its pool of regular volunteer buddies in advance, to see if they are happy to continue being a buddy and that Cody Dock has a small pool of volunteers for each activity who can support this initiative.

Volunteer buddies potentially may be a vehicle to engage more people in supported green volunteering roles. Further to this, volunteer buddies may support in providing routes into work for people who would like to become link workers or social prescribers, for example.

**Quote:** *"You're probably aware that in our service we've been thinking about how we support our service users to progress on, from the intensive support that we provide in our 'NHS groups', to those that are more integrated with the community whether that be voluntary sector or otherwise. So in a way, preventing them from getting 'stuck' in the protective bubble that we can sometimes end up providing. I think organisations like Cody Dock can be so key, because you do have various projects that can be suited/adapted to different levels. I recall when we first spoke you mentioned a peer mentoring programme that you were working on, which feels really in keeping with this. Creating a new model where there is clear progression even for those with the highest needs feels like a really valuable opportunity to explore together."* **ELFT**

#### Volunteer Buddy recommendations:

**Cody Dock context:** Cody Dock initiated a volunteer buddying scheme to support and enable people who would otherwise find participation extremely challenging, such as due to learning disabilities, mental health conditions, lack of confidence and so on. Consider how, despite minimal costs incurred, this may be sustainably funded, e.g. cover the cost of additional training, supervision, safeguarding training and enhanced DBS checks.

**Cody Dock, Regional & National context:** Cody Dock to support initiatives in developing further guidance for other voluntary, community and social enterprises (VCSE) with regards to volunteer buddies to enable project managers to manage need for support or supervision of people being referred to organisations.

## Mapping the experiences of Cody Dock volunteers:

Part of exploring and embedding social prescribing at Cody Dock was to test and review approaches and mixed methodologies in gathering qualitative evaluation data, to assess how feasible this might be to implement and to use the data to chart the experiences and the impact social prescribing had on the participants.

### Case Study 1

This case review reflects on the implications of green social-prescribing interventions on health outcomes, by mapping one participant's journey at Cody Dock.

#### Case 1 Methodology

Three approaches are used within this case study to gather qualitative data:

- ONS 4 - The Office for National Statistics defines four standardised questions on wellbeing, which participants are asked to rate between 0-10 (see table below). ONS 4 is often used in social prescribing conversations to assess baseline and outcome data in people.  
<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/surveysusingthe4officefornationalstatisticspersonalwellbeingquestions>
- MYCAW - Measure Your Concerns and Wellbeing is a standardised evaluation tool looking at wellbeing. Participants are asked to identify two concerns, rate them between 0-6, and rate their general wellbeing using the same scale (see table below).  
<https://www.meaningfulmeasures.co.uk/mycaw>
- 14 structured interview questions, listed below:
  1. How did you hear about volunteering opportunities at Cody Dock? Had you heard of Cody Dock before that?
  2. Is this your first time volunteering?
  3. What were you hoping to gain from your volunteering experience?
  4. Has your experience so far met your expectations?
  5. What has been the best part of volunteering for you? What have you enjoyed most? What is the main thing you feel you have got out of the experience so far?
  6. What has been your biggest achievement during your time here?
  7. Have you learned any new skills or developed existing skills?
  8. Would you say you have gained confidence through volunteering here? If so, how?
  9. Do you feel more connected to your community thanks to volunteering at Cody Dock?
  10. Have you built new relationships? (e.g., met different types of people, made new friends)?
  11. Has your time here changed how you think about the local area and the local environment? If so, in what ways? (e.g., getting to know this part of London more, being more aware of wildlife and ecology, the importance of looking after the environment, and an increased sense of safety)
  12. Has your experience here influenced your behaviour in any way? (e.g., recycling more, reducing energy consumption, exploring the local area more)
  13. Has volunteering led to any other opportunities for you?
  14. Do you feel well supported as a volunteer here? Is there anything else that we could do to support you or help you get the most out of your experience?

GDP's structured interview questions align with wider interviews for Cody Dock volunteers for end-of-year reporting and, at the same time, compliments standard monitoring and evaluation questions that all participants do when volunteering at Cody Dock. Each of these questions was asked during this interview and provided a rich source of qualitative data. The case study below is more of a narrative, at times quoting verbatim. This reflects the free-flowing conversation during the interview.

### Case 1 Background

P has consented for this information to be used for learning and reflecting on Cody Dock's green social prescribing offer. This case is an example where the volunteer is self-referred in this instance.

