ASPIRE responses to Questions on Notice

Inquiry into the prevalence, causes and impacts of loneliness in New South Wales
Associate Professor J.R. Baker
6 March 2025

Dr AMANDA COHN asked about the implementation of nature-based programs and the practical barriers involved. For this please see Attachment A - Developing a Consensus-Based Nature Prescribing Framework.

The Hon. NATASHA MACLAREN-JONES asked about any national engagement, to which A/Prof Baker advised he would provide the ASPIRE consensus statement which has signatories from over 100 different organisations, including organisations such as the Royal Australian College of General Practitioners and the Pharmaceutical Society of Australia. Please see Attachment B - ASPIRE Consensus Statement.

The Hon. NATASHA MACLAREN-JONES also asked about the UK's all-party parliamentary working group recommendation around creative health and what creative health is. Please find the two recommendations from 2017 (Attachment C - Creative Health Inquiry Report 2017 - Second Edition) and 2023 (Attachment D - Creative Health Review Report 2023) which cover this.

Wiley
Health & Social Care in the Community
Volume 2025, Article ID 9529532, 13 pages
https://doi.org/10.1155/hsc/9529532

Research Article

Developing a Consensus-Based Nature Prescribing Framework for Australian Healthcare: A Delphi Study

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Received 10 July 2024; Accepted 7 February 2025

Academic Editor: Kerryn Husk

Background: With growing interest in nature-based interventions for health, establishing implementation frameworks for prescribing nature in diverse settings is crucial. This study aims to develop and validate a nature prescribing framework tailored for the Australian healthcare context, employing a Delphi methodology to harness expert consensus.
Methods: The study utilised a two-round Delphi technique to gather insights from experts across various health and environmental sectors. Participants included healthcare providers, managers and policymakers engaged in or knowledgeable about nature prescribing. The initial framework, which was informed by earlier interviews with parties who prescribe or provide nature-based health interventions, was refined through the Delphi process, aiming for consensus on implementation criteria and associated practices.
Results: Sixteen experts participated in the first Delphi round, with 13 completing the second round. Participants reached consensus on five essential domains of the nature prescribing framework, which included Community: consultation and customisation, Systems: building partnerships and networks, Prescribers: cultivating awareness and capacity, Providing prescriptions: psychosocial foundations and External settings: interfacing social and natural environments. Perceived barriers and enablers to application were considered within the framework, including contextual and environmental factors, awareness and capacity among prescribers and public, and the role of infrastructure support.
Conclusion: The nature prescribing framework offers a structured approach to integrating nature-based activities into health practices, addressing both individual and community health needs. It is adaptable to various Australian settings, promoting broader implementation of nature-based prescriptions. Future research should focus on implementing and evaluating the feasibility and effectiveness of the framework in diverse demographic and geographic contexts.

1. Introduction

As emerging health challenges are exacerbated by environmental changes and social challenges, innovative approaches to healthcare are increasingly necessary [1]. Nature-based health interventions, also known as Nature Prescriptions, have been shown to promote physical, mental and social health beyond the advantages of general physical activity alone [2–4]. These interventions fall within the broader field of Social Prescribing, whereby individuals are referred to evidence-based non-pharmacological support to address biopsychosocial well-being [5], with specific inclusion of contact with nature, such as gardening, walking in forests or conservation activities [6, 7].

Nature Prescriptions impact health and well-being by improving respiratory, immune and cardiac function [8–10], reducing psychological stress [11–13] and supporting mental function [12, 14, 15]. These benefits are partially explained by established theories such as attention restoration theory [16], biophilia [17] and stress reduction theory [18], which together propose that natural environments help restore attention, reduce stress and increase innate affinity towards natural settings. However, many commentators have critiqued these theories, arguing that they do not fully account for the complex, multidimensional, multisensorial and interactive relationship between humans and nature [3, 19–21]. Extensions and elaborations of these theories, like the Domains of Pathways, offer a more nuanced understanding of these interactions, proposing that nature contact benefits health across personal, relational and collective levels [22].

Beyond individual health benefits, nature-based activities and access to green space promote social cohesion and community health and are associated with health equity [23] and pro-environmental behaviours [24]. Participating in group activities within natural settings strengthens community bonds and increases a sense of belonging and purpose among individuals [25, 26]. For instance, a meta-analysis of community garden interventions demonstrated moderate improvements in perceived social support, community cohesion and loneliness [27]. This aspect is particularly relevant to social prescribing, which influences not only individual health outcomes but also community well-being and upstream social health determinants [28].

Nature prescription interventions also align with global health priorities such as those of the World Health Organization (WHO), which emphasises the interconnections between human health and environmental sustainability, recognises nature as the greatest source of well-being, prioritises psychosocial interventions and promotes a sense of urgency in building equitable, resilient health systems to mitigate the climate crisis [29–32]. Nature-based experiences intersect with both planetary health concepts of human interconnection with nature, systems change and equity, and the social determinants of health [33, 34], offering an opportunity to simultaneously improve individual, community and environmental health. However, despite their well-established benefits and inclusion in broader social prescribing [7, 35], the systematic incorporation of nature-based interventions in healthcare practices, particularly in diverse and geographically vast countries like Australia, remains under-explored and inconsistently applied.

While some countries like Japan [36], New Zealand [37] and the United Kingdom [38] have begun to adopt nature prescribing practices, integration is not routine and guidance on implementation remains scarce. The fragmented nature of Australia's healthcare system, with its mix of public and private providers and funding bodies, further complicates the standardised integration of health interventions. Notwithstanding, there has been recent interest and investment in nature prescribing in Australia [39–41]. Integrating nature prescriptions into health service delivery is not only feasible but also essential, delivering scalable benefits to individual, community and systemic health needs. While it is imperative such interventions are designed effectively, to date, research remains limited regarding how best to design nature prescription programs to generate sustained positive change [22].

In response to the increasing need to effectively evaluate and integrate nature prescriptions into health systems for community benefit, the research team initiated a project to explore best practices for designing and implementing nature prescribing in Australia [42]. This research identified key gaps in current practice and provided preliminary insights into the delivery of nature prescriptions for health and well-being. The study presented in this paper addresses these gaps by refining a nature prescribing framework, using the Delphi technique and a panel of experts across healthcare, environmental management and community engagement sectors. The framework seeks to establish actionable guidelines that can be adapted for different settings and geographical contexts, promoting the inclusion of nature prescriptions within the broader public health agenda. In doing so, the findings of this study contribute to the global discourse on nature-based health interventions while addressing local needs and promoting systemic health improvements.

2. Materials and Methods

2.1. Aims. This study aimed to refine and validate the content of a novel framework to foster the implementation of nature prescribing in health care.

2.2. Design. The study used a two-round Delphi technique to address the study aims [43, 44]. The Delphi technique was used as it is an effective ground-up approach to gaining reliable expert consensus and is ideally suited to producing clear design principles and implementation processes. The approach also promoted the capacity of the framework to be broadly responsive to the Australian health and environmental contexts. In essence, the method facilitated structured insights from experts, helping to translate the initial

findings into actionable strategies. This study was conducted and reported with consideration to the Conducting and Reporting Delphi Studies (CREDES) guidelines [43].

2.3. The Nature Prescribing Framework. The nature prescribing framework was initially informed by interviews with relevant 'community partners' (i.e., individuals who play a role of connecting community members with nature prescribing activities, whether in a professional capacity or community-based role). Namely, these community partners included individuals in professional or community roles that involved either the prescribing of nature prescriptions (e.g., health care providers and managers) or the provision of nature prescription activities (e.g., facilitators of nature-based experiences) in Australia [42]. Participants were interviewed about barriers, enablers, experiences and needs relating to the implementation of nature prescribing. Thematic findings from the interviews were then synthesised into guiding criteria for effective implementation of nature prescribing programs and practices. The synthesis was undertaken by re-framing the identified themes as directive recommendations as appropriate. The framework was originally entitled 'The Green Prescribing Framework' and was re-named following the first round of the Delphi study in response to participant recommendations (as described in the Results section below).

The primary purpose of the framework is to provide a tool to support routine nature prescribing throughout the community. The framework is designed for adaptability, so it may be applied to different settings and user needs, whether in the development of community-wide programs or in the provision of individualised health care. The initial draft of the framework (as presented to Delphi participants in round one of this study) included 5 domains, supported by 13 criteria. The final version of the framework is presented in the Results section.

2.4. Participants and Sampling. Purposive and snowballing sampling were used to invite potential participants with a range of expertise in prescribing nature prescriptions (prescribers), providing nature-based experiences (providers) or facilitating nature prescribing through policy-development, infrastructure management and consumer support (policymakers/facilitators). Expertise was defined as holding a role of recognised authority or leadership in a field related to nature prescribing (e.g., heading a relevant professional association, academic expertise developed through research), or having demonstrated deep knowledge and substantial experience through the practice of nature prescribing and related roles (e.g., clinical practice of nature prescribing, experience designing and implementing nature prescribing programs). Professional diversity was prioritised in the sampling process as heterogeneous samples have been recommended as a means to mitigate professional biases in cross-disciplinary Delphi studies [45].

Individuals were eligible to participate in the study if they were aged 18 years or older, identified as a prescriber, provider or policymaker/facilitator (as defined above), able to read and understand written English, and capable of providing informed consent. No exclusion criteria were applied. While there is not yet consensus on sample size calculations for Delphi studies, 5 to 10 participants from each category of roles was considered appropriate in accordance with similar studies [44, 46]. As a number of potential panellists in the purposive sampling frame held cross-disciplinary expertise, a sample size of 12–20 participants was sought.

2.5. Recruitment. Potential participants were identified through networks developed during previous studies on nature prescribing, contacts known to the research team, relevant published research and news articles, and member directories of professional association websites relevant to the research topic. Invitations to participate were emailed to potential participants along with a detailed information sheet, a link to the first survey and a request for the names and contact details of other expert prescribers, providers or policymaker/facilitators who may be suitable participants for the study. A follow-up email was sent 1 week later if no response was received. An additional round of invitations was sent to a purposive selection of 'snowballed' contacts whose professional expertise was not yet adequately represented in the sample. While the information sheet indicated that completion of the surveys would imply consent, participants were required to indicate they had read and understood the information sheet before proceeding with the survey. An honorarium of AU$50 was offered to participants in thanks for their contributions upon completion of both Delphi rounds.

2.6. Data Collection. The surveys were conducted online using the Qualtrics survey management platform. Personalised survey links were used to ensure round two surveys were sent only to participants who completed round one. The round one survey was open for 2 weeks, at which point the desired sample size was reached. The round two survey link was emailed to participants 4 weeks after round one and remained open for 3 weeks. Data collection began 19 September 2022 and was completed on 2 October 2022. A flowchart of the study process is shown in Figure 1.

2.7. Round One Survey. The round one survey included a total of 67 items and took an estimated 35 min to complete. It comprised three sections: participant characteristics (seven items), the framework (52 items) and contextual questions about nature prescribing (eight items). Participant characteristics included age, gender, location, level of professional qualification, primary discipline/field of expertise, years of experience in primary discipline and role in nature prescribing (prescriber, provider and/or policymaker/facilitator).

The section outlining the framework began with an open-text item for feedback on the definition of nature prescribing—or 'green prescribing,' as it was initially termed—to be applied in the framework. Definitions of the

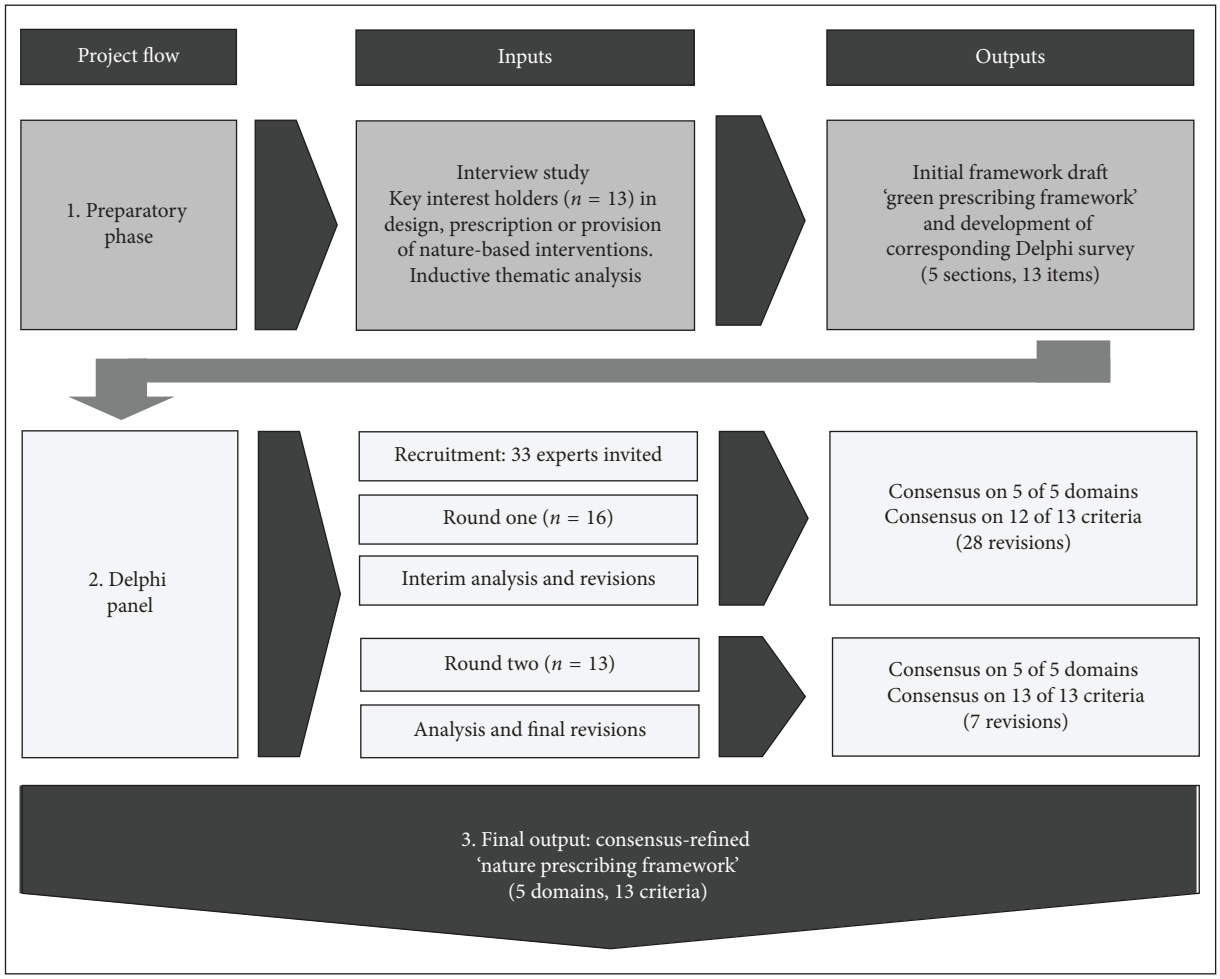

Figure 1: Flowchart overview of project phases and Delphi process.

