

## Oxford

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**Dr Stephanie Tierney**, Senior Researcher and Departmental Lecturer  
University of Oxford  
'Social prescribing for people living with mild cognitive impairment  
(MCI)'

**Beth McDougall**, Community Engagement Officer: Older People  
(GLAM) University of Oxford.  
'Messy Realities and In Control by Design: Community engaged  
research'

**Stephen Chandler**, Head Adult Services Oxfordshire County Council  
and CCG, President, Association of Directors of Adult Social Services

**Helen Fountain**, Age Friendly Creative Coordinator, Age UK Oxford.  
'The Oxfordshire Age Friendly Creative Network'

## Dr Stephanie Tierney, Oxford Social Prescribing Network, Centre for Evidence-Based Medicine, The University of Oxford.

DR STEPHANIE TIERNEY is a Senior Researcher at the University of Oxford. Her current work centres on social prescribing, and the contribution of SP LW specifically. She is running studies on the role of the cultural sector in social prescription for older people, volunteering as part of social prescribing, and she is about to start a project exploring the SP LW role in primary care. She helped to establish the Oxford Social Prescribing Research Network last year. She is also a departmental lecturer at the Centre for Evidence-Based Medicine, teaching postgraduates about qualitative research and mixed methods studies.

### ‘Social prescribing for people living with mild cognitive impairment (MCI)’

I am part of a team of researchers with an interest in social prescribing. Some of our work is starting to focus on social prescribing for people with Mild Cognitive Impairment (MCI). In terms of MCI, when people receive this diagnosis, they may feel that they receive limited professional support or structured support. Although the symptoms of MCI may not interfere significantly with daily lives, but people with this diagnosis can feel anxious or depressed about the potential of further cognitive decline. We have held several public engagement events, attended by people with MCI, as well as healthcare professionals and researchers. What people have told us at these events, is that following the diagnosis of MCI, it can be easy for people to withdraw from social activities, because maybe they have given up driving, lost confidence or they might find it difficult to make an execute plans. They have also spoken about the difficulty of finding local support or activities, which could be made harder because people with MCI have lost their confidence or may have apathy to trying new things.

This is why we think social prescribing may be helpful for this group of patients, and why seeing the SP LW in particular may be useful, because SP LW have time to help individuals and understand their

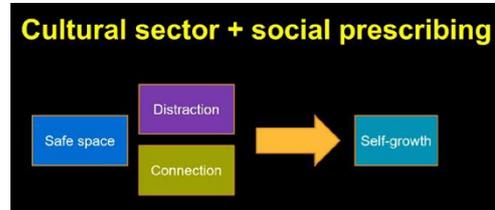


## Dr Stephanie Tierney, University of Oxford.

priorities in terms of wellbeing, it can help them to think about things in the community that could support them and can help them with issues to do with confidence or loss of motivation.

Some of our research is exploring how the cultural sector can support older people in general, including those with MCI as part of SP. Cultural settings can provide a safe space where people

can be distracted from their daily concerns, where they can connect with others. This can promote a sense of belonging, which can together offer people an opportunity for self-growth, in terms of promoting confidence, in terms of how people perceive themselves and their place in the world.



We have also been doing some research on volunteering as part of SP. Again, we have concluded that being a volunteer for people in general can help with self-growth, because it exposes people to new

social connections, new experiences. They can feel as if they are doing something of value to society, and that they are doing something that is valued by others. Having talked to people with MCI, they suggest that maybe volunteering is something they would like to get involved with, because it has not got the stigma associated with it, compared to other activities, and it can be a way of increasing their contribution to society.

Last year we held an event where we brought together a range of people to prioritise topics for research on MCI and social prescribing, including people with MCI. The four agreed upon topics by attendees were:

1. What unique contribution can the cultural sector and cultural settings make to the wellbeing of people with MCI?
2. Who among people with MCI takes up social prescribing and why? Who has been referred and declined and why?
3. To what extent does social prescribing help people diagnosed with MCI to increase their activity and well-being (and does that improve cognitive function?)
4. What role can social prescribing play in supporting family member of people with MCI?

Please do get in touch with me if there is anything you want to follow up with anything I have presented on today.