P is 64 and describes himself as 'two years from retirement age'. Through a combination of serious health issues, he became increasingly under-confident in social situations and had low self-esteem and purpose. Having lost a great deal of fitness through this, he describes himself as being "at the point of being in a wheelchair". He was experiencing constant pain in his legs, severely affecting mobility and fitness. P started to volunteer at Cody Dock in mid-September 2021. This case review took place in late November 2021, representing just under three months of regular volunteering with the project.

P has been volunteering at Cody since the 2nd September 2021 - at the time of this report he had participated in 46 volunteer sessions amassing an amazing 131 volunteering hours predominately on the Cody Dock Citizen Science and Environmental Conservation (CSEC) program. He has undertaken a wide variety of volunteer jobs within the CSEC project - a breakdown is recorded in the following table.

Case Study 1, P's record of Cody Dock Citizen Science and Environmental Conservation engagement				
Job Title	Project specific Area	No. of Completed Sessions	No. of Completed Hours	Date Range Attended
Bird Surveyor	Point Count Surveys	18	43	2/9/21 - 3/12/21
Bulb Planting	Habitat Creation and Installation	2	12	16/12/21 - 17/12/21
Camera Trap	Bird Monitoring	1	2	12/11/21
Dragonfly Surveyor	British Dragonfly Monitoring Scheme	1	1	9/9/21
Habitat Auditor	Phase 1 - Habitat Survey	2	11	5/10/21 - 7/10/21
Event Steward	Story of Water Launch Event	1	4	25/11/21
Invertebrate Surveyor	General Invertebrate Recording	3	5	2/9/21 - 24/9/21
Litter Picker	Community Clean Ups	4	8	15/10/21 - 29/10/21
Sapling Maintenance	Habitat Creation and Installation	3	10	7/9/21 - 3/12/21
Water Quality Auditor	Water Quality Monitoring	4	11	3/9/21 - 28/10/21
Woodland Surveyor	Habitat Creation and Installation	1	4	7/10/21
Event Steward	Frost Fair 2021	1	9	28/11/21
Education Resource	Citizen Science and Environmental Conservation	4	9	5/11/21 - 19/11/21
Attendee	GBGW Quiz Night	1	2	21/9/21



**Case Study 1 Results and Reflection:**

**ONS 4 questions:** look at an individual's feelings about aspects of their lives. Answers are given on a scale of 0-10, where 0 = "not at all" and 10 = "completely".

ONS 4 question	Sept 2021	Nov 2021
Overall, how satisfied are you with your life nowadays?	3/10	8/10
Overall, to what extent do you feel that the things you do in life are worthwhile?	5/10	9/10
Overall, how happy did you feel yesterday?	4/10	8/10
On a scale where 0 = not anxious at all and 10 = completely anxious, overall, how anxious did you feel yesterday?	4/10	2/10

Considering that ONS4 is a standardised evaluation tool used by many social prescribers in this context, it was good to try this for the first time at Cody Dock. Whilst the data is clearly qualitative, data could become more quantitative with repeated application when percentage changes can be tracked.

**MYCAW questions:** MYCaW® is an individualised questionnaire designed for evaluating holistic and personalised approaches to supporting people. MYCaW® allows a more rigorous approach to capturing the voice of service users beyond the anecdotal. As with ONS 4, it lends itself well to qualitative aspects of data collection. Equally, in greater numbers, it can provide reliable quantitative data in terms of percentage changes. Furthermore, MYCAW data is super-categorised, helping identify which interventions may be particularly suitable for certain demographics, for example

**MYCAW outcomes**

Scale, where 0 = not bothering at all, and 6 = bothers greatly	Sept 2021	Nov 2021	Comments
<b>Concern 1</b>			
Environmental anxiety	5/6	6/6	Says this increased concern is due to a deeper understanding of the climate crisis
<b>Concern 2</b>			
Routes back to work	6/6	5/6	Keen to improve fitness levels to get back to work
<b>Wellbeing</b>			
Overall, in general	5/6	3/6	This reflects a vast improvement in overall wellbeing!

**Discussion:** the results seen in both ONS4 and MYCAW show a significant shift in perception for. This is further detailed in the narrative below as a result of the structured questions.

