The Fathom Trust

MAKING WELL

THE FATHOM TRUST: EVALUATION DATA

Report

for Fathom Trust

Authors

Prof. Carolyn Wallace

Prof. Mary Lynch

Sophie Randall

Wales School for Social Prescribing Research (WSSPR) · PRIME Centre Wales · University of South Wales · University of the West of Scotland

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EXECUTIVE SUMMARY

This report presents findings from an evaluation of the Fathom Trust: an organisation creating opportunity for personal and social regeneration through the holistic process of 'Fathoming'. A total of 46 participants engaged in 3 focus groups focussing on their reflections of experiences with the Fathom Trust, in addition to the collection of 19 value-based questionnaires. Data has been examined thematically and considered under three key questions focussed on the experience of participants, the impact on their health and wellbeing, and what works for them. Overall, participants shared positive experiences with the Fathom Trust and a number of key themes were identified within focus group dicussions. These themes include experiences of reconnection (with the self, communities and nature), skill building, and holistic approaches in addition to highlighting the importance of early intervention, community care/action, and a whole-systems approach. The value-based questionnaires reflected that participants would, on average, be willing to pay £20 per month from their own expenses to experience the benefits associated with the Fathom Trust, but also reflected that they felt it should not be their burden to do so. Additionally, all participants indicated that they would be willing to partake in an initiative similar to the Fathom Trust if it was offered to them free of charge. Overall, these findings reflect a positive experience of the Fathom Trust and indicate that participants recognised a host of benefits to taking part which they felt they would be willing to pay towards if necessary.

INTRODUCTION & DATA CONTEXT

The Fathom Trust has been exploring a soulful approach to promoting physical, mental and spiritual wellbeing since 2020 based on craftsmanship, conservation and contemplation. Underpinning this is the belief that a deep context that frames, grounds and gives meaning to life can help to alleviate many of the ills of society. In their words:

"We aim to create opportunities for personal and social regeneration through a holistic, community-based approach, called Fathoming. We believe Fathoming holds the key to progress in areas where we have hitherto struggled; and brings richness into the lives of children of all ages, patients of many kinds, and those simply needing refreshment because of the burdens of their office."[1]

They are learning from other exciting nature-based approaches to improving health across the country and want to bring as many of these voices together to re-imagine their relationship to health. In the last year one of the Wales School for Social Prescribing Research (WSSPR) leads at Bangor University and the University of the West of Scotland have been working together to conduct a social return on investment and ethnographic study. On the 10th November Prof. Carolyn Wallace (Director of WSSPR) and Prof. Mary Lynch were asked to conduct focus groups and a 'value' questionnaire to reflect on this work. The purpose of this is to reflect on the findings with the view of considering what research and evaluation should be conducted with the Fathom Trust in the future.

This report disseminates findings from these focus groups and questionnaires under the lens of

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[1] https://fathomtrust.com/mission/

three questions:

- What are the experiences of participants, communities and workforces involved in the initiative?
- What is the impact of the initiative on participants, their communities, and workforces in relation to addressing health and wellbeing needs?
- What works, for whom, and why and in what context? This question embraces the strategies for enabling what matters to individuals and communities in order to manage their own health and wellbeing needs and also learning about what strategies work across contexts and environments that can be transferred.

In total, three focus groups (G) containing 46 participants (P) in total were conducted utilising the 'the good ancestor approach' (Krznaric, 2020[2]) meaning that they were designed to adopt a short term and long term approach to reflection, and data from these has been examined thematically. Participants identified as being from a number of professions and communities which included: 10 artisans, 10 clinicians, 10 third sector workers, 10 academics and 6 community members. In addition, 19 value-based questionnaires were collected and findings are presented.

FINDINGS

WHAT ARE THE EXPERIENCES OF PARTICIPANTS, COMMUNITIES AND WORKFORCES INVOLVED IN THE INITIATIVE?

A number of themes were identified from focus groups in regards to the experiences of participants, communities and workforces that have been involved with the Fathom Trust. A summary of these themes and an example quote is presented in Table 1.