framework domains and supporting criteria were then presented, each alongside an item assessing the level of consensus (five-point Likert scale from Not at all important to Extremely important) and an open-text item to review the clarity of the definition (What, if any, elements do you feel are missing from the definition, or require clarification or modification?). Each criterion definition also included an item asking participants to rate the level of responsibility held by prescribers, providers and policymaker/facilitators (visual analogue scale from 0 to 10) in order to assess whether any criteria may be more relevant to particular settings. An additional two open-text items provided participants with the option to provide general comments about the framework and the term 'green prescribing.'

The contextual questions about nature prescribing comprised six items on the context of the framework criteria, and two items on the practical aspects of prescription provision. The six items related to the framework criteria asked participants about existing pathways (Criterion 2.1) and resources (Criterion 2.2) for nature prescribing implementation, the perceived extant level of prescriber (Criterion 3.1) and public awareness (Criterion 5.1), current clinical capacity for implementation and referrals (Criterion 3.2) and education or training required to support behavioural change aspects of implementation (Criterion 4.2). The two items regarding prescription provision asked about payment for services, and the method of prescription (i.e., paper vs. digital); these items were shown only to participants who had identified as prescribers.

2.8. Round Two Survey. The round two survey included a total of 21 items and took an estimated 20 min to complete. The survey began with an introductory overview of the revised framework, an explanation of the changes to 'nature prescribing' terminology and a statement outlining the structure and purpose of the round two survey. The survey presented participants with four components: the revised definition of nature prescribing for consensus and final comments (one item), the retained domains and criteria for confirmation of revisions (17 items), the revised remaining criterion (5.2) for consensus and comments on clarity (two items) and an optional open-text question for any final comments on the framework (one item). Consensus on the revised definition of nature prescribing was assessed with the question. For the purposes of the Nature Prescribing Framework, does the definition above appropriately communicate the concept of nature-based activities for health and well-being? Participants provided a binary response of

'yes' or 'no, further revisions are required,' with the option to provide explanatory comments. The same binary response options were provided to participants in the items confirming revisions to domains and criteria. The revised definition of Criterion 5.2 was presented with an item assessing consensus (five-point Likert scale from Not at all important to Extremely important) and an open-text item to review the clarity of the definition (What, if any, further modifications do you feel are required for this criterion?).

2.9. Data Handling and Analysis. Responses from round one were analysed to determine the level of consensus for each domain and criterion of the framework, and to ascertain whether any modifications were required to improve the clarity and relevance of the framework content. Data were exported as a Microsoft Excel spreadsheet and incomplete responses were removed ($n = 3$). Descriptive analyses of quantitative data were completed in Microsoft Excel, and qualitative analyses were undertaken in NVivo 11. Data were aggregated during analysis and open-text responses regarding participants' specific disciplinary expertise were reported separately from sociodemographic data to maintain participant anonymity. Missing values were excluded from the analysis.

Consensus to retain domains and criteria was considered to be reached if ≥ 70% of participants rated the item as Extremely important or Very important, while items receiving < 50% consensus were excluded from the framework. Remaining items (i.e., items reaching 50%–69% consensus) were reviewed by consulting the qualitative comments provided by participants for each respective item to critically examine the perceived role of the item in the framework, with the decision made to either revise or remove the item made through discussion between researchers (HF, EB and ML). Consensus on the definition of nature prescribing presented in round two was determined if ≥ 70% of participants had responded Yes to the revised definition. While consensus was not required on the revisions to retained domains and criteria presented in round two, confirmation from ≥ 70% of participants was considered an indicator that sufficient clarity had been achieved.

Ratings of perceived responsibility were analysed using summary statistics (mean and range) and criteria attracting a mean < 7.0 for any of the three roles were scrutinised, along with any associated qualitative data, to assess potential relevance to specific roles or settings. Responses from the open-text contextual questions were examined for themes and recommendations to further guide the content or potential future applications of the framework. Content analysis was applied to qualitative items to discern trends and themes, and where data were insufficient to produce themes, a heuristic approach was taken to pragmatically integrate recommendations that were likely to improve clarity and usability of the framework.

2.10. Ethics. Ethical review and approval for this study was provided by the Southern Cross University Human Research Ethics Committee (approval no. 2022/035).

3. Results

3.1. Participant Characteristics. A total of 33 experts were invited to participate in the study, 16 of whom completed the first survey (48% response rate). The round two survey was completed by 13 of the original 16 participants who completed round 1, producing a response rate of 81%. Participants were most commonly aged between 40 and 59 years ($n = 11$, 68.8%) and more than half were female ($n = 9$, 56.3%) (Table 1). Geographic representation covered four of the eight Australian States and Territories, with participants predominantly located in the most populous state of New South Wales ($n = 9$, 56.3%). One-half of participants held a postgraduate degree (PhD or doctorate $n = 4$, 25.0%; master's degree $n = 4$, 25.0%) as their highest qualification. Representation was well-balanced across the three roles of prescriber ($n = 8$, 50.0%), provider ($n = 11$, 68.8%) and policymaker/facilitator ($n = 8$, 50.0%), with nine participants reporting expertise in two or more roles.

Participants reported a diverse range of disciplinary expertise, including a variety of clinical, health service management, environmental/ecological, nature-based, community and consumer engagement experiences (Table 2). The number of years of experience within the discipline or field ranged from 2 to 38, with an average of 20 years.

3.2. Nature Prescribing Definition and Framework Terminology. Participants shared their views on the definition of nature prescribing and the terminology used, which was initially presented as 'green prescribing.' Many participants expressed a preference to replace the word 'green' with 'nature' to better convey the concept, capture natural environments that are not necessarily green (i.e., blue and red spaces) and avoid confusion with other practices that may share similar 'green' terminology, such as medicinal cannabis. These perspectives were repeated and elaborated upon in a later open-text item asking for general comments on the framework terminology. As a result, the name of the framework was changed to the nature prescribing framework.

In addition, participants suggested the definition of nature prescribing should be explicitly inclusive of health promotion and illness prevention, rather than defining the practice solely as an intervention or treatment. The responses also challenged the implication that a formal prescription is required and noted that such terminology may not be suitable outside of clinical medicine settings. Two sentences were added to the definition of nature prescribing to clarify and explicate these factors. Responses to the general comments question called for greater clarity regarding the purpose and intended applications of the framework. Consequently, the introduction of the framework was extended to include relevant background information and to outline the purpose of the framework. When the revised definition and framework title were presented in the round two survey, consensus was achieved amongst all respondents ($n = 13$, 100%) with no further revisions required.

Table 1: Participant characteristics of Delphi panellists.

Characteristic	*N*	%
Sample		
Round one	16	100
Round two	13	81.3
Age		
30–39	2	12.5
40–49	6	37.5
50–59	5	31.3
60–69	3	18.8
Gender		
Female	9	56.3
Male	7	43.8
Location of work (state)		
New South Wales	9	56.3
Queensland	4	25.0
Victoria	2	12.5
South Australia	1	6.3
Highest educational qualification		
Certificate/diploma/advanced diploma	2	12.5
Bachelor or baccalaureate	3	18.8
Graduate certificate/diploma	3	18.8
Master's degree	4	25.0
PhD or doctorate	4	25.0
Role in nature prescribing[*]		
Prescriber	8	50.0
Provider	11	68.8
Policy maker or facilitator	8	50.0

Note: Prescriber = someone who might prescribe or suggest the uptake of nature experiences. Provider = someone who provides nature experiences. Policy maker or facilitator = someone who provides the infrastructure and/or supports the possibility of green prescription programs.
[*]Many participants had expertise or experience across multiple roles.

3.3. Round One Consensus Results and Revisions. At the completion of round one, consensus was reached on all five domains and 12 of the 13 supporting criteria of the framework, with ≥ 75% of participants selecting Extremely important or Very important (Table 3). The single criterion that did not reach consensus in round one was criterion 5.2 (Adaptability to Environmental Challenges), which achieved consensus amongst 63% ($n = 10$) of participants, thus warranting modification before the criterion could be retained. Participants indicated the definition of the criterion and its relevance to the over-arching domain were not clear. Subsequent minor revisions were made to the criterion and associated domain definitions (i.e., provision of more explicit language regarding the bi-directional relationship between human health and that of the natural environment) to improve the clarity of the definitions. Following examination of all qualitative feedback regarding the clarity of each framework item, minor revisions were also undertaken on all five domains and 13 criteria to refine the language, sentence structure and detail. No major revisions affecting the meaning or purpose of these criteria were required. Full details of revisions are shown in Supporting Table S1.

When participants were asked to rate the perceived responsibility for each criterion, all mean values exceeded five (out of a maximum score of 10), suggesting that participants supported shared responsibility across the professional roles of prescribing, providing and facilitating nature prescriptions (Table 4). Eight criteria included one or more roles for which perceived responsibility was rated below seven. These responses were examined alongside associated qualitative data for relevance to specific contexts or settings. This resulted in two modifications to the definitions of domains one and four; an addition was made to domain one specifying its relevance to community populations rather than individual settings, and to domain four specifying its relevance to both prescribers and providers.

3.4. Contextual Findings. Qualitative responses from two of the eight contextual questions provided supporting information for the framework; specifically, the existing pathways and resources for nature prescribing implementation identified by participants in relation to Criteria 2.1 and 2.2 were integrated to form an appendix outlining potential points of connection for framework users to explore. The remaining six contextual questions elicited information related to the application of the framework, and potential future research and development. Participants consistently identified a need to address the lack of awareness of nature prescribing and its evidence base amongst health care professionals (regarding Criterion 3.1) and the general public (Criterion 5.1). This need was expressed by some as relating to a broader necessity to move toward health systems more focussed on preventive care and health promotion, with policymakers/facilitators seen as playing an important role in such a shift.

Another factor identified by participants as necessary to the successful application of the framework was training and cross-training of prescribers and providers to build capacity for routine nature prescribing and referrals (regarding Criterion 3.2), as well as developing skills to support patients and consumers through behavioural change, utilising strategies such as motivational interviewing (Criterion 4.2). Some participants also discussed the potential role of policymakers/facilitators in encouraging behavioural change at a social or population level. The challenges of funding and the burden of labour related to such training and skills development were frequently noted as barriers to implementation.

When asked for comments on receiving payment for nature prescribing, prescribers suggested the practice should be treated as any other form of health care and remunerated accordingly, although two participants suggested temporary financial incentives to prescribers could instigate change in prescribing behaviour. Participants considered that nature prescribing could be subject to private health insurance and public health subsidies according to the service context and patient circumstances. Prescribers also noted that while the traditional medium of a paper prescription may be suitable for some patients, the use of electronic prescriptions and associated resources such as digital apps is increasingly important for the accessibility and streamlining of future implementation.

Table 2: Self-described professional expertise of participants.

Primary discipline or field of expertise	Years of experience
Community nursing	12
Agricultural/horticultural research, development and community engagement	30
Adventure-based youth work	20
Occupational therapy, mental health	38
Community health promotion, mental health	10
Exercise physiology	15
Psychology	15
Forest therapy	2
Health services management	20
Landscape architecture and therapeutic horticulture	30
Healthcare consumer advocacy	2
Public health, allied health	30
Clinical psychology	25
Environment, ecology and community engagement	30
Social-ecological systems	15
Nature connection and social anthropology	25

Table 3: Rates of consensus achieved for each framework item during Delphi rounds one and two.