Whilst it is not possible to place an estimate of cost savings on to this example, work is taking place within the Clinical Commissioning Groups to look at the impact on cost savings through social prescribing as a whole. For example, in this particular case, cost savings include GP and outpatient visits, cost of wheelchair, cost of resultant needs due to deteriorating mobility brought on through wheelchair use, including carers, specialist transportation, adaptations to the home and so forth, all which represent significant financial implications of thousands, if not tens of thousands of pounds in the long term..

**Narrative:** P attended a volunteer placement centre in Woolwich to participate in activities, get out of the house, and reconnect with people before his health and mental wellbeing declined much further. He knew he was interested in ecology and wanted to be involved in an environmental project that reflected his scientific background. He discovered Cody Dock via the website when two other local projects could not take more volunteers. Having volunteered at times in the past, P was clear on what he wanted out of a volunteering opportunity, as listed below:

- Improve health – P says that in the short months he has been involved with Cody Dock, both his physical and mental health has made a marked improvement. He says that when he first started at Cody Dock he was on the brink of requiring a wheelchair, and he realised he needed to do something to get outdoors and improve fitness. At first, he experienced constant pain in his legs and needed frequent breaks to sit and recover. He now experiences far less pain, and the pain builds more slowly. He recognises when he needs to stop, this is less often now, and he has noticed that his recovery time is much faster. He says he is taking better care of himself, eating a healthier diet, and losing weight.
- Care for the environment – this is the area of concern that has increased in the MYCAW data and, as P says, is a result of understanding more deeply the context and urgency of the climate crisis. The term 'eco anxiety' has just been included in the Oxford dictionary <https://www.oxfordlearnersdictionaries.com/definition/english/eco-anxiety>. P says that being part of a team monitoring the situation, inputting data, taking part in citizen science initiatives, and "doing something about it" is helping address how an individual can contribute to the bigger picture. He says this has translated into home life: he is more mindful of fuel consumption, e.g., putting on a jumper before the heating or not watching any more daytime television.
- To be fit for work – P says this is still in progress. He would love to work again, if possible, and plans to start looking into this in the new year.
- Regain social skills – P reflected on when he started volunteering with Cody Dock and how he initially struggled to engage with people. He noticed a major change when he helped run a food stall at the Cody Dock Frost Fair. He says that he would have been happy to help in the background until very recently and was surprised to find himself serving people and talking to them; he has even found himself chatting with cashiers at the supermarket. When he supports the corporate volunteering days with Cody Dock, he is happy to support and chat

with the volunteers, many of whom are lawyers, insurers, or from finance backgrounds. He has enjoyed the exposure to a wide range of people who come to Cody Dock for numerous reasons.

*"I love the social side of working with people".*

Reflecting on his wider experience of Cody Dock volunteering with Cody Dock, P says, *"It's got my enquiring mind going again"*. Recently, asked to draw something on one of the data boards, he has rediscovered his love of drawing and is planning to purchase new materials for this, such as specialist paper and inks. He has deepened his interest in ornithology and wildlife and has recently purchased books on these subjects.

*"I don't feel alienated anymore, I see the younger people on my street who are alienated, and I feel sorry for them".*

*"I feel more confident in public now, not so isolated in a crowd".*

From a social perspective, he has attended many social events at Cody Dock. Furthermore, he says his wife has seen a change in him, that he seems happier.

*"It's given me something to talk about".*

This has led to him reconnecting with the wider family, something he did not feel able to do before. He says he has more confidence as *"they won't see me as a deadbeat"*.

He has found himself exploring the local area more, including along the river from Cody Dock and other local ecology initiatives.

*"I want to learn more about the environment; I want to know what I'm talking about so that I can write letters and lobby."*

P talks about feeling very well-supported since his first day at Cody Dock. He says the team respects and encourages him when he needs to rest but gets the balance of gently pushing him right. In short, this incredibly powerful journey shows the start of an individual's sustainable first steps to improved mental and physical health through contributing to an environmental project which benefits both wildlife and community.

## Case Study 2:

This case review reflects on the impact of volunteer participation with the ecology team at Cody Dock, by mapping one participant's journey.

### Case Study 2 Methodology

Volunteering and social prescribing at Cody Dock has benefitted from the Heritage Lottery Fund, Garfield Weston, and the Tudor Trust.