The most prevalent theme related to experiencing a reconnection with the community – be that a local community, a working community or a more generalised sense of community through the group that stemmed from a connectedness with others. Generally, participants seemed to value simply coming together meaningfully with others, as was phrased by one participant, who also reflected on how this can be translated into their workplace:

"Just bringing people together was transformative"; "But actually bringing everybody together within one room, it will just break down that hier-, that hierarchy" (P14, G1).

Some participants reflected that the philosophies they had learnt whilst with the Fathom Trust helped them to consider their community and their role and presence in it. One participant particularly identified the "fingertip philosophy" as helping them to reflect on this, whereas another discussed that they had been considering their presence and commitment to their community over a length of time since first engaging with the Fathom Trust. Additionally, one participant who had been working with the Fathom Trust identified the importance of connection to a community to the people that they work with, sharing that:

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[2] Krznaric, R. (2020). *The good ancestor: How to think long term in a short-term world*. Random House.

"We often get elderly people who tell us that they have nothing to offer because they can't do physical work, but they have so much to offer just by being there, you know, just by sharing a cup of tea with them. Just, you know, everybody has something that they bring and I think that we, you know, we need to recognise that" (P4, G2).

This theme of experiencing reconnection with a community appeared to be intrinsically linked to a second theme of reconnection with the self. One participant identified that they felt as though they were in a "different place" following remembrance of who they are, whilst another discussed that their cynicism "flew out of the window" during their introduction to the Fathom Trust. A staff member discussed this and shared that:

"I find that people remember things that they hadn't thought of for years and years and years" (P12, G2).

A further related theme was identified in participants who felt they had reconnected with nature. Several participants discussed the importance of the environment and nature to themselves and the wider population, both through the lens of helping them to heal following personal trauma, and in terms of caring about the environment more generally to provide stability to future generations:

"Being close to the environment, I would say has, has got us through" (P4, G1); "I think our link to Fathom's mission, you know, around conservation will… don't have to look far to see the challenges around how, how we're affecting the planet" (P3, G3).

Being able to reconnect with nature through the Fathom Trust appeared to be a positive and valuable experience to these participants, and this linked into the holistic and non-medicalised approach of the initiative that was important for many.

As a result of all of the themes discussed, one participant particularly identified that they felt they had grown in confidence as a result of their newfound connectedness to the community. This may have linked to some of the skills built whilst with the Fathom Trust, as another participant identified:

"Going to the Fathom Trust and learning those principles, you know, of mindfulness looking at things, focusing or like calming their minds and things like that, and they can take those things home with them, talk about it with their family" (P14, G1).

All of the identified themes spoke to a positive experience of being involved in the initiative overall and the experiences of participants, communities and workforces seemed to centre around a feeling of being connected to others and to the wider context.

Theme	Example
Reconnecting with the self	"It was about remembering who I really was and then you go out into the world in a different place, don't you?" (P2, G1).
Reconnecting with the community	"We've got one gentleman who came to us, he had gone to work one day and he couldn't remember how to do a job he'd done all his life and he thought that he had no future, no identity. But he's there now, he's trained as a teacher and he's passing on his skills and his knowledge to younger people. You know so we, as a community, we need each other, you know" (P4, G2).
Reconnecting with nature	"When you're, you're involved in, in the conservation and the biodiversity and the planting and everything else, you know, you're not just benefiting the

Skill & confidence building	individual, you're benefiting the environment" (P4, G2).
	"Belief in the value of what you have and what you can do, as opposed to worrying about the stuff you can't do" (P2, G3).
Holistic approaches	"My thinking around Fathom is that it, it… what I really like about it is I like the conservation angle, but I also like the fact that it's promoting a completely different approach to health and wellbeing. I don't just mean physical health, so physical, mental wellbeing, and spiritual wellbeing" (P3, G3)

Table 1. Key themes identified for experiences of the initiative and examples

WHAT IS THE IMPACT OF THE INITIATIVE ON PARTICIPANTS, THEIR COMMUNITIES, AND WORKFORCES IN RELATION TO ADDRESSING HEALTH AND WELLBEING NEEDS?