Item	Round one consensus ($n = 16$)	Round two consensus ($n = 13$)
Nature prescribing definition	—	100%
Domain 1. Community: consultation and customisation	81%	—
Criterion 1.1. Tailoring to unmet community needs	75%	—
Criterion 1.2. Accessibility in nature prescribing	81%	—
Criterion 1.3. Engagement and trust-building with community	81%	—
Domain 2. Systems: building partnerships and networks	94%	—
Criterion 2.1. Establishing connections and building pathways	94%	—
Criterion 2.2. Locally relevant, easily utilised resources	100%	—
Criterion 2.3. Integrating infrastructure with purpose	94%	—
Domain 3. Prescribers: cultivating awareness and capacity	81%	—
Criterion 3.1. Prescriber awareness and familiarity with nature prescribing	88%	—
Criterion 3.2. Capacity in the clinical consultation	80%*	—
Domain 4. Providing prescriptions: psychosocial foundations	87%*	—
Criterion 4.1. Person-centred delivery	81%	—
Criterion 4.2. Supporting behavioural change	75%	—
Criterion 4.3. Social engagement	75%	—
Domain 5. External settings: interfacing social and natural environments	81%	—
Criterion 5.1. Raising the public profile of nature prescribing	94%	—
Criterion 5.2. Adaptability to environmental challenges	63%**	92%

*Missing data from $n = 1$.
**Failed to reach consensus, requiring revision.

Table 4: Perceived responsibility for each criterion across the professional roles of prescribing, providing or facilitating nature prescriptions.

Item	Perceived responsibility, mean (min, max)		
	Prescriber	Provider	Policymaker/facilitator
Criterion 1.1. Tailoring to unmet community needs	7.25 (3, 10)	7.69 (5, 10)	7.5 (3, 10)
Criterion 1.2. Accessibility in nature prescribing	5.69 (0, 10)	7.44 (4, 10)	8.38 (5, 10)
Criterion 1.3. Engagement and trust-building with community	6.75 (1, 10)	8.06 (4, 10)	7.06 (3, 10)
Criterion 2.1. Establishing connections and building pathways	7.44 (1, 10)	7.56 (1, 10)	8.38 (4, 10)
Criterion 2.2. Locally relevant, easily utilised resources	7.27 (2, 10)	7.5 (2, 10)	8.13 (3, 10)
Criterion 2.3. Integrating infrastructure with purpose	5.53 (1, 10)	6.81 (1, 10)	8.94 (4, 10)
Criterion 3.1. Prescriber awareness and familiarity with nature prescribing	8.57 (5, 10)	6.69 (2, 10)	8.0 (5, 10)
Criterion 3.2. Capacity in the clinical consultation	7.0 (1, 10)	7.21 (3, 10)	7.71 (3, 10)
Criterion 4.1. Person-centred delivery	8.67 (3, 10)	8.15 (4, 10)	6.43 (4, 10)
Criterion 4.2. Supporting behavioural change	8.23 (5, 10)	8.0 (4, 10)	6.46 (1, 10)
Criterion 4.3. Social engagement	7.43 (3, 10)	7.73 (3, 10)	7.29 (5, 10)
Criterion 5.1. Raising the public profile of nature prescribing	7.57 (5, 10)	7.71 (2, 10)	9.2 (6, 10)
Criterion 5.2. Adaptability to environmental challenges	5.43 (2, 10)	8.67 (4, 10)	5.93 (2, 9)

3.5. Round Two Consensus Results and Revisions. One criterion did not reach consensus in round one (i.e., Criterion 5.2); this criterion was subsequently revised and reviewed in round two. Criterion 5.2 achieved consensus in round two with 92% ($n = 12$) of participants selecting Extremely important or Very important. Qualitative responses regarding revised Criterion 5.2 suggested the definition was clear; however, participants recommended the concept of planetary health be referenced more directly. Accordingly, the criterion definition, associated domain definition and framework introduction underwent minor revisions to position the framework more explicitly alongside the paradigm of planetary health. Participants also noted that changes to the social environment can have both challenging and enabling impacts on accessibility and demand for nature prescribing, resulting in further revisions to better reflect these dynamics in the criterion definition.

The retained domains and criteria that achieved consensus in round one and underwent only minor revisions for clarity were all presented to participants to confirm the revisions. All revised items were confirmed for clarity and appropriateness (yes responses from 83% to 100% of participants). Few comments were provided in the open-text response options and only two criteria underwent further revisions (i.e., an example was added to Criterion 1.1 to provide contextual clarity, and minor modifications were made to the language in Criterion 2.3 to better align the terminology with nature prescribing). Full details of the consensus results are shown in Table 3, with revisions detailed in Supporting Table S1.

3.6. Refined Framework. Following the two-round Delphi process, consensus was reached on the preliminary version of the nature prescribing framework. This refined framework comprises five domains of nature prescribing implementation, including (1) Community: consultation and customisation, (2) Systems: building partnerships and networks, (3) Prescribers: cultivating awareness and capacity, (4) Providing prescriptions: psychosocial foundations and (5) External settings: interfacing social and natural environments. These domains are supported by 13 criteria, as shown in Figure 2. Full details of the framework are provided in Supporting File S2.

4. Discussion

This research refined and validated a novel nature prescribing framework to offer guidance on the prescribing of nature-based interventions for health and well-being. The resultant framework is a timely response to emerging healthcare needs, with nature prescribing responding to a range of contemporary public health challenges, including preventive health and chronic illness management [6, 7], social issues such as loneliness [22] and planetary health considerations such as the health impacts of climate change [24, 47]. Establishing resources such as the nature prescribing framework is crucial not only for enhancing individual and community health outcomes but also for advancing policy discussions on environmental health and sustainable healthcare practices. While the current framework represents a preliminary outcome requiring further exploration to determine its functional application, the comprising criteria touch on practical and ethical considerations spanning the full scope of an implementation process.

The process of implementing a framework for health interventions can look different depending on the specific circumstance; however, successful implementation typically covers the three core phases of development, translation and sustainment [48]. A key component of the development phase, following initial synthesis of evidence, is understanding the host setting and considering the fit of an intervention to ensure readiness to adopt. Crucially, the nature prescribing framework lays the foundation for addressing this relationship between the setting and nature-based interventions across multiple domains, at the community, local systems and prescriber levels. Criterion 1.3 (Engagement and trust-building with the community) considers the needs of community members in the host setting who will engage with nature prescriptions, while Criterion 2.1 (Establishing connections and building pathways) broadens these considerations to the fit with local systems of health care, government and nature-based activity providers. Domain 3 (Prescribers: cultivating awareness and capacity) provides guidance on understanding the needs of health care providers and the practical logistics of the prescribing settings, which could be particularly impactful for success given the trust placed in health professionals by community members [49]. Previous research has suggested leadership is critical to implementation and 'champions' of nature prescribing programs play key roles in the promotion, facilitation, mitigation of challenges, sustainability and evaluation of programs [6]. The promotion of nature engagement as essential to health by health professionals acting as 'Champions' could be integral to the uptake of nature prescriptions, which over 80% of adults say they would welcome if offered [50].

Following the development phase of framework implementation, the translation phase is reflected most strongly in Domains 1, 2 and 4. Criteria 1.1 (Tailoring to unmet community needs) and 1.2 (Accessibility in nature prescribing) of the first Domain prioritise community needs, access and engagement. Criteria 2.2 (Locally relevant, easily utilised resources) and 2.3 (Integrating infrastructure with purpose) of the second Domain reinforce commitment to community by building partnerships and networks that ensure nature prescription programs are relevant and adaptable to the local circumstances. Translating nature prescriptions into successful practice requires the identification of opportunities for location specific nature-based activities, and the development of relationships with existing community partners (e.g., bird buddies, community gardens, Landcare groups, councils, and geocaching groups) [7]. These relationships offer potential opportunities to develop codesigned health and well-being activities that can be used as a nature prescription or health promotion initiative.

Domain 1	Community: consultation and customisation
1.1	Tailoring to unmet community needs
1.2	Accessibility in nature prescribing
1.3	Engagement and trust-building with the community
Domain 2	Systems: building partnerships and networks
2.1	Establishing connections and building pathways
2.2	Locally relevant, easily utilised resources
2.3	Integrating infrastructure with purpose
Domain 3	Prescribers: cultivating awareness and capacity
3.1	Prescriber awareness of and familiarity with nature prescribing and its benefits
3.2	Capacity in the clinical consultation
Domain 4	Providing prescriptions: psychosocial foundations
4.1	Person-centred delivery
4.2	Supporting behavioural change
4.3	Social engagement
Domain 5	External settings: interfacing social and natural environments
5.1	Raising the public profile of nature prescribing
5.2	Adaptability to environmental challenges

Figure 2: Nature prescribing framework domains and criteria, following Delphi panel completion.

Codesigned activities may reduce barriers to engagement, increase uptake and have flow-on psychosocial benefits to involved parties [51], thereby providing a solid foundation for sustained implementation. The three criteria in Domain 4 (Providing person-centred prescriptions from psychosocial foundations) also aim to reduce barriers to uptake, promote patient adherence and support translation through behaviour change at the interface of individual and community-based health care. The criteria in Domain 4 consider the need for translation to be guided by an individual's personal and social circumstances, needs and motivations, as an essential component of nature prescribing in the context of holistic healthcare partnerships occurring in community settings [7]. Translation may be most equitable and effective when programs recognise and prioritise autonomous forms of motivation (e.g., enjoyment and identity) over those of a more controlling form (e.g., contingent rewards and guilt avoidance) [52, 53]. Criterion 3.4 (Social engagement) in particular recognises that the suitability of group activities in nature prescribing may vary for some individuals, yet nature prescriptions may be especially beneficial for such individuals considering that nature-based activities and engagement with green space have been shown to promote pro-social behaviour and community connection [35, 54].

The sustainment phase of framework implementation represents the continued use of nature prescribing in routine practice. Some consideration of sustainment has been included in each domain of the nature prescribing framework through recognition of the need for ongoing adaptability and inclusion of tailorable guidance. This phase also includes monitoring implementation to improve and further refine the framework to the local context [48], a process which has yet to be undertaken with the nature prescribing framework and is a topic for further application and study.

The broader implications of sustainment also extend to sociological and environmental concerns such as biodiversity and climate change [1], which our Delphi participants considered especially relevant to nature prescribing, and are thus addressed in Domain 5 (External Settings: interfacing social and natural environments). Embedding nature in both health systems and public perception as a fourth pillar of health (alongside sleep, exercise and diet) could contribute to the sustainment of interventions

utilising the nature prescribing framework [39]. Additionally, being responsive and adaptable to the natural environments in which nature prescriptions occur, and to the changes in those environments over time, is essential for longer-term sustainability. Therefore, it follows that reinforcing awareness of our dependence on biodiverse ecosystems for well-being, and communicating the ability of nature-based interventions to affect an individual across multiple domains of health may facilitate sustained uptake with mutually beneficial outcomes for people and the natural environment [47].

The significance of the nature prescribing framework lies not only in its response to the interface of human and environmental health but also in its potential utility in other complex contemporary and emerging health challenges, such as those relating to health equity and social determinants of health [1, 28, 55]. Incorporating nature as part of a prescribing program enhances access to preventative and therapeutic interventions, especially in circumstances where access to conventional health services can be limited (e.g., for individuals living in rural/remote regions, communities affected by sociocultural, economic or environmental disruption, or where eligibility criteria for conventional services limits access) [56, 57]. For the most part, nature-based experiences do not rely on experts trained in health or the use of specialist equipment. Such prescriptions can originate from trusted community partners at a grassroots level, facilitating access for populations typically underserved by formal healthcare systems, who generally have poorer mental and physical health, and may not have the skills, capacity or resources to access formal health services [28]. This includes socioeconomically disadvantaged populations [5, 58], disabled people facing accessibility obstacles [41], groups impacted by societal and systems-based barriers (e.g., exclusion or discrimination targeting cultural, religious or language differences) [59, 60] and those facing a range of other challenges. For example, First Nations peoples in places such as Australia and New Zealand often do not trust formal healthcare services as a result of colonial history [56], yet have traditional medicine systems rooted in the natural environment that may be highly compatible with culturally tailored nature prescribing [61, 62]. Nature prescriptions can also be applied to a variety of environments, be adapted for affordability and provide various scalable opportunities to impact community and planetary health [63].

4.1. Limitations. While the nature prescribing framework may guide innovative implementation of nature-based health interventions, our study has limitations that should be considered when interpreting our results or utilising the Framework. Most specifically, the study is reflective of health systems, environmental circumstances and individual experiences within the Australian context. The sampling processes undertaken during the Delphi study and the earlier framework development sought diversity regarding participant expertise and basic demographics; however, other important factors such as disability, cultural and racial identity, or economic status were not explicitly represented. Consequently, the transferability of our findings and the nature prescribing framework to other geographical locations, or to specific social and cultural settings, may be limited. While the Delphi panel was predominantly representative of the Australian East Coast, development of the initial framework was informed by interview participants across a diverse range of Australian locations.

Consensus was reached on the inclusion of almost all framework criteria within the first survey round, which may reflect the high level of rigour and data saturation in the preceding interview study, or reflect the intended adaptability of the framework to different settings. However, this early consensus also may be an indication that more diverse perspectives on the framework are required. While many of the Delphi panellists had backgrounds in frontline primary care, there was no participation from general practitioners (even though they were invited), meaning the only contributions to the Framework from general practitioners occurred in the preceding interview study. Another important perspective that has not been directly included in the nature prescribing framework is that of the patient or end-user. It is crucial that future research or implementation studies investigating the application of the framework include the perspectives of general practice providers, as well as patients and community members, to enhance the framework's relevance and effectiveness. Finally, the response rate and sample size for the Delphi panel were modest, in part due to the emerging nature and limited practice of nature prescribing in Australia. While there are no standardised guidelines for calculating sample sizes in Delphi methodology for health research [64], larger samples are frequently recruited.