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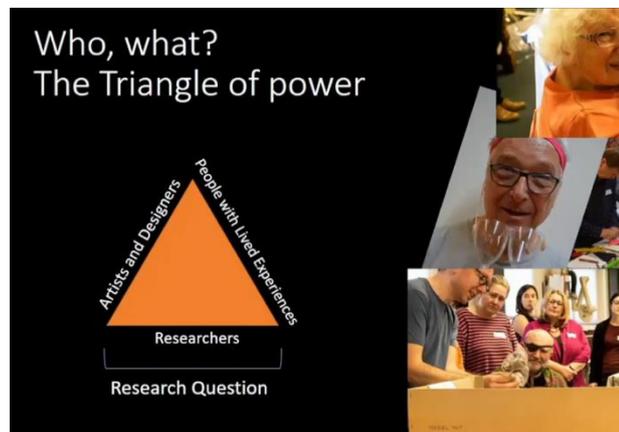
# Beth McDougall, Community Engagement Officer, Gardens, Libraries, Archives and Museums (GLAM), The University of Oxford

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BETH MCDOUGALL is Community Engagement Officer for Older People at the University of Oxford's Gardens, Libraries and Museums. Beth is responsible for facilitating programming with, by and for older people, including those living with dementia. This includes Meet Me at the Museum, a social group for older people that goes behind the scenes at the museums; outreach to care homes, community hospitals and county-wide groups; and developing the older people's strategy with Oxford and Oxfordshire museums.

## 'Messy Realities and In Control by Design: Community engaged research'

The projects I am going to talk to you about today are Messy Realities and In Control by Design, which are community engaged research projects. So, how do this work? Each of our community engaged research projects works to the triangle



of power, which I like to think of as an equilateral triangle which brings together people with lived experiences, researchers with a research question, and creatives and designers to think through and solve that question together. For those of you that can see the photographs on the right-hand side, you can see some of the contributors to that programme and an idea of how much fun it has been.

What were we doing? We were working within the museums to bring together objects from the museum collections, and found objects, seen through the research that each of the researchers was conducting as being in use with people with long term health conditions. The question we were asking ourselves is, 'why are we prescribed medical objects and technologies that don't necessarily work within the context we find ourselves in?'

Often the researchers were finding that prescribed objects were either at the bottom of the garden in the garden shed, or they had been Robison Crusoe-d into new adapted objects, or they have just been totally discarded. We are working together to look at how we can ensure better

## Beth McDougall, GLAM. Oxford.

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uptake of those medical or healthcare technologies, or technologies that actually improve and fit in with our everyday lives. The activities and workshops that we delivered together were all based on the themes coming out of the research, so things like progression, adaptation, identity, and then within In Control by Design, looking at medications, how we take them, how we eat, how we move around, so that we can really start to break down what types of technologies are useful for people with lived experience of neurological healthcare conditions.

Over time the workshops changed, we went into the conservation labs to understand how they would diagnose and treat an object to make sure it lasted over a long term. In Control by Design, by contrast, people really enjoyed creativity and the artist, Susan Dyer, created different types of activities including a bricolage activity where people created their own new technologies that helped with their individual challenges. Over the workshop programme, we realised there was a couple of different outputs, that included an exhibition with the Messy Realities team, and in the In Control by Design team, we worked to create a library of things where people could test out and trail technologies that help with their condition before they ended up taking them home, because a lot of these technologies are expensive, and it is good to be able to hear from other users before you end up purchasing them. Over the last couple of years, and definitely over lockdown, we've managed to have those conversations with the In Control by Design team, so that we're still working in that set relationship.

What is next? We are hoping to create an exhibition over the summer based on the themes that came out of In Control by Design and Messy Realities. We are creating a co-produced booklet and we are looking at creating an in-person event series and opportunities to celebrate, because we have been waiting for a couple of years now to get to that celebration, because of the pandemic. All of these things that we've learnt in these two programmes are helping with my community engaged research.

The next thing that I'm doing is working with the Department of Psychiatry and the Centre for Evidence Based Medicine with people living with MCI issues. If you would like to find out more from me personally, here is my email address, I really hope I can speak to some of you soon.

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## Stephen Chandler, Head of Adult Services, Oxfordshire County Council and CCG. President, ADASS.

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STEPHEN CHANDLER, Head of Adult Services at Oxfordshire County Council, is President of the Association of Directors of Adult Social Services (ADASS). He led the transformation of adult services in Somerset. Recognised for developing innovative models of adult social care with a focus on earlier invention, partnership and market inclusiveness, he has a passion for co-production, improving quality. Stephen is passionate about making a difference to the lives of citizens and supporting people to achieve their potential. He was attracted to Oxfordshire by its challenges, local plans and focus on place, its citizens and partnerships.

I am the Director of Adult Services at Oxford County Council. I am a nurse by background, that was the first half of my career, the second being in local government. My role is often supporting systems as well as individuals in meeting their needs. I try to start with three rules to implement with my staff, they are quite simple: don't break the law, don't break the bank, but break the mould. I think from what I have heard this afternoon, it is all about breaking the mould, and finding a way for people to live really valuable lives rather than being limited by a diagnosis, or the impact of their health need.