Participants identified a number of ways in which the initiative may have changed the way that they consider their health and wellbeing needs, or the way that they act on them. A summary of these themes is presented in Table 2 with example quotes.

The first theme to be identified here related to care within communities. As identified above, many participants reflected on their role in their communities as a result of their involvement with the Fathom Trust and this appeared to translate into the ways in which they considered health and wellbeing needs. One participant identified that they felt that health needed to come "back to a community model" as another stated that although they had a background in medicine, they had not tried to seek formal healthcare for a recent difficulty. Participants discussed that they felt individuals and their communities may be able to support one another in a way that reduced the need for medical intervention for certain health and wellbeing needs, surmised by one participant who, in relation to people in hospitals, stated that:

"Lots of those people actually needed a hug, they needed a cup of tea, they needed somebody to be interested in them, to listen to them." (P4, G1).

This need for support from those around them was also reflected in the way that another participant discussed the healthcare workforce, sharing that:

"I've just been listening to the phone in this morning about nurses and the strike and how they're completely on their knees. Why is it not built in that we can have systems which are sustainable personally, as well as, you know, in, in all other respects?" (P3, G1).

This need for a more community based and supportive approach to health and wellbeing needs for individuals, for communities and for the workforce was reflected in the other themes identified. One such theme was skill building and sharing within communities and how that could support people to manage health and wellbeing, something that participants seemed to feel that the Fathom Trust fostered:

"I think we do see a lot of people that are wanting to go back [inaudible 00:23:15] wanting to grow their own food and, and to learn from, from the elderly lady in the garden about how to sort of preserve things and, you know, how to make the medicines that she used to make and things like that." (P4, G2).

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Participants identified that initiatives such as the Fathom Trust had an important role to play in this increasingly community-based, holistic view to health and wellbeing. A conversation between two participants in particular identified that they felt being told by a professional that attending the Fathom Trust would be beneficial for them would make them feel more open to the experience as opposed to, as they put it:

"You might give it a go. Whereas if your mother says, "Go and weave a willow basket", you'd be saying "Don't be so ridiculous""" (P2, G3).

Participants also discussed early intervention, and the role that an initiative such as the Fathom Trust can play in this. One participant discussed in detail the role of the NHS as a system that fixes "things that have gone wrong" as opposed to health promotion or "maintaining health and wellbeing" whilst others shared concerns about the longevity in the current system. As a result, many participants appeared to place value in the opportunity for early intervention presented by the Fathom Trust and considered that this may be influential for them, their families and their communities moving forward:

"If they've got that just habit of standing still and running sometimes, built into them from childhood, they won't be, hopefully, going to the doctor." (P2, G3).

Each of these themes relates to the final theme identified that discussed the change in perspective that some participants had undergone following their involvement with the Fathom Trust. Participants discussed a change in where they perceived value and how they perceived wellbeing. One participant discussed a change in their view of grief, and how that change fostered more confidence in their everyday life. Another discussed recognising the value of mindfulness in their daily life, and of tactile activities that they may not have considered as having an effect on their health and wellbeing previously, which they described as needing to "rewire the brain". Finally, participants discussed wanting to take these changes forward into their communities and lives, summarised well by one participant as: "What I've come to realise is that we need to be the change you want to see."(P1, G1).

Theme	Example
Community care	"At the moment it's just healthcare services and, and social services that, you know, that's seen as if you want to do well by a family you have to take them to the hospital, you have to take them to the doctor. But actually how do we make it so communities have got a status" (P11, G1).
Change in perspective	"I think what it all boils down to is like a paradigm shift in, in where we feel we get our, our wellbeing and our value from" (P3, G1).
Early intervention	"And it's sort of if you start to sort of develop those healthy normal behaviour as a young child, it's, that's where sort of Fathom's longevity of sustainability." (P5, G1).
Skill building	"Those principles are coming home with people, you know, people are learning those skills and it's not that they forget them. They take them and they've been transformed by them and then bringing them home with them and bringing those to their communities, where then it will spread further." (P14, G1).