4.2. Future Directions. In keeping with the rigour of implementation science processes and the importance of evaluation in creating effective, sustainable practices [48], further research should be undertaken to test the nature prescribing framework in practice. Pilot studies with a range of community partners and interest-holders across different environments could further refine the framework, including examination of prescriber, provider and end-user experiences. Additionally, if the Framework is to demonstrate fidelity to its own criteria regarding being tailored to the community, the economic considerations of its use when implementing nature prescriptions must be explored to assess the feasibility of such interventions in resource-limited settings. Such exploration necessitates participatory research approaches with attention to both the immediate and long-term needs expressed by end-users, giving explicit consideration to sustained benefit through reciprocal consultation with end-users in genuine alignment with person-centred and community-centred ethos [65].

As implementation requires time and investment (which can be scarce in many healthcare environments), incorporating continuous updates and adaptability mechanisms will be essential to keeping the framework relevant amidst dynamic public health and environmental changes.

Further development of the framework through considered implementation and ongoing study may also facilitate adoption of the framework in different healthcare settings by streamlining the framework content, language and utility. Implementation studies with codesign approaches could produce extensions, checklists or appendices with terminology, resource suggestions and additional guidelines tailored to the specific needs of particular populations, settings or contexts. In keeping with the focus of the framework on accessibility, tailoring to community needs and providing person-centred approaches, future directions should involve codesign with marginalised, vulnerable and underserved populations. In Australia, this could involve initiatives tailored to communities identified as priority populations in current health policy, including Aboriginal and Torres Strait Islanders, culturally and linguistically diverse groups, LGBTQI + communities, people from lower socioeconomic groups, people with mental illness, people with disabilities and those living in rural and remote areas [66].

5. Conclusions

Meeting the emerging health challenges regarding population and planetary health is complex and requires new strategies and systems. The novel nature prescribing framework described herein outlines key domains to consider when implementing a nature prescription program and lays foundation for health promotion in this dynamic field of nature-based social prescribing. While the framework provides a full scope of criteria for implementing nature-based prescriptions, it is essential to consider the specific cultural, geographic and systemic contexts in which it is applied. The diversity of the panel and the iterative nature of the Delphi process support the validity of the findings; however, broader testing and adaptation in different settings would enhance the generalisability and robustness of the framework. Translating the nature prescribing framework into practice presents opportunities to meet and adapt to those challenges and improve health outcomes for current and future generations.

Data Availability Statement

The data that support the findings of this study are available as de-identified files on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Conflicts of Interest

The authors declare no conflicts of interest.

Funding

This work was supported by the Faculty of Health, Southern Cross University, through an internal faculty seeding grant. While, in some study, authors were employed by the Faculty of Health during conduct of the study in keeping with the internal nature of the grant, the funder had no further involvement in the conduct or reporting of the study.

Supporting Information

Additional supporting information can be found online in the Supporting Information section.

Supporting Information 1. Supporting Table S1 outlines full details of the revisions made to each item of the Nature Prescribing Framework at each stage of the Delphi process.

Supporting Information 2. Supporting File S2 presents the full preliminary nature prescribing framework.

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Accelerating Social Prescribing in Australia

An innovative frontier in the provision of healthcare

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Australian Social Prescribing Institute of Research and Education
Creating Opportunities Together

Acknowledgement of Country & First Peoples

We acknowledge the Traditional Custodians of the land throughout Australia. We pay our respects to their ancestors and their descendants, who continue cultural and spiritual connections to Country. We recognise their contributions to Australian and global society.

Roundtable Contributors

This Consensus Statement emerged from a national roundtable at the National Press Club, Canberra, on 29 February 2024, hosted by the Australian Social Prescribing Institute for Research and Education (ASPIRE).

ASPIRE extends heartfelt gratitude for the goodwill, time commitment, and expert insights provided by all roundtable participants. The views and recommendations expressed in this statement reflect the collective discussion outcomes, not the perspective of any single individual, organisation, or government entity.

Special thanks to Mr. Andrew Hollo from Workwell Consulting for his skilled facilitation of the roundtable and to Ms Leanne Wells, Chair of our Community and Consumer Expert Panel, for her significant role in shaping this statement.

Finally we would also like to extend our special thanks to agencies and representatives that attended from:

Australian Government **Department of Health and Aged Care**
Australian Government **National Suicide Prevention Office**
Australian Government **Department of Veterans' Affairs**
Queensland **Mental Health Commission**
Mitchell Institute for Education and Health Policy, Victoria University

Foreword by A/Prof J.R. Baker, Chair, ASPIRE

As Chair of the Australian Social Prescribing Institute of Research and Education (ASPIRE), I am both honoured and excited to present this Consensus Statement, which represents a collective vision to fundamentally transform healthcare in Australia through the integration of social prescribing. At a time when our healthcare system faces unprecedented challenges, from escalating costs to deepening health disparities exacerbated by mental health crises and social isolation, the imperative for innovative and transformative approaches is clear. Social prescribing represents not just an innovation, but a necessary evolution in our approach to health and wellbeing.

In the crafting of this statement, we have drawn upon a broad coalition of expertise, involving healthcare professionals, community leaders, policymakers, and the direct voices of the communities we aim to serve. Our discussions have been rich and informed by diverse perspectives, all converging on the critical need for a healthcare system that is more responsive, inclusive, and preventative. The Statement sets forth a strategic vision to embed social prescribing within the Australian healthcare system comprehensively. Our goal is ambitious yet vital: to forge a healthcare system that not only treats illness but actively promotes wellness by addressing the full spectrum of factors that influence health.

Social prescribing is a transformative approach that seeks to address the complex interplay of social, environmental, and medical factors that influence health. By connecting individuals with non-medical support within their communities—be it social clubs, exercise groups, or arts-based activities—we aim to enhance individual and community health, reduce the strain on traditional healthcare services, and foster a more sustainable healthcare system. In addition, these connections can significantly enhance an individual's quality of life, reduce loneliness, and prevent the exacerbation of chronic health conditions.

The evidence for the efficacy of social prescribing is robust and growing. International models, particularly from the United Kingdom and Canada, have shown how effectively this approach can reduce the strain on medical services, improve mental health, and decrease emergency hospital admissions. In Australia, our programs have mirrored these successes, showcasing substantial benefits in early intervention, community resilience, and health outcomes.

The need for such an approach has never been more critical. Australia, like many countries, faces significant healthcare challenges driven by an aging population, the rising prevalence of chronic diseases, mental health issues, and social isolation. These challenges are compounded by the ever-increasing costs of healthcare delivery. Social prescribing offers a proactive solution to these issues, focusing on the upstream factors that impact health and providing individuals with the tools and support to manage their health proactively.

Yet, to realise the full potential of social prescribing, strategic enhancements to our existing healthcare infrastructure are necessary. This consensus statement outlines a comprehensive strategy for embedding social prescribing at the heart of our national health policy. It calls for robust investment in the structures that will support the widespread adoption of social prescribing, including:

- Developing and strengthening partnerships between health services, community organisations, and local governments.
- Ensuring that social prescribing is recognised within the Medicare Benefits Schedule through social care plans, allowing healthcare providers to include it as part of routine care.
- Enhancing the training and education of healthcare providers to effectively integrate social prescribing into their practice.
- Building an evidence base through ongoing research and evaluation to measure the impact of social prescribing and inform best practices.
- Advocating for policies that support the sustainability and scalability of social prescribing initiatives.

Foreword by A/Prof J.R. Baker, Chair, ASPIRE

We also advocate for a policy environment that robustly supports social prescribing. This includes calling on national and state governments to integrate social prescribing into public health strategies, ensuring alignment with broader health reforms and social services. Our approach emphasises the necessity of cross-sector collaboration, where healthcare providers, community leaders, and policymakers work together to craft a coherent and unified response to the complex health challenges facing our communities. The strategic actions we propose are designed not only to integrate social prescribing into healthcare practice but also to foster a cultural shift towards a more holistic understanding of health. By empowering individuals to take control of their health and by providing them with access to a diverse array of support options, we can enhance the capacity of Australians to lead healthier, more fulfilling lives.

Our vision extends to the practicalities of implementation. We see digital technology playing a crucial role in facilitating social prescribing, through the development of platforms that connect individuals with local services and community activities. This digital integration will not only streamline the referral process but also enable the effective measurement and evaluation of outcomes, ensuring that our approaches are evidence-based and patient-centred.

We must prioritise inclusivity in our rollout of social prescribing. This means ensuring that services are tailored to meet the diverse needs of all Australians, including Indigenous communities, rural populations, and those facing significant social and economic disadvantages. It is only through a commitment to equity that social prescribing can truly fulfill its promise as a transformative healthcare practice. The expansion of social prescribing will contribute significantly to the resilience of our communities. By building networks of support and enhancing social cohesion, we can better prepare our society to face health crises, whether they be in the form of pandemics, environmental disasters, or the challenges of an aging population.

In conclusion, embracing social prescribing represents a significant step forward in our ongoing journey to improve health outcomes across Australia. It requires bold leadership, innovative thinking, and a commitment to collaborative action. This Consensus Statement is a call to action for all stakeholders involved in Australia's healthcare system. It is a declaration of our collective commitment to a healthier, more connected, and resilient Australia. As we move forward, let us be guided by the principles of equity, sustainability, and community wellbeing that underpin social prescribing, in the knowledge that every step we take towards integrating social prescribing is a step towards a more sustainable and effective healthcare system.

Together, we can seize this moment to redefine health care in Australia, making it more inclusive, holistic, and responsive to the needs of every Australian. Let this consensus statement serve as both a roadmap and a rallying cry for all who believe in a healthier, more integrated, and more compassionate approach to healthcare in Australia. Together, we can make social prescribing a cornerstone of our national health strategy, creating a legacy of health and wellbeing for future generations.

A/Prof J.R. Baker
Chair, ASPIRE

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Consensus Statement

An Immediate Health Imperative

Facing escalating health disparities, rising healthcare costs, and epidemics of mental health and loneliness, coupled with social disconnection, a cost of living crisis, and increasing natural disasters, Australia stands at a critical juncture. Social prescribing offers a strategic solution to bridge the widening health outcome gap across the healthcare spectrum, including the mental health, disability and aged care sectors. This approach acknowledges the complex social factors impacting health and promotes early intervention for non-medical issues that impact health, reducing healthcare costs, and providing comprehensive care that enhances individual and community wellbeing by fostering stronger social connections and resilience. This consensus statement advocates for swift, unified action to embed social prescribing within our healthcare system, highlighting its pivotal role in addressing the social determinants of health (SDoH) and championing preventive health measures across communities.

Foundational Elements for the National Rollout of Social Prescribing

The successful national implementation of social prescribing hinges on four main elements:

1. **Policy Leadership and Cross-Sectoral Integration:** Strong leadership from the Australian Government is needed to champion social prescribing as a vital part of healthcare delivery. Recognising social prescribing in national policies and agreements across government departments and levels is essential for a coordinated effort to address the upstream factors which contribute to the SDoH. In partnership, the role of local and state governments in implementing policies and programs that influence the local social, environmental, and educational determinants of health is crucial, directly supporting the success of social prescribing by fundamentally enhancing community wellbeing.

2. **Service and System Enablers:** Place-based, regional partnership focused strategies, underpinned by digital innovations and a robust workforce development plan, are crucial for adaptable and effective social prescribing services. Existing government-funded mechanisms such as Primary Health Networks (PHNs), Aboriginal Community Controlled Health Organisations (ACCHOs), and adjustments to Medicare and other funding arrangements can be used to enable the rapid, equitable, contextualised and widespread implementation of social prescribing. In parallel, we acknowledge the necessity of providing adequate-investment and support in community infrastructure to support communities and community services as foundational enablers of the social prescribing system.

3. **Service Models and Deliverers:** Leveraging the foundational trust and access of primary healthcare settings is crucial for helping people access social prescribing. These settings should be the first point of investment in and integration of social prescribing, ensuring that skilled link workers and a range of support services are readily accessible to those in need, laying the groundwork for a health system that actively works towards preventing illness rather than only treating it.

4. **Sustainable and Collaborative Funding Models:** The Australian Government should be the principal funder nationally, while promoting innovative co-investment and co-commissioning models with state and territory governments, philanthropic entities, and the private sector. This approach ensures the scalability and sustainability of social prescribing initiatives, enabling them to contribute effectively to public health goals.

A National Commitment to Holistic, Equitable and Preventative Health

Social prescribing should be a key part of Australia's health system, available to everyone. It supports the quintuple aim by improving wellbeing and opportunities for the community and healthcare workers, enhancing clinical care, boosting cost efficiency, and enriching patient experiences. It addresses a spectrum of needs - physical, practical, material, environmental, social, and emotional—aligning with preventive health strategies and the broader objectives of a wellbeing economy. Integrating social prescribing throughout healthcare, from policy development and community partnerships to identifying upstream needs and implementing practical interventions, ensures benefits for patients, providers, communities, and the nation. This approach transforms our healthcare into a system that is more equitable and resilient, prioritising the holistic wellbeing of every Australian.