14 structured interview questions, listed below:

1. How did you hear about volunteering opportunities at Cody Dock? Had you heard of Cody Dock before that?
2. Is this your first time volunteering?
3. What were you hoping to gain from your volunteering experience?
4. Has your experience so far met your expectations?
5. What has been the best part of volunteering for you? What have you enjoyed most? What is the main thing you feel you have got out of the experience so far?
6. What has been your biggest achievement during your time here?
7. Have you learned any new skills or developed existing skills?
8. Would you say you have gained confidence through volunteering here? If so, how?
9. Do you feel more connected to your community thanks to volunteering at Cody Dock?
10. Have you built new relationships? (e.g., met different types of people, made new friends)?
11. Has your time here changed how you think about the local area and the local environment? If so, in what ways? (e.g., getting to know this part of London more, being more aware of wildlife and ecology, the importance of looking after the environment, and an increased sense of safety)
12. Has your experience here influenced your behaviour in any way? (e.g., recycling more, reducing energy consumption, exploring the local area more)
13. Has volunteering led to any other opportunities for you?
14. Do you feel well supported as a volunteer here? Is there anything else that we could do to support you or help you get the most out of your experience?

GDP's structured interview questions align with wider interviews for Cody Dock volunteers for end-of-year reporting and, at the same time, complements standard monitoring and evaluation questions that all participants do when volunteering at Cody Dock. Each of these questions was asked during this interview and provided a rich source of qualitative data. The case study below is more of a narrative resulting from the structured questions, at times quoting verbatim. This reflects the free-flowing conversation during the interview.

**Background:**

**K** has consented for this information to be used for learning and reflecting on Cody Dock's volunteering and social prescribing offer. This case is an example where the volunteer is self-referred.

**K** is 19 and is in her first year, studying Human Geography at university. **K** started volunteering as part of the Environment and Ecology team to complement her A-level courses in geography, biology and maths.

**K** has not had the opportunity to volunteer with Cody Dock since commencing university studies, although she plans to come back during holiday times. This case study, in particular, shows the potential impact volunteering and indeed social prescribing can have in broadening opportunities for participants.

First volunteer date - 4/7/2020

Last volunteer Date 22/1/2021

Total Hours 35

Job Title	Project specific Area	No. of Completed Sessions	No. of Completed Hours	Date Range Attended
Trainee	Bird Identification Training 2020	1	2	4/12/2020
Bird Watcher	Bird Monitoring 2020	6	15	15/9/2020 - 27/11/2020
Gardener	Community Gardening	1	1	4/7/2020
Surveyor	Invertebrate Surveying	3	8	28/7/2020 - 22/9/2020
Surveyor	River Survey 2020	1	3	15/7/2020
Sampler	Water Quality Testing	1	3	7/7/2020
Bird Surveyor	Point Count Surveys	1	3	22/1/2021

**Discussion:**

**K** described looking for opportunities to volunteer in ways that related to her A-levels in biology, geography and maths. This was the first time she had ever volunteered and she found Cody Dock's citizen science volunteering opportunities via the website: <https://doit.life/volunteering>

In volunteering, **K** hoped to gain a glimpse into the world of work after leaving school, and also increase her knowledge in human geography and biodiversity. Indeed the volunteering experience galvanised her wish to study human geography.

**K** says she was surprised "*in a good way*" at how hands-on the volunteering experience was, as well as varied, with opportunities in bird watching, auditing of invertebrates amongst others and water quality testing "*this is one of my favourite things to do!*". She also says she enjoyed "*a very nice sense of community*" and although it was very quiet during lockdown and Covid, the Cody Dock community provided her with "*a sense of family - people would ask me how I was.*"

One particular observation is that everyone was older and in fact, this was her first proper experience in an adult and work environment, where the adults weren't either family members or her teachers. "*I felt like a little sister, like being in a really nice, cosy family.*"

The opportunity to study ecology with Cody Dock enabled **K** to base a self-directed project on biodiversity towards her A-level and gave her the opportunity to record data both at Cody Dock and at a separate, comparative site. She says she received a lot of help with this and everything she did at Cody Dock related to her A-levels.

Being able to integrate with different people of different ages, particularly during the Covid pandemic, meant she "*had something different to talk about*". **K** says that "*now, everytime I see a bird, or a butterfly or something that moves, I want to know what it is.*" "*I used to walk home and not really take in my surroundings but I do now, I'm still looking for birds.*"

**K** thinks there has been an increase in confidence. Before volunteering at Cody Dock, "*I wouldn't put myself in situations with new people, this made me push myself out of my comfort zone and realise that everyone is in a different place in their lives, but we're all here.*"

One key learning point is being a part of the bigger picture in green space, our context within the place we are in and how this relates to other green spaces. It has encouraged wider thinking about the river as a whole, and how this sits within an industrial area and so forth. "*Care about your house, but also care about what's around your house.*"

This principle now extends to everyday life, with **K** describing how she repurposes as much plastic waste as possible "*recycling alone is not enough. I shop differently now - I buy it if I need it and will use it properly.*"

**K** describes her biggest achievement at Cody Dock when she attended an online conference on sustainability and climate change with the environment manager at Cody Dock. They were placed in separate break-out rooms and she suddenly found herself with people with "*proper job titles*". She quickly realised that they wanted to help her and in fact, this is one of the moments that helped her in her choice to study human geography, as she saw the diverse job titles and potential career pathways this could provide.