Table 2. Key themes identified relating to addressing health/wellbeing needs and examples

WHAT WORKS, FOR WHOM, AND WHY AND IN WHAT CONTEXT?

Participants described various examples of 'what works, for whom and why' in varying contexts which related to what mattered to them. A summary of key themes and examples is presented in Table 3.

The first of the themes identified closely links with themes identified in the previous questions and this related to action taken in the community. Many participants identified that they felt the integration of health and wellbeing with communities had importance and the propensity to work well if implemented correctly. For example, one participant discussed misinformation surrounding healthcare and how an increased focus on health education within communities where knowledge is then shared would be beneficial, whereas another described the importance of physical space within communities for people to be able to meet, with this addressing some of the difficulties surrounding loneliness/isolation. Additionally, when discussing initiatives such as the Fathom Trust specifically, participants identified the role of a person with good community knowledge to help guide others through the complexity of finding what's 'out there':

"I know you need something, but I… there's all sorts of stuff out there, Fathom's one of them. But you need to [inaudible 00:56:11] community connector who, who knows who they all are and, as you say, they're always changing." (P3, G3).

Linked to this was an identified theme surrounding an informal approach to health and wellbeing, in particular social needs and initiatives that fall under the 'social prescribing' umbrella. Several participants described their dislike of the phrase "prescribing" in the context of wellbeing and discussed the importance of word of mouth amongst friends and communities alongside referrals from professionals. One participant in particular discussed how social prescribing could be made less formal and more accessible:

"It's shared out, how would that then… could I socially prescribe something to my friend. And if a friend was doing that, that's seen as, as valuable as a doctor, as a professor. I think yeah, that would be an interesting way to like shift our perspective on where we get the answers from and can we, as communities, all support each other" (P5, G1).

This informality in the way that health and wellbeing could be approached seemed to be intrinsically linked to a third theme, which was characterised as connection with others. Many participants identified the importance of connections with the people around them in addition to connections with their wider community, and to nature/the earth more generally. Participants discussed that having these connections may make it easier to find support for health and wellbeing needs through "exploring the ways that you can contribute to your community", but also that this can help people to feel better in the first instance. As one participant expressed:

"If we can hang out more in the parasympathetic nervous system, in the place where we are relaxed and we feel safe and we feel okay, that's helping our bodies. But it's also a reverberation out into our environment. So, you know, we are living in a really stressed out society and that's how we impact." (P3, G2).

Each of these themes appeared to tie in with the final theme, which centred around a whole systems, holistic, approach to health and wellbeing. The intersection of community action, informal approaches and connections with others appeared to spur participants to think on

broader contexts and consider issues such as inadequate housing and the wider determinants of health:

"People are really in huge poverty and terrible housing, you know. There are two ends of the spectrum and there isn't anyone to look after your neighbour and to look after the elderly and look after the children." (P4, G1) ; *"So if the global healthcare sector was a country it would be the fifth biggest polluter, climate polluter. So we're actually contributing to some of those, we're undermining some of those determinants of health, the environmental, ecological determinants of health, and we're using up social resource as well and, you know, overwhelming nurses and healthcare professionals as well" (P10, G1).*

Therefore, participants seemed to feel that for any health and wellbeing initiatives to work well they needed to consider the wider context surrounding them. Fundamentally, participants seemed to suggest that person-centred, community-based and holistic approaches were 'what worked' for them.

Theme	Example
Community action	"Physical space is really important within a community and so actually community halls, chapels, most have a chapel actually, or something like that, where people can get together, that can be used and people can meet." (P3, G3).
Informal appraoches	"When I looked at, you know, people who are being referred into our community garden in [inaudible 00:16:39], the majority was friends, you know, it was people who just contacted them directly. Found them on Facebook, you know, instead of the healthcare referral, because… well I don't know the reasons" (P8, G1).
Connection with others	"But I think the fundamental thing is connection, understanding the connection between, you know, mind and body, self and others, self and environment. We're all intrinsically connected and until people really feel that then you're not gonna feel empowered to make a change, because you don't feel it's gonna… it's not worth it." (P2, G2).
Whole systems approach	"Social, financial, environmental impact, adding social value at every opportunity and really focusing on the staff as well, because without a thriving workforce you won't have anything" (P2, G1).

