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The Abundance Project

Community-led Creative Health Research and Practice

Interim Report and Findings

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Contents

Executive Summary	2
Method	6
Community of practice and lived experience storytelling	6
Focus groups and community-led walks	6
Co-design and intervention development	7
Theory of Change and evaluation	8
Findings	9
Migration, belonging and barriers to wellbeing	9
Information gaps and access barriers	11
Reflections on the research process	12
Next Steps	13
Co-design workshops and intervention development	13
Embedding peer-led approaches	13
Developing tools and resources for wider application	14
Knowledge exchange and evaluation	14
References	15
Project team	17

Executive Summary

The Abundance Project is one of 12 projects funded through Phase Three of the National Centre for Creative Health's 'Mobilising Community Assets' programme, a £25 million UKRI - AHRC initiative announced in February 2024. This three-year project aims to address persistent health inequalities affecting Black, minority ethnic and refugee communities in Southwest London by developing and evaluating a community-led model that engages cultural and green community assets within social prescribing pathways.

Lived experience storytelling

Led by a multi-disciplinary academic team in partnership with Community Research Hubs in Croydon, Kingston and Hounslow, the project works with five community partner organisations: Reach Foundation, Kingston Voluntary Action, Connect: North Korea, Asian Resource Centre of Croydon, and Refugee Action Kingston.

The project's approach centres lived experience from the outset. The initial phase established a community of practice using lived experience storytelling with 27 Community Voice Champions (CVCs) across Southwest London. The subsequent phase involved focus groups and community-led walks with all five community voice groups in Croydon, Kingston and Feltham to explore their community assets and information systems. This participatory approach positioned residents as co-researchers, allowing them to discuss feelings and relationships across a variety of settings.

Interim findings

The lived experience storytelling phase identified seven interconnected themes: struggles of migration and impacts on mental health, mistrust of institutions, constricted community knowledge around mental health, safety of place and culturally safe spaces, nature and culture as sanctuary for mental health, the importance of community connections and belonging, and cultural difficulties in accessing nature and culture.¹ Participants described feeling isolated, experiencing taboo and stigma around mental health, and facing fear of discrimination when accessing some green and cultural spaces.

The community asset mapping phase revealed that social prescribers have low awareness of cultural and green spaces and activities and make few referrals, noting that "nature and the culture is quite far down the list on the whole because there's more basic needs that need to be met".² Communities rely more on personal networks and trusted sources than official information

The Abundance Project: Community-led Creative Health Research and Practice

channels, seeking culturally inclusive representation in promotional materials to assess whether spaces are welcoming. Multiple intersecting barriers limit access including safety concerns, racism, cost, accessibility challenges and feeling that the asset is "not for people like me." Social prescribers emphasised the need for accompaniment - someone to go with clients or help them "over the threshold" to new activities.

Next Steps

The project is now transitioning to its co-design phase, bringing together CVCs and practitioners from health, creative and public sectors to develop six interventions inspired by the lived experience storytelling and community asset mapping findings.³ These interventions will address identified barriers whilst exploring how peer-led approaches might be embedded within social prescribing pathways. The project will also generate multiple outputs to support wider application and knowledge exchange, including toolkits, academic publications, policy recommendations and conference presentations. Finally, the evaluation phase will assess both intervention outcomes and the co-design process itself, alongside a national survey, generating learning about implementing community-led approaches within existing health systems.

Abundance Project workshop with Community Voice Champions. Image credit: Angela Tozzi.



Background

The Abundance Project addresses persistent health inequalities in Southwest London's Black, minority ethnic and refugee communities through a community-led social prescribing model. Led by Professor Maria Chatzichristodoulou (UAL) and Professor Tushna Vandrevala (Kingston University), this three-year initiative brings together academic researchers, community co-investigators from five grassroots organisations, NHS social prescribers and the Royal Borough of Kingston upon Thames. Funded through the National Centre for Creative Health's UKRI-AHRC 'Mobilising Community Assets' programme, the project centres lived experience storytelling and participatory methods to develop interventions that connect underserved communities with cultural and green assets through health systems.