This consensus statement has been informed by the collective stance of over 50 leading organisations and research institutions within the health, social and welfare sectors in Australia. We urge other organisations nationwide to endorse this Consensus Statement. To join, please visit CreatingOpportunitiesTogether.com.au

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AASW Australian Association of Social Workers

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CHF Consumers Health Forum of Australia

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APS Australian Psychological Society

ARACY Australian Research Alliance for Children & Youth Collaboration • Evidence • Prevention

Social Prescribing Student Collective

phn Northern Sydney

Sydney North Health Network

Bobby Goldsmith Foundation

Capital Health Network Partnering for better health

Australian Library and Information Association

Coordinare

phn South Eastern NSW An Australian Government Initiative

COTA For older Australians

CSIRO

FECCA Federation of Ethnic Communities' Councils of Australia

Flinders University

HealthCare Consumers

Inala Primary Care Excellence in General Practice

Beyond Blue

Mental Health Australia

Health Consumers' Council

Monash University

NARI National Ageing Research Institute Bringing research to life

ADMA Australian Disease Management Association

UNSW Sydney

Neighbourhood Houses Victoria™

Australasian Society of Lifestyle Medicine

Occupational Therapy Australia

OPAN Older Persons Advocacy Network

OZHELP Transforming Lives at Work

Pharmaceutical Society of Australia

prestantia HEALTH

National Mental Health Consumer Alliance

Next Practice A New Kind

ipc Health

Private Healthcare Australia Better Cover. Better Access. Better Care.

SaxInstitute

Southern Cross University

The Next Economy

The University of Sydney

Terrey Hills Medical Centre

The University Of Queensland Australia

University of Toronto Dalla Lana School of Public Health

Wilson Foundation

YERIN Aboriginal Health Services Limited

Macquarie University Australian Institute of Health Innovation

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Introduction

"Social prescribing is such an exciting frontier in the health sector.... Social prescribing charts a new way forward for healthcare that better connects patients with community services and programs, empowers and support patients to better manage their health and wellbeing.... The work of ASPIRE and the conversations you will be having today are helping to navigate this new territory in a changing health landscape"

The Hon Ged Kearney, Assistant Minister for Health, Roundtable Opening Statement, 29 February 2024

Our knowledge of social prescribing and its benefits is growing at a rapid pace. Social prescribing is a means of connecting individuals to non-medical support within the community to improve their health and wellbeing through access to non-medical, local, and community-based opportunities and supports which address the practical, social, and material things that get in the way of wellbeing and quality of life.

A 2019 report following a Consumers Health Forum of Australia, Royal Australian College of General Practitioners (RACGP) and NHMRC Partnership Centre for Health System Sustainability roundtable initiated the national conversation about social prescribing.

In February 2024 ASPIRE convened a second roundtable with some of the nation's leading thinkers in integrated health and social care. The purpose was to review progress, update on new knowledge and practice, and discuss the benefits and alignment of social prescribing to Australia's contemporary health policy and economic agendas.

The ultimate aim was to generate the essential elements of a blueprint to accelerate social prescribing nationwide. Participants were asked:

- What are our best ideas for action – what is realistically aspirational?
- How and who should be responsible for taking forward these actions?

The roundtable underscored the urgent need for social prescribing, the imperative for acceleration and pinpointed core elements and enablers critical for this advancement.

This Consensus Statement reflects the views of over 50 leading national organisations.

Scope

While there are many settings where social prescribing could be introduced, this Statement focuses on primary health care as the initial place to implement social prescribing at a national level. If we want to see a systemic approach to social prescribing, primary health care is the most appropriate setting in which to start. The current Strengthening Medicare reforms with a focus on creating extended multidisciplinary care teams and the wider interest in 'healthcare neighbourhoods' create the best conditions for success.

The primary audience for this Statement is the Australian Government recognising it has many policies and levers through which a national approach to social prescribing can be realised.

Important secondary audiences include those well placed to advocate for social prescribing, help us better understand the best practice models, and advance its implementation locally, including:

- national peak and professional bodies
- leading researchers and policy 'entrepreneurs'
- the health and social sectors workforces involved in the provision of care
- health executives responsible for commissioning services
- providers of health education and training
- local, state and territory governments which can partner with the Australian Government in creating community assets and opportunities for wellbeing
- the communities and recipients of existing or future services.

Why now?

The time is right to accelerate social prescribing to a truly national scale in Australia.

A health system on life support

There is a widening mismatch between current healthcare delivery models and the evolving needs of the community, exacerbated by concerning social trends with implications for our healthcare system and its capacity to cope.

The incidence of chronic diseases, mental ill-health, loneliness, and social isolation; rapidly increasing pressure on general practice and the wider health system; the impact of the social determinants of health; and unmet social and material needs and widening health inequities are all contributing to poorer health.

We have an increased demand for health services, weakening care networks, fragmented services and systems, and a diverse and dispersed population. A limited workforce with fatigue and burnout exacerbated by the pandemic is not sufficient to meet emerging demand.

Already the megatrends identified by the CSIRO in Our Future World, including the escalating health demands, increasing digitisation and the impact of climate change, are bearing down on us all, as well as our health systems and our workforces.

Unless we act now and rethink the way we deliver healthcare, we will make the situation worse. We cannot afford to keep focusing almost exclusively on treating sickness with pills and procedures, we need a more holistic approach that enhances better all-around health and wellbeing.

Social prescribing, as part of a reimagined healthcare system that puts the focus on health promotion and illness prevention, can help arrest these trends and make a meaningful contribution to value-based healthcare.

The benefits are real

The value of social prescribing is well recognised by governments, consumers, and clinicians around the world to address high rates of risk factors for preventable chronic disease in priority population groups and socioeconomically disadvantaged communities.

Social prescribing strengthens primary, preventive, mental health and aged care and can also make a substantial contribution to community resilience and response to the impact of natural disasters linked to climate change.

Our knowledge of the benefits of social prescribing is extensive and growing. The benefits to individuals include improved overall health, wellbeing and sense of agency; reduced loneliness and enhanced social connectivity; improved health education, literacy, and behaviours; reduced depression, anxiety, and psychological distress; increased work readiness and empowered chronic conditions self-management. The many benefits include reduced hospital admissions and burden on GP services; reduced costs for people with chronic conditions; deepened integration between clinical care, interprofessional teams and social support; enhanced community capacity and cohesion; increased volunteering and enhanced civil society; and holistic approaches to care.

Policy alignment

The Australian Government has set out its aspirations for improved health and healthcare spearheaded by its Strengthening Medicare reforms. The vision is for an investment in healthcare rather than 'sick care' and an approach that looks beyond the medical to the social determinants of health. The *Mid-Term Review of the National Health Reform Agreement Addendum 2020-2025* emphasised better management of and innovation in the interface between care sectors.

The National Disability Insurance Scheme (NDIS) is also the subject of review with an independent inquiry examining its design, operations and sustainability. Likewise, a forum of experts is assessing recommendations of the evaluation of the Better Access to Mental Health initiative to consider how to ensure more equitable service coverage.

Two other recent strategies are noteworthy. There is a recently launched National Climate Change and Health Strategy which identifies the need to build community resilience and boost biopsychosocial care delivery and the National Digital Health Strategy 2023-2028 and accompanying roadmap which lay the foundations for transforming health and wellbeing through digital solutions.

The Treasurer has unveiled Measuring What Matters, Australia's first national wellbeing framework to help better track economic and social outcomes, and the Australian Government is in the first phases of establishing a National Centre for Placed-Based Collaboration, recognising that the 'right' approach is place-based, one that reflects the needs and local arrangements that work best for individual communities.

There is a strategic alignment between social prescribing and all these policy agendas: it provides a practical and immediate means to address the social determinants of health, better integrate care, reduce health socioeconomic inequity and contribute to a productive society.

Essential elements and actions
A systems approach

A systems approach is required to accelerate social prescribing nationally. There are four essential, inter-dependent elements where action is required.

Policy leadership

Australia has some health and care models that are no longer fit-for-purpose and are in pressing need of change. The government has acknowledged that primary care is in the worst shape it has been for decades, weighed down by a broken funding model, insufficient support for GPs and general practices, and growing levels of chronic disease and mental health issues. Plans have been unveiled to strengthen and modernise Medicare, shifting it to a system that features additional extended multidisciplinary teams.

The government has also recognised that care for people with disability – including those with autism and psychosocial disability - shouldn't be a case of 'NDIS or nothing'. The NDIS should be part of a wider system that supports people with disability and that the government should put more money into home and community supports outside of the NDIS.

Reform opportunities in health and disability care are examples of where there are opportunities to advocate for an accelerated approach to social prescribing and the contribution it can make to improving health inequity and outcomes in keeping with the Closing the Gap, wellbeing and place-based agendas.

ACTIONS

1. The Australian Government should make a policy commitment to social prescribing as a part of a broader, **whole-of-government strategy** to address the social determinants of health.
2. Relevant Australian Government policies should recognise and **commit to the value of social prescribing as an important addition to healthcare delivery**.
3. **Intergovernmental agreements** between the Commonwealth and the states and territories in areas such as healthcare financing and mental health should recognise and commit to national and/or **bilateral action** to advance social prescribing.

Service and system enablers

Several enablers exist and can be leveraged to support acceleration and change management. Place-based approaches which cater for different community needs, local service availability and local governance must be prioritised. Social prescribing services are best designed, implemented and integrated locally with the involvement of clinical and consumer champions.

The network of 31 PHNs and their role as system connectors and service commissioners are critical engine rooms for implementing a national approach. PHNs have the scope to be more enterprising by bringing in co-funders and critical partners such as local councils and local hospital networks. Other infrastructure and strategies will help ensure universal access to social prescribing. Importantly, we must ensure we build on and learn from those services already in place.

ACTIONS

1. Implement social prescribing through place-based, **enterprising partnerships** which will undertake **joint planning and commissioning** and ensure **local co-design** of service. Consortia should involve PHNs, ACCHOs, local councils, local hospital networks and other community leaders.
2. **Invest in improving the resourcing, capacity and capability of key place-based implementation organisations**, like PHNs, to further develop and enhance their partnership, co-design and co-investment capabilities, allowing them to better partner with community stakeholders.
3. Starting **incrementally**, work towards universal coverage, commencing first in priority communities such as those with compelling needs profiles or geographies.
4. Implement **campaigns** to raise awareness and educate referrers and local communities.
5. Establish a **dedicated Medical Research Future Fund (MRFF) stream** with a focus on implementation, science and health systems research to inform service development, delivery and improvement.
6. Incorporate a **minimum data set (MDS**) in the roll out to ensure the right metrics are in place at the outset for both consortia and services to enable monitoring and evaluation.
7. Establish a national collaborating **centre of excellence** to support service development, improvement, leadership and change management.
8. Encourage and incentivise **digitally enabled implementation** with desktop software, **assessment tools** and online **directories** of community services and supports to assist in identifying needs and in linking people to local community assets.

9. Put in place a **workforce development strategy** incorporating education, training and professional networking support for referrers, link workers, and the workforce of the future including peer workers, social workers, occupational therapists, nurses, and allied health and medical students.

Service models and deliverers

In existing programs and services globally and nationally, referrers commonly include GPs and general practices. However, many models include multiple referrers such as community pharmacies and paramedics – a 'no wrong door' approach – and some cater for self-referral.

Access to community service supports and information is commonly brokered by 'Link Workers' - a workforce to connect people with the right mix of services, supports and information - and existing community-based, non-government organisations such as community health, welfare, health justice, employment assistance, and housing providers.

At the community level, a diverse network of community services and connection points, including libraries and neighbourhood centres, play a crucial role in offering enriching activities for wellbeing and social connection, as well as serving as vital signposting agents to relevant information and advice. These assets, and their digital directory counterparts like *Ask Izzy* and the *National Health Service Directory*, will require support over time to scale and meet the growing demand.

ACTIONS

1. Invest in the **primary health care setting as the starting point** for social prescribing recognising community trust and frequency of access in this setting.
2. Make provision in the Medicare Benefits Schedule (MBS) health assessment, chronic disease and mental health care planning items for the formulation of consumer-led, goal-directed **social care plans**.
3. Support primary health care services with access to validated **screening and patient activation assessment tools** to assist them to triage and target the right mix of community services.
4. Build in **referral 'tiers'** to service rollout to cater for degrees of complexity.
5. Fund the **progressive roll out of link workers** and locate them in settings and locations where they are visible and provide a social prescribing referral pathway for general practices.
6. Invest in **social capital** and **resilience** by supporting local consortia to build capacity in community services and support, with a commitment to sustainability.
7. Consider educating and supporting people working in service industries who could fulfill roles as **'signposters'** such as hairdressers and 'posties'.

Financiers and investors

The Federal Government is expected to be main funder, given the way social prescribing aligns with the future directions being contemplated for Medicare, the NDIS and mental health programs. However, there is scope for other funders and investors who could contribute. These include partnerships and joint funding arrangements with state/territory governments, the business and philanthropic sectors and private health and other insurers who are often overlooked as a source of funding for innovation.

ACTIONS

1. The Australian Government should be the **principal funder** of a national scale up of social prescribing.
2. The Australian Government should actively explore **bilateral agreements** with both states and territories.
3. The Australian Government should actively encourage and create the conditions for innovative, cross-sector, cross-economy **co-funding arrangements and joint investment fund arrangements** with philanthropy, communities, and the non-government and private sectors.