Throughout her volunteering experience, **K** says she felt well supported "*it was the best it could have been!*" She describes Cody Dock being awarded a substantial grant during her time and says this was a game-changer for citizen science, "*the right funding really helps with resources and also the volunteering experience - I could really tell the difference.*"



## Conclusion

The success of the social prescribing pilot at Cody Dock is most certainly reflective of the dynamic team of staff and volunteers who have taken an interest and embraced this as a positive step, not least for being able to support people in the local community, for whom access to being included and feeling a part of a bigger picture can be very challenging. The lessons learnt and the adaptations to processes along the way have resulted in a strong, stable platform upon which to continue this work. Successful social prescribing relies on; a strategic approach to data gathering and collation; Stable partnership working; Sustainable funding through commissioning or sponsorship.

A final table of broader considerations, insights and recommendations is listed below:

**Regional & National context:** Commissioners, as well as referrers, to understand the time spent on referrals for VCSE, with appreciation of cost implications - all the back office work, the induction and orientation of volunteers, purchase of PPE, training and development of both volunteers and staff, coordination, adaptation of activities to make them more widely accessible and so forth.

**Regional context:** With over 50% of the London Boroughs of Newham and Tower Hamlets children classed as living in poverty, there needs to be more engagement with schools and young people to ensure inclusion, and take a preventative approach to health inequalities. Early years or family activity through social prescribing could support this, along with more outdoor field study opportunities, such as those available at Cody Dock.

**Regional context:** For statutory referral sources to create the non-clinical opportunities they would like for the patients, either by funding specific groups and similar opportunities for mutual support, or by rental of space in a community setting, such as the Cody Dock visitors centre.

**Regional & National context:** For statutory referral sources to see social prescribing as a non-medical, holistic approach (as opposed to an intervention or treatment) and to appreciate that VCSE are community-led projects, as opposed to an often-referred to "service". A service is something that is fully commissioned and paid for by the referrer.

**Regional & National context:** For statutory organisations to invest in VCSE and places where social prescribing referrals will be received, such as supporting policy development, identifying outcomes, ensuring robust governance and not always simply via funding.

**Regional & National context:** Consider developing a local, organisational 'kite mark' for due diligence which would include review of policies, insurances, staffing and sustainability of opportunities. This could form the basis for a fee per referral service model. This would help to ensure safeguarding and robust governance underpins where people are being referred to and, at the same time, provides clarity of accountability, responsibility and value for smaller organisations, many of whom work directly at grass-roots level.

**Regional context:** Work with VCSE to improve recruitment, training and retention of social prescribers and link workers.

Cody Dock has the potential to continue to offer very rewarding and meaningful opportunities through green social prescribing. Any future research work or pilot studies, whether at Cody Dock or by the Borough of Newham needs to look more closely at sustainable funding to ensure equity of access and continuity of these services. The evidence for social prescribing continues to emerge, is increasingly robust and seems to be mostly via pilot studies - a much longer-term approach to funding and working with the voluntary sector as a means to addressing health inequalities and assessing impact is now required at both Regional and National level. Further pilots should focus on long-term funding and commissioning, as well as evidence, and include focus on quantitative benefits (e.g. cost savings for GP services, hospital admissions, social services involvement etc) as well as qualitative data.