Social prescribing, sometimes referred to as community referral, is described by the NHS as a means of enabling GPs, nurses and other health and care professionals to refer people to a range of local, non-clinical services.¹² It exists along a spectrum of definitions and practices. For some, the term simply refers to accessing non-clinical activities in the voluntary, community, faith and social enterprise (VCFSE) sector, such as art classes, walking groups, or mindfulness sessions, whilst for others it describes a more structured pathway involving referrals between GPs, link workers and VCFSE organisations.^{13,14} The NHS embedded link workers in GP contracts in 2019, with over 3000 now employed across primary care settings. The Abundance Project works within this landscape, focusing specifically on creative and green social prescribing, an area currently underutilised by Black, minority ethnic and refugee communities, to understand how these pathways can be made more inclusive and responsive to the needs of ethnically diverse communities.

The project's name itself reflects a foundational principle: the recognition of abundance in every community - an abundance of skills, expertise and assets, as well as capable, driven people with vision.³ This asset-based approach stands in contrast to deficit models that have historically characterised work with marginalised communities. Rather than focusing solely on what communities lack, the project attempts to identify and mobilise existing community strengths whilst addressing the very real barriers - including racial discrimination, lack of trust in health services, communication challenges, digital exclusion, cultural barriers and social determinants such as housing, education and employment - that contribute to health inequalities.

The Abundance Project: Community-led Creative Health Research and Practice

Central to the project's methodology is the use of lived experience storytelling as both a research tool and a means of fostering trust and communication between practitioners, researchers and communities. Recent evidence suggests that lived experience approaches can foster empathy and trust whilst helping to surface personal and collective perspectives on health, wellbeing and inequities.⁴ The UK Health Security Agency has similarly emphasised that engaging with affected communities is a fundamental component of inclusive health approaches.⁸ By centring the voices of those with direct experience of the challenges being studied, the project aims to ensure that research findings and subsequent interventions are grounded in community realities rather than external assumptions.

The Abundance Project also responds to broader trends in creative health research that recognise the role of walking and arts-based practices in sustaining and improving physical health and mental wellbeing.⁹ The project attempts to bring together these various strands - community engagement, lived experience, creative methods and social prescribing - to explore new pathways for addressing mental health inequalities in ethnically diverse communities.

Focus groups and community-led walks with Community Co-Investigators and Community Voice Champions. Image credit: Anna Busuttill.



Method

Community of practice and lived experience storytelling

The project began by establishing a community of practice through lived experience storytelling workshops. This approach centred community voices from the outset and fostered communication, empathy and trust between practitioners, researchers and communities.^{3,4} By using expressive writing and storytelling methods, the project sought to surface personal and collective perspectives on health, wellbeing and inequities whilst positioning community members as active co-investigators rather than passive research subjects.¹⁰

This initial phase involved 12 workshops (2 online, 10 in-person) with 27 Community Voice Champions (CVCs) across five Community Research Hubs. These workshops generated 141 individual stories and 13 letters from CVCs to their communities. CVCs, recruited through community partner organisations, participated as active co-investigators throughout the research process. Thematic analysis was used to identify patterns and themes across the narratives collected.

Focus groups and community-led walks

Building on the lived experience storytelling, the project then employed focus groups and community-led walks to explore community assets and information systems, positioning residents as active co-researchers and shifting focus from problems to strengths. Walks took place with all five community voice groups across Croydon, Kingston and Feltham. Each session began with a focus group discussing local assets, information sources and walking routes, followed by one-to-two hour walks through CVC-defined areas with small groups (5-8 participants) accompanied by researchers and a community co-investigator.