Conclusion

Social prescribing needs to become a part of the fabric of the Australian community, as both a tool and pathway to:

- health policy and healthcare that is better oriented to the promotion of health and wellbeing and the prevention of ill-health
- better interactions and integration between clinical and community services that strengthen people's inherent capacity to better self-manage their health and wellbeing
- integrated health and social care and systems
- contribute to a wellbeing economy
- alleviate health practitioner burnout and reduce pressure on hospitals
- embed lived experience, learnings and stories to continually inform service co-design and identify opportunities to address the broader social factors that affect communities
- support policy changes that improve equity and reduce the social determinants of health
- help to restore consumers' and carers' agency, enabling them to 'look beyond the pill' to how they can live a better life.

Roundtable participants and organisations

Name	Organisation
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(Post-event as at 29 June 2024)

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Fiona Davidson	Realm Studios
James Wright	Rauland Australia
Dean Grasselli	SANE
Philippa Leary	South west London ICB (Integrated Care Board)
Morgan Sterley	St Vincent's Melbourne
Helen Banu	Streetwork Australia Limited
Eugene McGarrell	Syndey North Health Network
Lyn Worsley	The Resilience Centre
Leigh McGaghey	Therapeutic Horticulture Australia
Melissa Forbes	University of Southern Queensland
Susan Gilmartin	Upbeat Arts Australia
Cassandra Fletcher-Dunham	Wahroonga Hill Pty Ltd
Andrew Palfreman	Watson General Practice
Moya Zunker	Wide Bay HHS (Hospital and Health Service)
Cheryl Bell	WA Primary Health Alliance

About ASPIRE

The Australian Social Prescribing Institute for Research and Education (ASPIRE) stands as Australia's first and foremost authority that is solely dedicated to advancing social prescribing through research, connections, evidence, and education. We are not just about global best practices; we are about crafting personalised models designed for Australia's distinctive policy, funding, and service frameworks. In July 2023, we organised a groundbreaking conference that saw participation from over 150 leaders from across Australia, including distinguished experts from Canada and the UK.

ASPIRE convenes a number of thematic Expert Panels composed of recognised scientific experts in their fields. Our Expert Panels bring existing and emerging research and practice together to refine coherent, local models of social prescribing that are relevant to Australian policy, funding, and service delivery frameworks.

Functions of the Expert Panels include:

- to serve as a point of information and expertise for policy makers, legislators, public agencies and funders, to provide contemporary and relevant information to inform their decision making.
- to act as a key point of contact and conduit for emerging research projects, advancing the understanding of social prescribing within Australia.
- to comprehensively bring together existing evidence to produce briefs and reviews making it accessible to policy makers, stakeholders and the broader public.
- to interact with global experts to broaden the field of information available to local research, ensuring local factors and dynamics inform emergent design, implementation, operation and evaluation of models of Social Prescribing.
- to work together with other Expert Panels to create and refine common data sets, evaluation frameworks, and methodological approaches, with a view to create a consistent and joined up understanding of the goals, outputs, outcomes and impacts of various social prescribing initiatives.

ASPIRE
Australian Social Prescribing Institute of Research and Education

Creating Opportunities Together

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Australian Social Prescribing Institute of Research and Education
Creating Opportunities Together

All-Party Parliamentary Group on
Arts, Health and Wellbeing
Inquiry Report

Creative Health: The Arts for Health and Wellbeing

July 2017

Second Edition

appg

"The mind is the gateway through which the social determinants impact upon health, and this report is about the life of the mind. It provides a substantial body of evidence showing how the arts, enriching the mind through creative and cultural activity, can mitigate the negative effects of social disadvantage. Creative Health *should be studied by all those commissioning services."*
Professor Sir Michael Marmot, Director, Institute of Health Equity, University College London

"At Paul Hamlyn Foundation, we have always believed that the arts are a force for change, enriching people's lives and transforming communities, so we were pleased to support this important work, to shine a light on the links between arts and wellbeing and to uncover the excellent practice and evidence to underpin our assertions. The findings emphasise the positive impact that arts access and participation have on helping people to overcome disadvantage and enjoy healthier lives, and the case studies clearly demonstrate the power that partnerships between health agencies and arts practitioners can have."
Moira Sinclair, Chief Executive, Paul Hamlyn Foundation

"This report lays out a compelling case for our healthcare systems to better utilise the creative arts in supporting health and wellbeing outcomes, building on a growing body of evidence in mental health, end-of-life care and in supporting those living with long-term conditions."
Lord Darzi, Professor of Surgery, Imperial College London

"At least one third of GP appointments are, in part, due to isolation. Through social prescribing and community resilience programmes, creative arts can have a significant impact on reducing isolation and enabling wellbeing in communities."
Dr Jane Povey GP, Director, Creative Inspiration Shropshire Community Interest Company

"There is growing evidence that engagement in activities like dance, music, drama, painting and reading help ease our minds and heal our bodies. This timely report sets out a clear policy framework for the cultural sector to continue its impressive work in improving people's health and wellbeing."
Sir Nicholas Serota, Chair, Arts Council England

"This report sets out the significant contribution that arts and culture can make to keeping our communities healthy and happy. It is a call for action and a powerful argument for continuing to expand the artistic and cultural offer that complements and enhances our health offer."
Izzi Seccombe, Leader of Warwickshire County Council; Chair, LGA Community Wellbeing Board

"The therapeutic value of art is an asset we must use. A partnership between arts organisations and health organisations has the power to improve access to the arts and to health services for people neglected by both. Through our Creative Minds programmes in Yorkshire, I also know these partnerships can both save lives and make lives."
Robert Webster, Chief Executive South West Yorkshire Partnership NHS Foundation Trust; Lead Chief Executive, West Yorkshire and Harrogate Sustainability and Transformation Partnership

"The Sackler Foundations support creative people who are known to be passionate about connecting the arts to ordinary people's lives and who are expert at what they do. We have always supported both arts- and health-related activity and continue to commit to quality programmes, often where other partners – public, private and philanthropic – will join us. We would welcome strategic and sustained collaboration to support the arts to promote health and wellbeing."
Dame Theresa Sackler

"Art helps us access and express parts of ourselves that are often unavailable to other forms of human interaction. It flies below the radar, delivering nourishment for our soul and returning with stories from the unconscious. A world without art is an inhuman world. Making and consuming art lifts our spirits and keeps us sane. Art, like science and religion, helps us make meaning from our lives, and to make meaning is to make us feel better."
Grayson Perry, Artist

"Artistic self expression gives participants an identity beyond illness. I have seen the arts build confidence and community and provide hope in the midst of suffering."
Eva Okwonga, Peer Support Advisory Board Member for Mind and Music Workshop Leader at Music In Mind

"This is an impressive collection of evidence and practice for culture and health, which reflects the passion and breadth of engagement of the APPG and its partners over the last two years."
Duncan Selbie, Chief Executive, Public Health England

"In every age, the arts have inspired people and given them comfort. This major report gives striking evidence of the contribution of the arts to wellbeing in today's world and makes compelling proposals for how this contribution can be enhanced."
Professor Lord Layard

Singing in Care Homes

Live Music Now and Creative Inspiration Shropshire Community Interest Company

All-Party Parliamentary Group on Arts, Health and Wellbeing
Inquiry Report

Creative Health: The Arts for Health and Wellbeing

July 2017

Second Edition

Culture Shots 2015, partnership between Central Manchester University Hospital NHS Foundation Trust, The Whitworth and Manchester Museum, University of Manchester

Photographer: Andy Ford

Contents

Foreword

It is time to recognise the powerful contribution the arts can make to health and wellbeing. There are now many examples and much evidence of the beneficial impact they can have. We have three key messages in this report:

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

The All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW) was formed in 2014. Our aim is to improve awareness of the benefits that the arts can bring to health and wellbeing, and to stimulate progress towards making these benefits a reality all across the country. We decided to carry out an Inquiry into existing engagement of the arts in health and social care, with a view to making recommendations to improve policy and practice.

We have held a series of 16 round table discussions at which some 300 people – service-users, people working in the arts, health and social care, including the prison service and end-of-life care, commissioners, funders and academics – have come together to share their thoughts on challenges they face, tell us what they are already doing and what they aspire to do and debate how progress may best be achieved. We have been struck by the passion and eloquence of our witnesses, both providers and beneficiaries of the arts in health and social care (some of what they told us can be read and heard on our website: www.artshealthandwellbeing.org.uk).

We have been able to share thinking at meetings with ministers in the Departments of Health and Culture, Media and Sport, with the Chief Medical Officer and with NHS England, Public Health England, the Care Quality Commission, the Cabinet Office, the What Works Centre for Wellbeing, Arts Council England and the Local Government Association. We have also been advised by service users, carers, clinicians, artists, academics, commissioners and philanthropic funders. We have held further meetings at which people with much experience – officials and other professionals in the field as well as parliamentarians – have provided a reality check on our provisional findings. The exchange of ideas stimulated by the Inquiry has, we have been told, yielded new insights among practitioners as well as greater understanding among parliamentarians.

In parallel with all this activity, our researcher, Dr Rebecca Gordon-Nesbitt, from King's College London, has conducted a major piece of research, examining the interactions between the arts, health and wellbeing throughout the life course. A large amount of evidence has been examined: academic research, project evaluations, the testimonies we heard at the round tables and submissions elicited from a call we issued for examples of practice. This report brings together all the strands of the Inquiry and, we believe, provides the most comprehensive overview of the field to date.

Chapter two provides a theoretical basis for our case. It discusses thinking about 'social determinants' which underpins current health policy and questions why the arts, as an enrichment of human experience, have, until now, largely been neglected in this orthodoxy. We have discussed our ideas with Professor Sir Michael Marmot, who has done much to advance thinking about the social determinants of health in the UK and beyond and has welcomed our extension of this thinking. Chapter three discusses the present state of evidence concerning the impacts of the arts on health and wellbeing, and makes recommendations for the development of research and evaluation. Chapter four sketches the policy, commissioning and funding landscape as it is now, and offers some new vistas. Chapter five locates services within physical and community environments, argues for improved design and environmental quality in the interests of health and wellbeing and calls for the arts to be included in health-creating strategies being developed at local and city-region level.

Chapters six to nine review significant research and exemplary practice through successive phases of the life course from birth to death. These chapters report substantial achievement in many parts of the country, and we hope they will provide a valuable reference point. We believe this material compellingly demonstrates the opportunities that exist but have yet to be seized widely. As it is, the United Kingdom is still very far from realising more than a small modicum of the potential contribution of the arts to health and wellbeing.

We lag in significant respects behind other countries, such as Australia, Cuba and the Nordic countries.

While not wishing to overclaim, we firmly believe that the arts can be enlisted to assist in addressing a number of difficult and pressing policy challenges: strengthening preventative strategies to maintain health for all; helping frail and older people stay healthy and independent; enabling patients to take a more active role in their own health and care; improving recovery from illness; enhancing mental healthcare; improving social care; mitigating social isolation and loneliness, strengthening local services and promoting more cohesive communities; enabling more cost-effective use of resources within the NHS; relieving pressure on GP services; increasing wellbeing among staff in health and social care; encouraging voluntary work; creating a more humane and positive existence for prisoners; enhancing the quality of the built environment; and ensuring more equitable distribution of arts resources and better access to the arts for people who are socially or economically disadvantaged.

We firmly believe that the arts can be enlisted to assist in addressing a number of difficult and pressing policy challenges.

The arts, where they are intelligently engaged to promote health and wellbeing, can help to realise the Prime Minister's vision of a shared society.

Some defenders of the arts may object that this is one more example of the instrumentalism through which politicians blight our culture. We have no desire to ignite another flare-up in the chronic and sterile altercation between the proponents of art for art's sake and those who justify public intervention at least in part on the basis that the arts confer benefits on society. We believe that it is the validity of art itself that can lead to better health and wellbeing. As Samuel Johnson said, 'the only end of writing' – and it is as true of the other arts as of literature – 'is to enable the reader better to enjoy life, or better to endure it'.

The conundrum that we have found ourselves pondering is why, if there is so much evidence of the efficacy of the arts in health and social care, it is so little appreciated and acted upon. In our discussions, we have identified a number of barriers to recognition and embrace of the potential contribution of the arts. These barriers are attitudinal rather than legislative or inherent in formal policy.

The initial formation and continuing professional development of members of the medical professions is almost exclusively science-based. Medical humanities are available in the curriculum in some medical schools, but the arts are not part of the syllabus for public health training. Medical research criteria – in which large-scale randomised controlled trials are the gold standard and qualitative assessments are often viewed sceptically – are unsuited to evaluation of the arts in health. Modern medicine achieves extraordinary things, but the culture of healthcare can tend too much towards the technical-industrial and bureaucratic. Medical professionals, of course, seek to imbue the culture with humanity and genuine caring. Where they fail to do so, at the extreme, we have the catastrophe of Mid-Staffordshire. Received wisdom has yet to recognise consistently that the arts can help to humanise the system, not just as a nice add-on but in complementing and enhancing the effectiveness of conventional medicine

Proponents of the arts in health have too often not made their case as well as they should. Too many evaluations of arts projects have been less than rigorous, and the return on investment in the arts has been unclear. Nor, as Professor Dame Sally Davies put it to us, has wellbeing been rigorously conceptualised. Whereas many cultural organisations have been superbly capable and committed, they have not everywhere put themselves forward sufficiently confidently, insistently and convincingly. While most cultural organisations have now embraced education with conviction as a part of their mission, far fewer are seriously interested in the contribution they can make to improving health or in extending their audiences through such work. It is also fair to say that discontinuities of funding, and, in some parts of the country, large-scale withdrawal of funding, have genuinely prevented arts organisations from remaining available to support health and social services.