Table 3. Key themes identified in relation to what works, in which context, for participants

QUESTIONNAIRE RESULTS

The following disseminates the responses to the Contingent Valuation (CV) questionnaire, completed by 19 participants.

1. Suppose that the Fathom Trust finished and was no longer available but there was a new and similar project avaiable in your local community and was available free of charge. Would you be willing to participate in this alternative project?

This question was to understand if participants who engaged with the Fathom Trust programme placed a benefit on accessing the programme. Results indicate that (n=18) participants would be

willing to access a simlar programme and the resulting health and wellbeing effects.

2. Now suppose this new project could no longer be offered free of charge and suppose it was not available through the NHS/Health insurance or partner organisation. What is the maximum amount that you would be willing to pay at your own expense monthly?

To understand the value that participants placed on accessing and participating in the Fathom Trust programme 18 participants indicated that they would be Willing To Pay (WTP) between £10 and £50 per month from their own out of pocket expenses. On average participants are WTP £20 per month (SD = 14.97) from their own expenses to gain the health benefits associated with taking part in the Fathom Trust programme. When participants were asked to indicate the rationale for selecting their WTP estimates, participants indicated that the value estimates selected reflected the value that participants placed on the health and wellbeing impacts that they noticed as a result of the programme as shown in Figure.1.
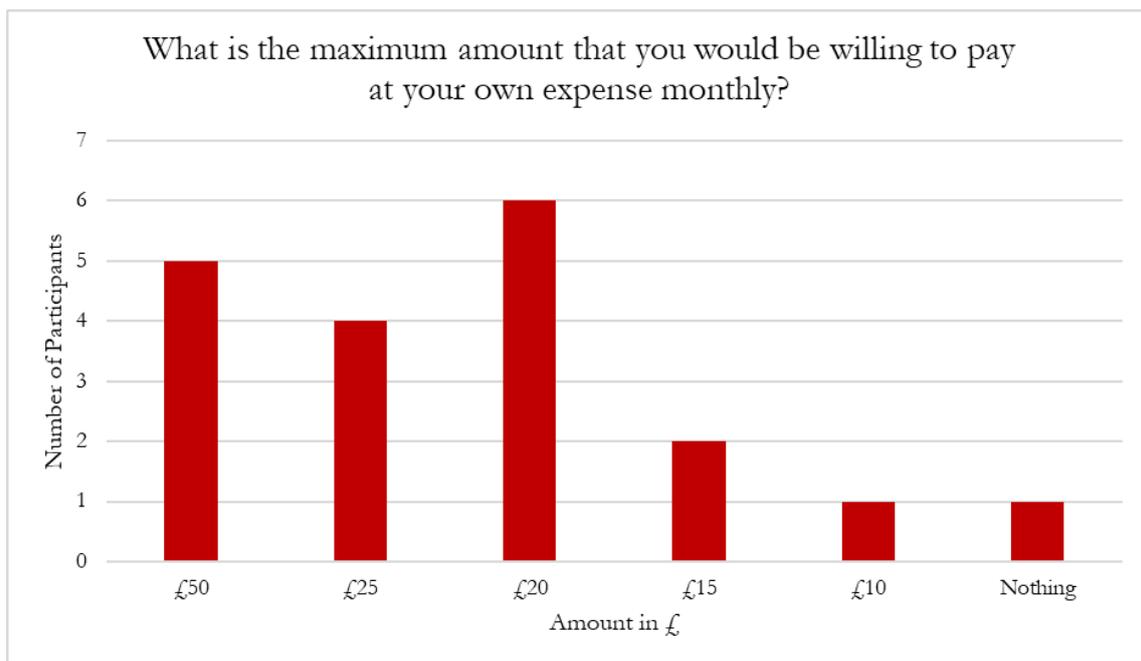

Figure 1. Willingness to pay estimates

These WTP estimates are a reflection of participants experience of engaging with the Fathom Trust. In addition, to understand the rationale for selecting the value estimates participants were asked to indicate the reasons that best reflect their WTP estimates for the health and wellbeing programmes delivered through the Fathom Trust.