These walks allowed participants to identify barriers and opportunities in situ, provided context-rich insights, and uncovered "hidden" assets through conversations revealing local experiences and community pride. The walks explored five dimensions: individual assets (skills, knowledge, information sources); associations (informal groups, events); local institutions (libraries, schools, faith groups); physical assets (parks, gardens, public art); and connections linking individuals, groups and places. This phase examined how cultural and green community assets are used by stakeholders and communities. Focus groups and community-led walks resulted in the creation of asset posters for each of the five community hubs.

The Abundance Project: Community-led Creative Health Research and Practice

Focus groups and community-led walks resulted in the creation of asset posters for each of the five Community Hubs.



Co-design and intervention development

Building on these foundational findings, the project is now moving into its co-design phase. Co-design refers to an inclusive, participatory process where multiple stakeholders (designers, users, researchers, communities, and industry partners) collaboratively shape ideas, artefacts, systems, or experiences. It goes beyond consultation and involves shared authorship, mutual learning, and collective decision-making throughout the design process.

The co-design phase involves three stages. First, interviews and feedback sessions with key stakeholders who are well positioned to influence and facilitate change will help ensure interventions are feasible within existing systems. Second, a series of co-design workshops will bring together Community Voice Champions alongside relevant practitioners from across the health, creative and public sectors in London to develop six interventions that address the challenges identified in the earlier research phases. These co-design teams will draw on diverse insights and experience to shape practical initiatives. Third, a nine-month implementation period will

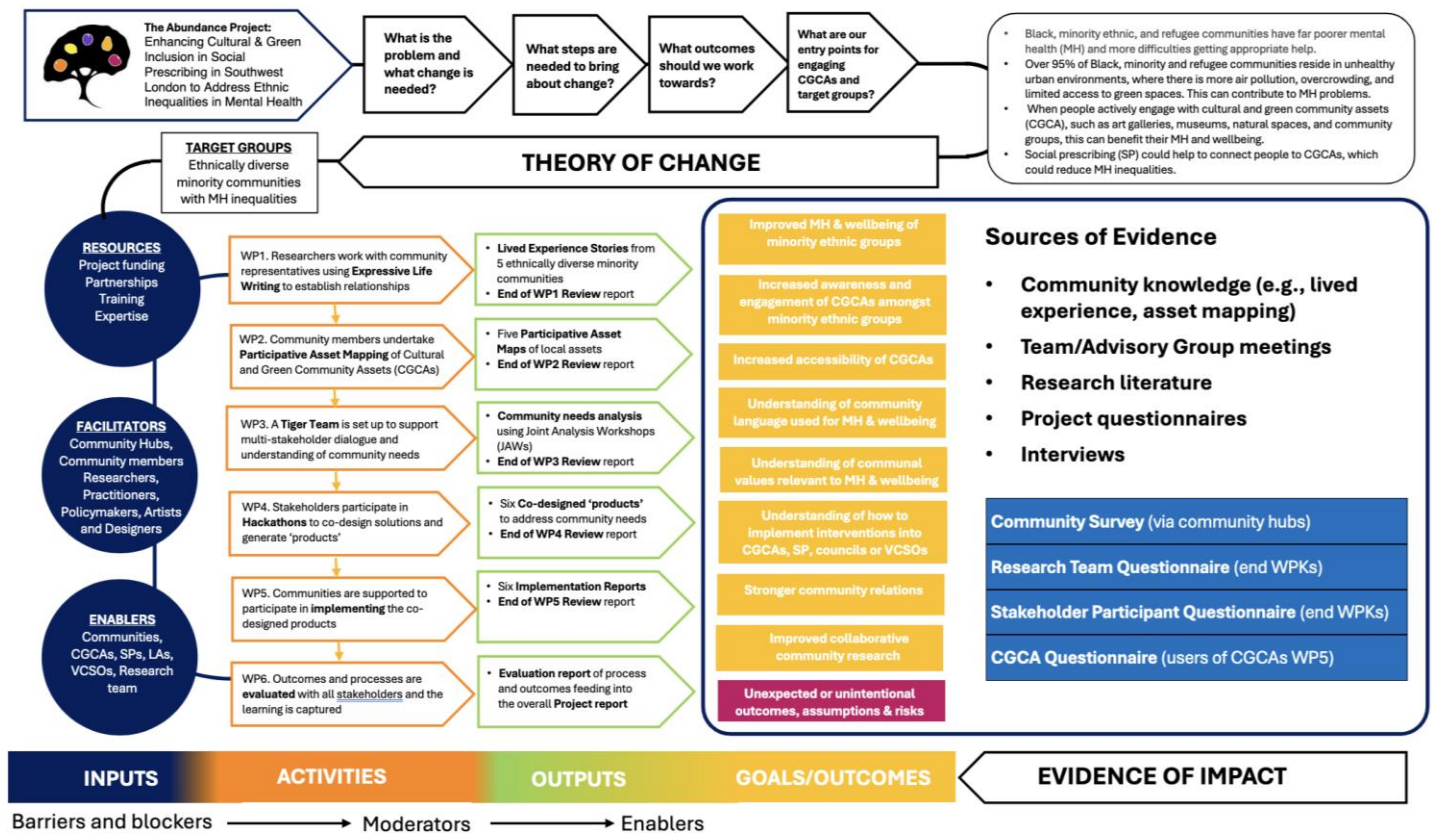
The Abundance Project: Community-led Creative Health Research and Practice