Local authorities, even before they were under the present draconian pressure to reduce expenditure, have not given high priority to spending on the arts. Other discretionary items – well-maintained public spaces, cleaner streets, leisure opportunities – appear to be more popular and also enhance quality of life. There is relatively little protest if the arts are casualties of economy. We make the case here that the arts are a vital part of the public health landscape and therefore an essential responsibility of local authorities.

With ferocious pressure on funding, little capacity within the NHS and social care has been available to support more than the maintenance of

existing services. The NHS has, in any case, been intently focused on acute medicine and too little on prevention or the management of chronic conditions. Commissioning methodologies have pursued volume rather than outcomes, squeezing out innovation. Unremitting pressures have made it difficult for people to reflect and try different approaches. Perhaps they should be reminded of Lord Rutherford's observation to colleagues at the Cavendish Laboratory: 'Now that we've run out of money we'll have to start thinking.'

While it has been welcome that David Cameron established the Government's programme of Measuring National Wellbeing, in the era of neoliberal economics it has not been expected that policy would be addressed directly to the promotion of wellbeing. Nor has there been a strong public voice demanding more arts in health or social care. Indeed, some in the media have been disparaging of what there has been. Whether or not for these reasons, political leadership has been hesitant and inconsistent.

Although four Secretaries of State for Health in the last 25 years have also held office as Secretary of State for Culture, there has been little recognition in government of the potentially beneficial symbiosis between the arts and health. At junior ministerial level, from time to time, there has been engagement between those two departments, but, with vagaries of political circumstance, efforts at collaboration have petered out. There have been moments of particular promise, such as the collaboration between the Department of Health and Arts Council England to produce the Prospectus for Arts and Health in 2007 and Alan Johnson's fine speech at the Wallace Collection in 2008, but these have not been followed through.

The conundrum that we have found ourselves pondering is why, if there is so much evidence of the efficacy of the arts in health and social care, it is so little appreciated and acted upon.

Ed Vaizey's Culture White Paper of 2016 represents the latest moment of promise, with its explicit commitment by the Government to respond to this report. We very much hope that this will be the prelude to a settled and coherent commitment by all relevant government departments and to cross-party consensus.

As parliamentarians, we expected at the outset that our recommendations would principally be to government. However, it became clear to us that the challenges we describe would not satisfactorily be met by ordinances from on high or through bureaucratic processes. We consider that the Health and Social Care Act 2012 – particularly the provision in that legislation for public health structures – provides an adequate framework within which progress can be made. And while more money, and in particular greater continuity of funding, would obviously be helpful, existing public funding systems, especially if further enhanced by philanthropic contributions, are capable of supporting significant extensions of the work we would like to see. We do not ask that funding for the arts in health should be privileged. Where public funding is concerned, we ask only that properly informed, realistic and unbiased assessments should be made, throughout the system, of the potential value for money in funding the arts to support existing agendas in health and social care.

In deference to the proprieties of devolution, the recommendations we make as an all-party group at Westminster are addressed to people making decisions in England, but we hope they may have useful applicability in the other nations of the UK. We have drawn upon examples of excellent practice in the devolved countries, and we very much appreciate collaboration with colleagues in Northern Ireland, Scotland and Wales.

Our specific policy recommendations are modest and limited; if the purpose is accepted, we see no reason why they should not quickly be consulted upon, agreed and implemented. We are not calling for new legislation or regulation, nor for changed structures. The essential need we identify is culture change: change in conventional thinking leading to change in conventional practice. The key to progress will be decentralised leadership and collaboration diffused across the complex systems of health and social care and the arts. These systems are neither command structures nor markets; they have elements of both, but their performance depends upon judgement and leadership by a host of decision-makers. People in positions of responsibility, whether commissioners or clinicians or arts professionals, are free to mobilise the arts in health and social care if they judge it appropriate to do so.

The Prime Minister has signified her commitment to more effective interventions by the Goverment in support of people who need help. If the Secretary of State for Health were simply to reaffirm the endorsement of the value of the arts in health made by his predecessor in 2008, it would give new heart and impetus. Better still, if the Secretary of State for Health, the Secretary of State for Culture and ministers in other departments were, after suitable analysis and consultation, jointly to endorse, in a cross-governmental document, the propositions in this report, it would do much to encourage wider and more confident innovation and advance. We appeal for that political leadership.

Culture change is already afoot. The New NHS Alliance says that 'What has been missing is a willingness to empower both frontline staff and communities to work differently' and to balance technical innovation with social innovation.[1] The Social Prescribing Network notes that up to a fifth of patients see a GP for a problem that requires a social solution, and some clinical commissioning groups are already supporting arts on prescription. NHS England is calling for much greater staff, patient and community involvement in the design and delivery of services while also working collaboratively with the voluntary sector and primary care to design a systematic and equitable approach to self-care and social prescribing.

The essential need we identify is culture change: change in conventional thinking leading to change in conventional practice.

The APPGAHW is part of a growing movement. As Lord Crisp and colleagues have put it, in their manifesto for a healthy and health-creating society, we must aim for 'the transformation of the health and care system from a hospital-centred and illness-based system to a person-centred and health-based system'.[2] Such a sea-change needs to be supported across conventional boundaries. The Royal Society for Public Health urges us all to see ourselves as members of the public health workforce. Artists and arts organisations, by fostering imagination and creativity, are crucial in this movement.

In this report we are addressing a range of audiences: fellow parliamentarians, government, healthcare providers, social care providers, artists, arts therapists and arts organisations, educators, academics, funders, service users, the public. We hope the report will be read by people working in health and social care, who may benefit from understanding the arts better, and by people working in the arts, who may be helped to understand better how they can engage with the health and social care systems. We are particularly addressing people who have to make policy decisions, funding decisions and clinical decisions. Together they can unlock change, but, at the moment, they may not believe that the arts can be an effective means to help them in their purposes.

In the months following the publication of this report, we will campaign to make our case and convince people to take up our recommendations. We will actively seek to develop the debate, not only in Parliament but also among the professions and across the country.

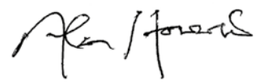
We hope to inspire and energise individuals and encourage better communication between different disciplines and institutions. Among the virtues of the arts is that they challenge habitual thinking. We aim to provoke dissonant conversations and create pressure for change. We challenge people to emerge from their silos, discover shared territory and join forces.

We are extremely grateful to everybody who has so far joined us in this work. We have been particularly guided by the knowledge, experience and good judgement of a number of our members, including Baroness Andrews, Lord Bichard, Lord Crisp, Rt Hon. Baroness Morris of Yardley, Rt Hon. Ed Vaizey MP, who I am delighted has recently become Co-Chair of the APPGAHW, and Baroness Young of Hornsey.

We have benefited continuously from exchanging ideas with our partners in the Inquiry, the National Alliance for Arts, Health and Wellbeing, King's College London, the Royal Society for Public Health and Guy's and St Thomas' Charity.

We are deeply grateful to our principal funders, Paul Hamlyn Foundation and Wellcome. They have not only funded the Inquiry generously but have taken a close and perceptive interest in it. We are also most appreciative of King's College London and the Arts and Humanities Research Council who have been imaginative and practical supporters of the research side of our work.

On behalf of my parliamentary colleagues I want to pay a particular tribute to Alex Coulter, project manager for the Inquiry, and to Rebecca Gordon-Nesbitt, who carried out the research and drafted this report. Both of them have worked with total commitment and remarkable ability. We have been extraordinarily fortunate to be supported by them in this project.



Rt Hon. Lord Howarth of Newport
Co-Chair, All-Party Parliamentary Group on Arts, Health and Wellbeing.

Arts in Health and Care Environments

This includes hospitals, GP surgeries, hospices and care homes.

A mental health recovery centre co-designed by service users in Wales is estimated to save the NHS

£300k

per year.

Visual and performing arts in healthcare environments help to reduce sickness, anxiety and stress.

The heart rate of new-born babies is calmed by the playing of lullabies. The use of live music in neonatal intensive care leads to considerably reduced hospital stays.

Participatory Arts Programmes

This refers to individual and group arts activities intended to improve and maintain health and wellbeing in health and social care settings and community locations.

After engaging with the arts

79% of people in deprived communities in London ate more healthily

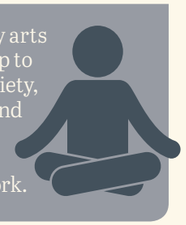
77% engaged in more physical activity

82% enjoyed greater wellbeing.

£1 spent on early care and education has been calculated to save up to £13 in future costs. Participatory arts activities with children improve their cognitive, linguistic, social and emotional development and enhance school readiness.

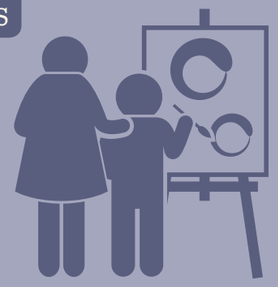
Over the past two centuries, life expectancy has increased by two years every decade, meaning that half of people being born in the West can expect to reach 100. Arts participation is a vital part of healthy ageing.

Participatory arts activities help to alleviate anxiety, depression and stress both within and outside of work.



Arts Therapies

This refers to drama, music and visual arts activities offered to individuals, usually in clinical settings, by any of 3,600 practitioners accredited by the Health and Care Professions Council.



Music therapy reduces agitation and need for medication in

67%

of people with dementia.

Arts therapies help people to recover from brain injury and diminish the physical and emotional suffering of cancer patients and the side effects of their treatment.

Arts therapies have been found to alleviate anxiety, depression and stress while increasing resilience and wellbeing.

Arts on Prescription

Part of social prescribing, this involves people experiencing psychological or physical distress being referred (or referring themselves) to engage with the arts in the community (including galleries, museums and libraries).

An arts-on-prescription project has shown a 37% drop in GP consultation rates and a 27% reduction in hospital admissions. This represents a saving of

£216

per patient.

A social return on investment of between £4 and £11 has been calculated for every £1 invested in arts on prescription.

Medical Training and Medical Humanities

This refers to inclusion of the arts in the formation and professional development of health and social care professionals.

Within the NHS, some 10 million working days are lost to sick leave every year, costing

£2.4bn

Arts engagement helps health and care staff to improve their own health and wellbeing and that of their patients.

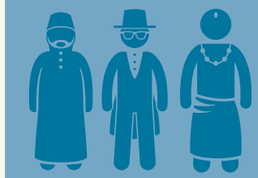
Everyday Creativity

This might be drawing, painting, pottery, sculpture, music- or film-making, singing or handicrafts.

There are more than **49,000** amateur arts groups in England involving **9.4 million** people that is **17%** of the population.

Attendance at Cultural Venues and Events

This refers to attendance at concert halls, galleries, heritage sites, libraries, museums and theatres.



Attendance tends to be determined by educational level, prosperity and ethnicity.

Cultural engagement reduces work-related stress and leads to longer, happier lives.

Of **2,500** museums and galleries in the UK, some **600** have programmes targeting health and wellbeing.

The Built and Natural Environments

Poor-quality built environments have a damaging effect upon health and wellbeing.

85% of people in England agree that the quality of the built environment influences the way they feel.

Every £1 spent on maintaining parks has been seen to generate **£34** in community benefits.

Summary

1

The Arts for Health and Wellbeing

The creative impulse is fundamental to the experience of being human. We may express this through art, craft, creative writing, dance, design (including architecture), drama, film- or music-making or singing, by ourselves or with others; increasingly, we may make creative use of digital media. We may access outcomes of creative processes by walking around our cities or heritage sites, visiting concert halls, galleries, museums, theatres or libraries. The act of creation, and our appreciation of it, provides an individual experience that can have positive effects on our physical and mental health and wellbeing. How, where and why this works is the subject of this report.

2

The Arts and the Social Determinants of Health and Wellbeing

The World Health Organization defines the social determinants of health as the 'conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life'. Many would agree that unequal distribution of power, income, goods and services within and between countries creates large differentials in health and wellbeing. To take just one example, children born into families at the lower end of the social gradient are more vulnerable to heart disease, mental health problems, obesity, respiratory disease and stroke than their more affluent contemporaries. Recognition of the social determinants of health is now consistent across UK health policy documents.

The devolved administrations in the UK and combined authorities in England are increasingly using arts-based strategies to address the social determinants of health. In attempting to show how the arts can help to meet some of the major health and social care challenges, chapters six to eight of this report look at how we are born, grow, work, live and age and how arts engagement can lessen the impact of health inequalities at each of these life stages at the same time as steps are taken to reduce them. To this list, we have added consideration of how we die, with chapter nine dedicated to creative encounters at the end of life.

Central to these life-course chapters is the idea that arts engagement helps to mitigate the effects of an adverse environment by: influencing maternal nutrition, perinatal mental health and childhood development; shaping educational and employment opportunities and tackling chronic distress; enabling self-expression and empowerment and overcoming social isolation. At the same time, we find that an embrace of the arts via health and wellbeing routes helps to overcome well-publicised inequalities in access to the publicly funded arts. This suggests that a significant component of investment in the arts should be made in a graduated way, according to need.