Reflecting on participants WTP estimates participants were asked to indicate one or more answer that best showed the reason for WTP to access the Fathom Trust programmes.

All participants only selected one sentence to explain their previous answers. Majority of participants (n=13) or 68% indicating that the value estimates selected were reflective of "The value they placed on the programs". A futher (n = 4) participants or 21% indicating that they " cannot afford any additional tax" and (n = 2) paricipants or 11% suggesting that "The government should provide the benefits described by the programs without any additional costs for taxpayers". There were no responses to the two remaining options: "I am not interested in this pretend project described" and "I do not believe the pretend programs described". A

breakdown of responses is shown in Figure 2.

These questions have asked about your willingness to pay for hypothetical programmes. Below are some sentences to explain why you gave the answers you have chosen. Please read each and select the one(s) that best explain your answers.

- They are the value I would put on the programs
- I am not interested in this pretend project described
- I cannot afford any additional tax
- I do not believe the pretend programs described
- The government should provide the benefits described by the programs without any additional costs for taxpayers
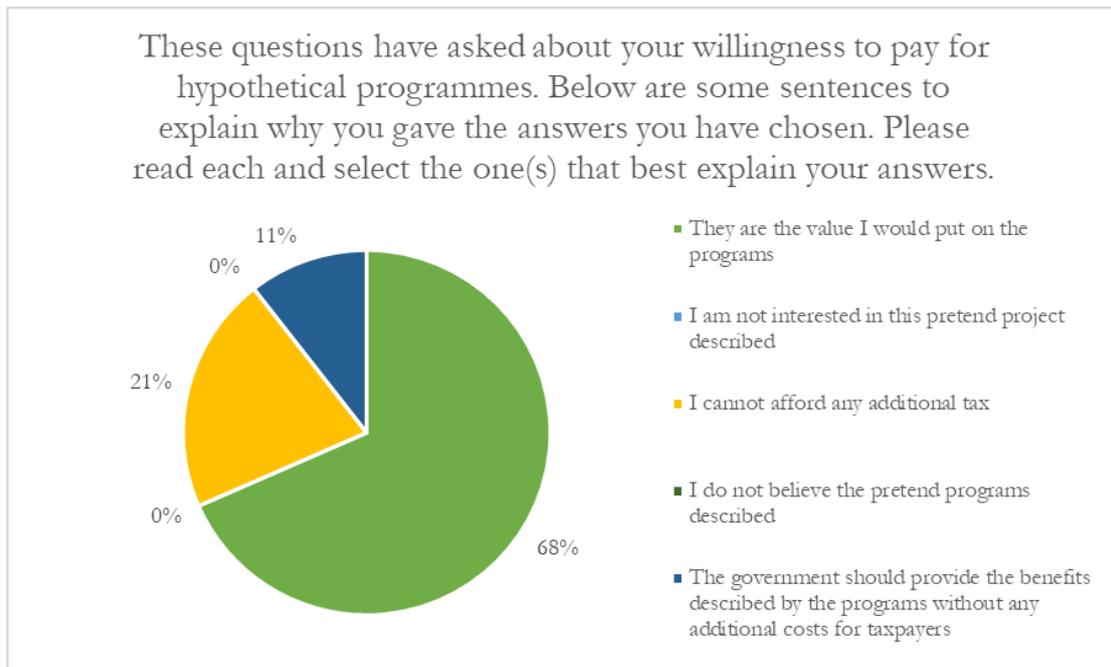
11%
0%
21%
0%
68%

Figure 2. Participant responses to WTP estimates

Finally, participants were asked to think about the cost of living and to reflect on how the cost of living affects them and their household, and to consider which of these best describes your situation at present?