apply, test and iterate the different interventions, seeking ways to grow prototypes and pilots into fully developed programs, projects and services that can be applied in social prescribing processes, resulting in a measurable increase in referrals to creative and green community assets for underserved communities.

Theory of Change and evaluation

A key part/component of the project is the development of a Theory of Change framework and conducting evaluation activities to assess the project's impact and inform scalability. This includes designing and implementing a national survey examining relationships between cultural and green community assets (CGCAs), wellbeing, and ethnicity across the UK. The evaluation framework will document the success factors, barriers, and enablers identified throughout the co-design and implementation phases, building an evidence base that can inform the spread and adoption of collaborative models across the UK.

The Theory of Change developed for the Abundance Project



Findings

The findings presented here emerge from the initial research phases, which focused on understanding lived experiences through storytelling workshops and mapping community assets and information systems through focus groups and community-led walks. As the project is only partway through its three-year timeline, these insights represent early learning rather than conclusive results. The subsequent phases, involving co-design and intervention development, will result in further findings.

Migration, belonging and barriers to wellbeing

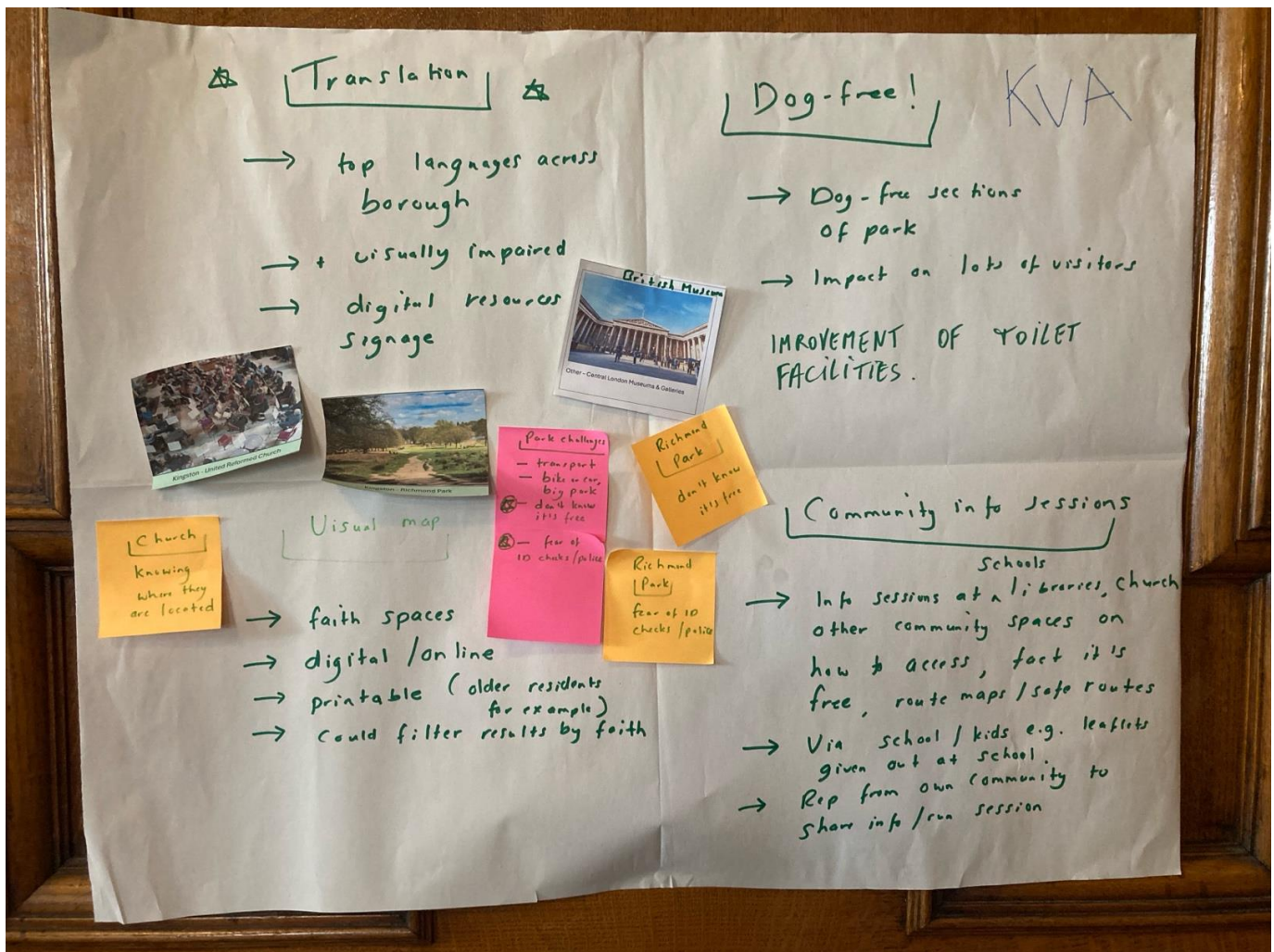
The lived experience workshops revealed seven interconnected themes that illuminate the experiences of Black, minority ethnic and refugee and asylum seeker communities in relation to mental health, nature and cultural access. These themes, emerging from the 141 individual stories and 13 community letters generated through the storytelling process, provide insights into:

- **Struggles of being a migrant** and impacts on mental health emerged as a fundamental theme, with participants describing feelings of loss, isolation from community and the stigma of difference. One participant reflected: "Here in London [there] is no mercy between communities and neighbours. We miss community cohesion, mercy between individuals, sessions between neighbours".
- **Mistrust of institutions** - including health services, social care and local authorities - was identified as a significant barrier. Participants described experiences of navigating systems they did not fully understand, often whilst trying to support family members or advocate for their communities.
- **Constricted community knowledge** and support around mental health revealed how limited cultural awareness, taboo and stigma, and values emphasising personal resilience can prevent people from seeking help. As one participant noted, "there's so many individuals in the community suffering silently, because it's a taboo [...] you must hide these situations from your families".
- **Safety of place** emerged as crucial, with participants highlighting the importance of culturally safe places and shared community spaces where people feel secure. This was particularly emphasised by women who wanted women-only spaces due to both cultural considerations and safety concerns.