Author: Julia Briscoe RN, FRSA, Social Prescribing Lead for Gasworks Dock Partnership



**Closing Quote** *"Only 10-20% of health outcomes result from NHS medical care. Social prescribing with its focus on what matters to a person and their family is critical to delivering good health and reversing inequalities and harm done during Covid. It focuses on the whole person, their social, physical and mental health. Cody Dock and the team that work and volunteer there, are an amazing example of social prescribing in action. People are connected to nature, water and whatever the activity, solving problems together. As a GP, a social prescription to Cody Dock is far more powerful medicine than much of what I can traditionally prescribe."*

**Professor Sir Sam Everington, Barrister, MBBS, MRCGP, OBE**

## Stakeholders, Partnerships & Pathways for referrals:

The past year of scoping and developing a social prescribing offer at Cody Dock has widened the opportunities to both network and partner with a number of local and national stakeholders, including:

- **North East London Clinical Commissioning Groups** (NELCCG), for whom Cody Dock hosted their first in person strategy away day, as the pandemic's restrictions were lifted. <https://northeastlondonccg.nhs.uk/>. NELCCG serves over two million people across eight local authority areas: Barking & Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest. They work with partners and patients to improve care and health outcomes for local people.
- **East London Foundation Trust** (ELFT) <https://www.elft.nhs.uk/>. ELFT provides a wide range of mental health, community health, primary care, wellbeing and inpatient services to young people, working age adults and older adults across the City of London, Hackney, Newham, Tower Hamlets, Bedfordshire and Luton.
- **London Borough of Newham** <https://www.newham.gov.uk/>
- Public Health team, Newham (which includes the **Newham Social Welfare Alliance**) <https://www.newham.gov.uk/health-adult-social-care/health-wellbeing-newham/2>. The Social Welfare Alliance is supporting all frontline workers with information and referral pathways to support residents around income maximisation, immigration support and advice, early years, housing issues and much more.
- **Age UK East London** <https://www.ageuk.org.uk/eastlondon/>. Age UK East London is a local independent charity working with older people mainly in the boroughs of Hackney, Newham and Tower Hamlets.
- **The Renewal Programme** support those in Newham, who are facing multiple challenges; whether they're a carer who needs wellbeing support, a migrant or refugee without access to public funds, an individual suffering with homelessness or experiencing poverty, a young person without direct access to learning pathways or an elderly person unable to communicate in English. <https://www.renewalprogramme.org.uk/>
- **Subco Trust** promote the health and wellbeing of vulnerable Asian elders in Newham through activities, daycare, dementia and carer support. <https://www.subcotrust.uk/>
- The **Bromley by Bow Centre** is a pioneering charity that combines an extensive neighbourhood hub with a medical practice and a community research project. <https://www.bbcb.org.uk/>
- **Aston-Mansfield** are a charity who want to see more children, young people and families in Newham and east London leading happy healthy lives, realising their potential and unlocking their ambition. <https://www.aston-mansfield.org.uk/>
- **Heal Together** are a CI organisation who work in supporting mental health within the Somali community in Newham. <https://www.healtogether.org.uk/>

- **Kulan Somali Organisation** is a charity working across three London boroughs, including Newham with the aim to improve the lives of the BAME community in particular the Somali and Bravanese community in the UK. <https://www.kulankso.org/>
- Social prescribers and link workers working across the Boroughs of Newham and Tower Hamlets
- **Newham Good Gym** workout by helping local community projects, and run back all within 90 minutes. <https://www.goodgym.org/areas/newham/group-runs>
- **Active Newham** support residents in getting active and reengaging within the community through regular weekly walks, lead by trained walk leaders and supporting volunteers <https://www.activenewham.org.uk/>

There are a number of pathways in to being referred for social prescribing at Cody Dock including:

- Self referral via GDP's own volunteer marketing, <https://codydock.org.uk/> and Cody Dock events, open site etc.
- Via external organisations as listed above, including platforms they use, such as 'Joy' <https://www.thejoyapp.com/>
- Via link workers, social prescribers and VCSE organisations.

Management of expectations is key in all aspects of social prescribing, in particular the resources that may or may not be available in a VCSE setting.

## References:

- 1) Climate Anxiety [Climate anxiety definition and meaning | Collins English Dictionary](#) [accessed 17/01/2022]
- 2) [Climate anxiety in children and young people and their beliefs about government responses to climate change: a global survey - The Lancet Planetary Health](#) [accessed 17/01/2022]
- 3) <https://www.gov.uk/government/news/government-pledges-to-reduce-overprescribing-of-medicines>
- 4) [NHS England » Green social prescribing](#) [accessed 25/01/2022]

## Documents available on request:

Documents cited as appendices throughout the report are available to share as requested via [contact@codydock.org.uk](mailto:contact@codydock.org.uk)

1 - Referral form

2 - Standard operating procedure

3 - Volunteer buddy job description and person specification

Further document available - Scoping and briefing document for social prescribing at Cody Dock.