As a commissioner of services, as someone who is often with the money, it is about thinking, how do I help people, and their families and communities remain independent for as long as possible? For me, as I get older, it is about living life to the full. Although I am new to Oxfordshire, in Somerset we did lots of work in Frome and right across the county. We used social prescribing as a real tool in our armoury in a sense to help people remain independent and well and participating in their communities. Living life to the full within their diagnosis.

We also helped organisations who wanted to support people differently. I will just reference three as an example, through grants we supported Reminiscence Learning – an arts-based company who worked with individuals to maintain interests and to develop interests, we work with an organisation called Froglife – for those who wanted to remain independent in an outdoor style, and of course there are a number of examples, we worked really well with organisation that promoted dance and radio.

The motto is 'What works, matters'; and in a way, local authorities, through personal budgets, have the opportunity to help people live their lives in the way they want, and the way they best believe meets their

Stephen Chandler, Head of Adult Services,  
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personal circumstances. As a commissioner, what really matters is what works. I say to my staff, and to you as individuals and organisations, do not falter, remain committed, and have that strong belief. Do not hesitate in having that discussion, even the argument, with people like myself around what is best. Let us keep building that fantastic range of support we have heard about.

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## Helen Fountain, Age-Friendly Creative Coordinator, Age UK Oxford.

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HELEN FOUNTAIN is a Museums Learning and Community Engagement freelancer currently working with Culture, Health and Wellbeing Alliance as the West Midlands Regional Champion Museums, and Age UK Oxfordshire as the Age Friendly Creative Coordinator. Helen has 14 years' experience of working in the museum sector devising and delivering museum activities for older people including reminiscence outreach services and working with local NHS Partners to deliver museum and heritage activities to older people in hospital settings. Helen is a Dementia Friends Champion and has contributed a paper on Museum Reminiscence work to the book *The Caring Museum* edited by Hamish L Robertson and published by Museums Etc.

### **'The Oxfordshire Age Friendly Creative Network'**

I am going to be taking you on a whistle stop tour of the Oxfordshire Age Friendly Creative Network (OAFCN). The OAFCN began in 2019 as an addition to the Age UK Oxfordshire's creative team and the Age of Creativity project and festival which began in 2012. The network has over 20 members and is open to anyone with an interest in age-friendly creativity, including people living with dementia. It is very much with, by, and for older people, and we have a group of Age-Friendly Creative Advisors to support the project.

Age UK Oxfordshire Creative Team leads nationally on age-friendly creativity, and that is including research, training, promotion and the development of age-friendly cultural and creative projects.

What do we deliver? OAFCN delivers a monthly [newsletter](#) with information about local and national opportunities and best practice. We have been sighted by SP LW as being very useful to them when signposting patients to their activities. We also deliver virtual networking events, to bring people together to discuss specific themes linked to age friendly creativity, and we support cultural organisations to enable them to develop a creative offer, and we deliver bespoke age-friendly creative projects to address specific needs and to pilot new ideas.

Here are some of those projects we have delivered to date: a programme of creative activity at Banbury Age of Creativity Festival programme 2019, we programmed 18 existing events and some new events, and a pop-up shop where people could pop in and try new activities and taster sessions. We worked with Oxford Playhouse to support them in

## Helen Fountain, Age UK Oxford.

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delivering their [Tea Talks](#) project, which was a telephone project with people shielding at home who were not digitally engaged, and the conversations from that project created a lovely radio play.

We printed off 1,000 creative packs and delivered them across Oxfordshire for older people shielding at home during 2020, and we delivered the [Framing Oxford Project](#) resulting in a [Framing Oxford film](#), which was a local history project in partnership with Oxford History Centre, bringing together a group of people on Zoom, and also via post and phone, trying out a new blended approach to delivery with some really lovely outcomes, and a Virtual Film Launch in the presence of the Lord Mayor of Oxford.

Other programmes include [Bicester Festival Age Friendly Creative Pop-Up Shop 2019](#), [Oxford Age Friendly Creative Consultation 2019–20](#), The Mill Arts Centre virtual [Culture Club](#) art and dance sessions in 2021 and the Southbank Centre [Art by Post](#) project, 2020–21.

What have we learnt from the pandemic? Like everybody we have learnt a great deal. Age UK Oxfordshire played a pivotal role in support older people during the pandemic and building new partnerships and delivery models. The creative packs, when we distributed those, enabled us to link with new community groups and connections and raise our profile.

The blended model of delivery was really useful learning for us. It proved successful and we are hoping to deliver projects again in the future, perhaps using a blend of online and in person delivery when that is safe to do so. We also found that online engagement work can work as well, and does have some advantages, but a flexible approach is needed, post and phone options also need to be available for those who are not digitally connected, and really, people do value human contact, if it can't be in person, at least by Zoom or phone.

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