The Abundance Project: Community-led Creative Health Research and Practice

- **Nature and culture as sanctuary for mental health** described how green and cultural spaces can provide peace, calm and tranquillity, offering escape from life's stresses and opportunities for community connection. One participant recalled driving to Richmond Park with young children "to free myself from 1 - bedroom flat. I felt so weak and lonely especially with dark and cloudy days".
- **Community connections and belonging** highlighted the importance of feeling connected and staying close to cultural roots, whilst also revealing the pain of being reminded "you don't belong here" even after decades in the UK.
- **Cultural difficulties in accessing nature and culture** identified practical barriers including being unaware of places and spaces, fear of discrimination, and language barriers. One participant explained why ethnic minority communities often visit parks in groups: "if you're by yourself, you could be an easy target, but when you're in numbers then you won't be targeted".

Worksheet from CVC workshop on possible responses to identified challenges within their local communities



Information gaps and access barriers

We explored how social prescribers, stakeholders and communities find and use information about cultural and green community assets through interviews, focus groups and community walks:

- **Social prescribers' knowledge gaps:** Interviews revealed that social prescribers use a wide range of sources to gather information about local assets but reported low awareness of available cultural and green spaces and activities, making few referrals to them. As one social prescriber noted, "It's finding them because they're the ones that are a bit more difficult to kind of find."
- **Competing priorities and access barriers:** Social prescribers expressed uncertainty about the suitability of cultural and green activities for their client base, noting that "nature and the cultural is quite far down the list on the whole because there's more basic needs that need to be met" including cost of living pressures and urgent mental health concerns. They also identified access difficulties including transport, safety concerns, fear of stigma, language barriers and assistance needs.
- **The need for accompaniment:** Social prescribers emphasised the importance of providing a "helping hand" for clients - someone to accompany them or help "over the threshold" to new activities. They noted the benefits of face-to-face community presence to build trust and explain social prescribing in relaxed settings.
- **Community information sources and trust:** Focus groups and community-led walks revealed how communities find and use information about local assets. Digital sources include Google, websites, apps (YouTube), social media, and local broadcasts (faith groups and radio), with WhatsApp serving as a key tool for sharing information amongst community groups. Traditional methods like school and community newsletters, posters and leaflets in libraries, support centres, shops and restaurants remain important. However, personal networks consistently trump official sources - people trust friends, family and other community members more than council websites. Generational differences also emerged, with teenagers finding information through social media very differently from how adults use newsletters.
- **Representation and accessibility:** Participants emphasised improvements needed to make information accessible for everyone. Information should be provided in different languages and made less generic - people want to feel that information is "speaking to me" and that "they know me." Photos and reviews help people decide if a place is right for them, asking: "Could I see myself/my family being welcome there?" Youth engagement requires using channels that young people and teenagers use to show them they are the audience.

The Abundance Project: Community-led Creative Health Research and Practice

- **Barriers and enablers:** Participants identified multiple barriers to accessing green and cultural assets: safety concerns, antisocial behaviour, racism and Islamophobia, unawareness that access is possible, feeling that those assets are "not for people like me," cost, transport difficulties, concerns about being out in the dark, overcrowding, and lack of local provision. Enablers included feeling safe and welcome, signage in different languages, easy access and transport, good weather, personal introductions, awareness of what exists, and going with others.

Reflections on the research process

Community Voice Champions reflected positively on their participation, noting that they enjoyed "sharing thoughts between us and listening to all the stories through which we can gain insights into others' ways of thinking" and "deeply thinking about our green spaces, cultural assets and community centres through different lenses". Participants valued having choice in how to express themselves, including through drawings or writing in different languages. One CVC noted that "the project has fostered a stronger sense of community ownership and responsibility," whilst another described how "participating has equipped me with valuable skills and knowledge, such as communication and advocacy."

CVCs at co-design workshop exploring challenges with local assets. Image credit: Angela Tozzi.