All participants (n=19) responded to this question. The majority of the partipants indicated that they were either "I am quite comfortably off" (n = 7) or "I have to be careful about money" (n = 7). Fewer participants indicated that "I am able to manage without much difficulty" (n = 5) and no participants indicated that the cost of living impacted that they found it a strain to get from week to week. A breakdown of these results are shown in Figure 3.
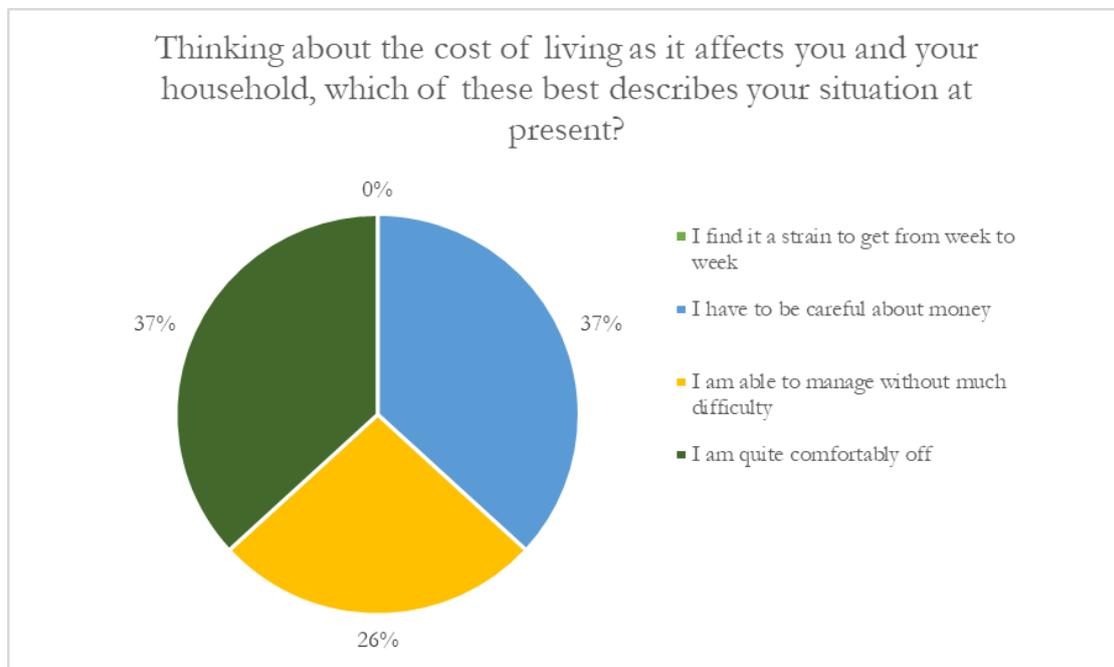

Thinking about the cost of living as it affects you and your household, which of these best describes your situation at present?

- I find it a strain to get from week to week
- I have to be careful about money
- I am able to manage without much difficulty
- I am quite comfortably off

0%
37%
37%
26%

Figure 3. Responses to impact of cost of living on participants

These resuslts from this Contingent Valuation (CV) questionnaire indicate that participants who have experience of the Fathom Trust programme value accessing and engaging with the programme. The value estimates suggest that previous participants are WTP on average £20 per month to gain the health benefits and wellbeing effects of accessing Fathom Trust progarammes. These value estimate are reflective of the importance previous participants placed on the programmes and are willing to contribute to accessing and engaging with these programmes. Participants did reflect that the health and wellbeing programmes available through the Fathom Trust should be supported by the governement. This may have been more pronounced if there were any participants in the category that "find it a strain to get from week to week" – particularly as WTP reflected the value participants placed on the benefits of Fathom Trust rather than the amount they could consistently afford to pay in actuality. Those under more acute financial strain (e.g. those caring for others, those in receipt of direct payments etc.) may require the government to provide a means to access these services in order to be able to receive the benefits in practice.