Next Steps

The Abundance Project is now transitioning from understanding community experiences and mapping systems to designing and implementing interventions. With findings from the first stage providing a foundation of community insights, the project is now in its co-design phase, developing six community-led interventions to address identified barriers and challenges.

Co-design workshops and intervention development

The first co-design workshop took place in September 2025, bringing together Community Voice Champions with practitioners from health, creative and public sectors in London.³ These workshops aim to create interventions grounded in the lived experiences documented through storytelling and responsive to the information gaps, access barriers and system challenges identified through community walks and focus groups. By involving both communities and practitioners in design, the project attempts to create solutions that are practically feasible within existing systems whilst genuinely responsive to community needs.

Six co-design teams are currently developing interventions, which remain in draft form as teams continue to refine their approaches based on ongoing community and stakeholder input. Intervention themes include engaging with social prescribing systems to support engagement to green and cultural assets; addressing barriers to accessing large green spaces by working with park management organizations; enhancing young people's engagement with local green and cultural assets in Feltham with Reach Foundation; and strengthening partnerships between major cultural institutions and underserved communities to create more welcoming and accessible museum experiences.

Group discussions at the first co-design workshop in September 2025. Image credit: Angela Tozzi.



Embedding peer-led approaches

The project's next steps align with emerging evidence about peer-led approaches in health services. Recent guidance suggests peer roles should be adequately resourced and supported with career progression opportunities, with adapted recruitment principles.¹³ Potential peer roles include supporting service access, facilitating health protection interventions, providing treatment support and advocacy and supporting engagement with long-term conditions. As interventions develop, there will be opportunities to explore how Community Voice Champions and other peer roles might be embedded within social prescribing pathways, drawing on the trust and cultural understanding that peer support can provide.

Developing tools and resources for wider application

The project is creating resources to support creative health practice beyond Southwest London. For example, toolkits or data visualisations that combine expressive writing and lived experience storytelling for public health practice. Research demonstrates that expressive writing can positively impact physical and mental health across diverse communities, whilst lived experience storytelling fosters communication, empathy and trust between practitioners, researchers and communities. Such tools may help other practitioners adopt similar approaches in their own contexts, contributing to broader efforts to tackle health inequalities through community - led creative health approaches.

Knowledge exchange and evaluation

The project has actively engaged in knowledge exchange at local, national and international levels throughout 2025. Research Associate Francesca Taylor presented findings at three UK health conferences, including the British Psychological Society Division of Health Psychology Conference in Cardiff, the NIHR ARC Knowledge Exchange event, and the Southwest London Health Research Summit, showcasing the project's community-led methodology and lived experience insights to audiences from NHS, local councils, voluntary groups and universities. Community Co-Investigator Ima Miah presented at Civil Service Live 2025, delivering three sessions to over 500 civil servants on building public trust through community engagement. Internationally, Co-Principal Investigator Professor Tushna Vandrevale (Kingston University) presented at the 2nd World Congress on Migration, Ethnicity, Race and Health in Lisbon (September 2025), and the project was represented by Research Fellow Dr Silke Zschomler at the AMPS Livable Cities Conference in Barcelona (July 2025), connecting the work to broader discussions on health inequalities and equitable urban environments. Principal Investigator Professor Maria Chatzichristodoulou will share project updates at Healing Arts Singapore in December 2025.

Finally, the evaluation phase will assess intervention processes and outcomes, examining both whether interventions achieve intended results and what can be learned about co-design, implementation challenges within health systems, and conditions that enable or constrain change. The three-year timeframe allows iterative learning with ongoing refinement.

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To keep up with the Abundance Project, follow our blog at:

<https://abundanceproject.myblog.arts.ac.uk/>



Illustration of co-design workshop discussions. Illustration credit: Palak Garg.

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Project team

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Illustration of co-design workshop discussions. Illustration credit: Palak Garg.