Of course, not everything fits into neat generational categories. Throughout the life course, environmental quality, sense of place and community are crucial to our health and wellbeing and form the basis of a separate fifth chapter.

3

Evidence

The evidence base linking arts engagement to health and wellbeing comprises both research and evaluation, and it spans a range of methodologies and practices. This report introduces us to the various types of evidence that are typically encountered in the field, including evidence derived from quantitative and qualitative methods, economic analysis and the measurement of wellbeing. In the process, we foreground research which considers the social value of arts interventions, and we explore what works, for whom and in what circumstances. This report argues that evidence not only needs to be meticulously gathered but also proactively deployed, in processes such as the formulation of clinical guidance by the National Institute for Health and Care Excellence.

Evidence is unevenly distributed across the field, is of variable quality and is sometimes inaccessible. Looking to the future, greater focus needs to be placed on good-quality evaluation which allows for comparative analysis. Equally, there is a pressing need for appropriate longitudinal research into the relationship between arts engagement, health and wellbeing.

4

Policy, Commissioning and Funding

The current crisis in health and social care demands a search for innovative solutions. Funding aside, the greatest challenges to the health and social care systems come from an ageing population and a prevalence of long-term conditions for which there is no obvious cure. In addressing these challenges, the *Five Year Forward View*, published in 2014 by NHS England as a new vision for health policy, emphasised a need for rapid improvements in prevention and public health.

Millions of people in the UK engage with the arts as part of their everyday lives. As we demonstrate in this report, arts engagement has a beneficial effect upon health and wellbeing and therefore has a vital part to play in the public health arena. At the same time, this report shows that the arts have a significant role in preventing illness and infirmity from developing in the first place and worsening in the longer term. Added to which, engagement in the arts is consistently seen to enhance wellbeing and quality of life in people of all ages. In short, the arts can help to address many of the challenges the health and social care system is facing and improve the humanity, value for money and overall effectiveness of this complex system.

5

Place, Environment, Community

The natural and built environments have a profound impact upon our health and wellbeing. Within healthcare, access to daylight, fresh air and natural materials aids healing, restoring the integrity between mind, body and soul. Patients and staff alike appreciate health and social care environments which are well designed and animated by the arts.

The ongoing shift from an acute and costly hospital-centred, illness-based system to a personalised, health-based system relies upon individual and community assets. The contribution of the arts to person-centred, place-based care urgently needs to be recognised.

Social prescribing sees people finding solutions to psychosocial problems in the community. A wide range of schemes and referral pathways is in operation. Hosted by community organisations and cultural venues, arts-on-prescription activities reduce anxiety, depression and stress and aid in the management of long-term conditions.

Operating at the intersection between health and social care, the arts form an integral part of age-friendly cities and dementia-friendly communities. The participatory arts provide a prime site for co-production – equal involvement by people using services and people responsible for them, not only in design and delivery but also in evaluation and refinement.

6

Childhood, Adolescence, Young Adulthood

Even before we are born, exposure to adverse environments can increase our susceptibility to chronic health conditions and lead to diminished wellbeing. Life chances, however, are not set in stone, and an improved environment, such as that produced by engagement with the arts, can help to redress the balance.

The early years are crucial to fostering the cognitive and socio-emotional skills that serve children well later in life, and the arts can have a central role in aiding these developmental processes. Reading aloud to children spurs linguistic advances, narrowing the attainment gap that persists across the social gradient. Learning to play music changes the morphology of the brain, leading to improved literacy and spatial reasoning. Distressing and costly behavioural problems in children can be addressed through both the participatory arts and arts therapies.

The 2016 Culture White Paper pledged to put measures in place to increase arts participation. Schools are a prime potential site for this, via the national curriculum, extracurricular activities and counselling services. At the same time, arts activities in the community can provide a welcoming non-school environment, which is particularly important for children and young people excluded from school. This suggests a need for joint working by the Department for Culture, Media and Sport, the Department for Education and the Department for Communities and Local Government.

At all ages, the arts can have a beneficial part to play in recovery from illness and the management of long-term conditions. In children and young people, improvised dance can diminish acute pain, accelerate rehabilitation from brain injury and aid in the regulation of chronic conditions. Arts participation can increase the time children spend being active, contributing to a reduction in childhood obesity. In children's hospitals, art, craft, music and theatre provide a welcome distraction from the tedium of long stays and the anxiety and pain of invasive processes.

Several studies point to a decline in the wellbeing of young people, and an estimated 850,000 children and young people in Britain have mental health problems and related physical health problems. One of the factors influencing the mental health of children and young people is the mental health of their parents (particularly their mothers); another is academic pressure. Arts participation helps to overcome anxiety, depression and stress in parents and their children, encouraging bonding and emotional expression. NHS England has made mental health

a priority, and the Government has committed to improving access to prevention and early intervention. Supported by compelling evidence, we advocate that the arts are taken seriously in helping to overcome the impediments to prevention and early intervention, perhaps especially in black, Asian and minority ethnic communities.

7
Working-Age Adulthood

Poor-quality work combines high demand and effort with low control and reward. The main causes of sickness absence from work are anxiety, depression and stress, and mental health problems in the under 65s account for almost half of NHS diagnoses. Arts engagement at work and in leisure time helps to overcome anxiety, depression and stress.

In relation to recovery from illness in adults, there is good evidence that listening to music after a stroke helps to hasten recovery and lift mood. When it comes to the management of long-term conditions, dancing and group singing enhance cognition, communication and physical functioning in people with Parkinson's while enhancing wellbeing. Singing alleviates chronic respiratory conditions and cystic fibrosis. Arts engagement also has a part to play in diminishing the physical and emotional effects of heart disease and cancer.

In the criminal justice system, the arts provide an excellent tool for the healthy expression of suppressed emotions and the processing of experiences, while art therapy provides an effective non-verbal means of accessing painful memories for people experiencing post-traumatic stress.

Despite many proven benefits, the arts are not a habitual part of the training and professional development of health and social care professionals. There is, however, increasing recognition of the contribution of the arts to the committed, compassionate care advocated by the Francis Inquiry and envisaged in the 2014 Care Act. We identify a need for the arts and humanities to become more integrated into health and social care training and for health and wellbeing to be included in the professional development of artists.

8
Older Adulthood

Within the growing population of adults beyond working age, health inequalities affect vitality, mobility, mental acuity and life expectancy. The arts have a part to play in fostering healthy ageing and staving off frailty.

As in previous life stages, arts engagement can diminish anxiety, depression and stress while also increasing self-esteem, confidence and purpose. Music training can improve differentiation of sounds, such as voices in busy environments. Dance is particularly effective in the prevention of falls in older people, and dance programmes up and down the country have better retention rates than alternative NHS initiatives.

Social participation by older people can have a protective effect on health comparable to giving up smoking. Arts-based groups offer a popular social activity in rural areas, while many museums and galleries in urban areas are reaching out to their local populations, particularly isolated older adults.

An estimated 850,000 older people in the UK have a dementia diagnosis, predicted to increase to one million by 2021 and two million by 2051. The annual cost of dementia to the UK is £26.3bn, which is more than the combined cost of treating cancer, heart disease and stroke and is expected to exceed £50bn over the next three decades. The arts can provide significant help in meeting this major health challenge. Arts engagement can boost brain function and improve the recall of personal memories; it can also enhance the quality of life of people with dementia and their carers. In dementia care, colour, reflection and shadow can have an impact on mood and lead to better nutrition, hydration and engagement.

9
End of Life

Around 500,000 people die in England every year, usually after a phase of chronic illness. The participatory arts and arts therapies can offer physical, psychological, spiritual and social support to people facing death. They can assuage the pain and anxiety of terminal illness and assist people in coming to terms with dying. They can help people to find meaning in the story of their lives and develop hopeful narratives. They can provide access to deep, nuanced feelings, communicated through metaphor and imagery. They can form part of a legacy, through the creation of artworks to be shared with loved ones. They can give voice to those who no longer feel able to speak and restore a sense of control to those who feel powerless.

In end-of-life care, homely environments for the dying, grieving areas for the bereaved, religious and cultural places and quiet spaces for visitors and staff are in high demand. The arts can transform the capacity to cope with bereavement and open up a healthier public conversation about death.

Russell, Artlift, Gloucestershire

Photographer: James Garrod

Creative Families at the South London Gallery

Photographer: Lawrence Bradby

1 The Arts for Health and Wellbeing

1 The Arts for Health and Wellbeing

"Health is an exquisitely sensitive indicator of our societal structures, economic conditions and political priorities. Health is also an elegant gauge of the physical and social fabric of our communities and of our individual journeys through life – from the nurturing received and opportunities available during the early years of life, through to the experiences and challenges encountered in adulthood and in later life. The health of the nation is a definitive and unifying societal measure, reflecting these individual, collective and cumulative influences, experiences, challenges and journeys."

Chris Harkins, Glasgow Centre for Population Health, 2014

This report seeks to explore the value to health and wellbeing of engagement with the arts. This immediately poses challenges in relation both to definition of the slippery keywords of 'health', 'wellbeing' and 'arts' and to the values we hold as we use these three words. A brief attempt will be made here to unravel this troika.

1.1 Defining Health

Drawing up its constitution in 1948, the World Health Organization (WHO) defined health as a 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.[3] This embraces a positive and holistic understanding of what it means to be healthy in body, mind and community. However, modern biomedicine is much better at dealing with disease and infirmity, and the UK healthcare system is largely geared up to addressing acute situations in which health is compromised. This prompts distinctions between health and medicine, between illness and disease, between health and healthcare provision and between health and social care.

Funding aside,[4] the greatest challenges to the health and social care systems are posed by an ageing population and a prevalence of chronic conditions, such as cancer, cardiovascular disease, respiratory diseases, dementia and diabetes.[5] This is compounded by the presence of comorbidities (two or more simultaneous medical conditions), which exist in 30 percent of the over-75s and increase treatment costs six-fold.[6] These factors compromise life expectancy and healthy life expectancy, the implications of which will be explored in this report.

In Scotland, a prevalence of 'social diseases' has been noted, leading to deaths caused by drugs, alcohol, violence, suicide and mental health problems. Known risk factors include deprivation, employment, housing, incapacity benefit, limiting long-term illness, violence, substance misuse, physical health and marginalisation.[7] Added to this, almost half of the UK adult population is estimated to be affected by chronic physical pain, often unrelated to a specific disease and predicted by age, gender, housing tenure and employment status.[8]

Expanding its definition as part of the Health 2020 strategy, WHO noted that 'Good health for communities is a resource and capacity that can contribute to achieving strong, dynamic and creative societies. Health and wellbeing include physical, cognitive, emotional and social dimensions. They are influenced by a range of biomedical, psychological, social, economic and environmental factors that interconnect across people in differing ways and at different times across the life-course'.[9] As we see in chapter four, definitions of health for policy purposes have been broadened to include not only a focus on acute illness and disease but also on consideration of long-term health conditions, with not only biomedical but also psychosocial models of care and not only curative but also preventative strategies.[10] This report considers the arts as an element of psychosocial care with a part to play in the creation of a healthy society.

Funding aside, the greatest challenges to the health and social care systems are posed by an ageing population and a prevalence of chronic conditions.

The notion of a healthy society has a relationship with the concept of 'salutogenesis' – a phrase coined by Aaron Antonowsky, a medical sociologist, to denote the creation of health through a process of healing and recovery.[11] The term salutogenesis offers a counterpoint to pathogenesis (the development of disease), and represents a focus on assets rather than deficits. Assets-based health approaches are increasingly found within health discourse, and we make the case that the arts are a key individual and community asset in achieving and maintaining wellness.

A manifesto for a healthy and health-creating society – drafted by Lord Crisp in a group including Lord Adebowale, Lord Bird, Baroness Campbell and others in the field of health – addresses the challenges faced by the NHS in present circumstances. Among the four main areas around which the manifesto suggests action should be coordinated, the recommendations of most relevance to this report are that 'The transformation of the health and care system from a hospital-centred and illness-based system to a person-centred and health-based system needs to be accelerated and funded' and 'The UK needs to develop and implement a plan for building a health-creating society supported by all sectors of the economy and the wider population'.[12] This approach is consistent with our emphasis on the contribution of the arts to person-centred, salutogenic approaches, seen in the context of the broader community as it influences health.

1.2 Defining Wellbeing

The WHO definition of health includes wellbeing as an essential component, but these two factors can be pulled apart. In an introduction to the anthology *Cultures of Wellbeing*, Professor of International Development and Wellbeing at the University of Bath, Sarah C. White, noted that 'The ubiquity of references to wellbeing and the diffusion of meanings they bear means any attempt to summarise the field must inspire some trepidation'.[13] In 2008, the Foresight Mental Capital and Wellbeing Project defined mental wellbeing as a 'dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society'.[14] The ability to fulfil one's individual and social potential, as a defining feature of wellbeing, is taken as axiomatic in this report.

Evidence reviewed within the Foresight project showed wellbeing to be self-perpetuating and inextricably linked to health, to the extent that 'a high level of wellbeing is associated with positive functioning, which includes creative thinking, productivity, good interpersonal relationships and resilience in the face of adversity, as well as good physical health and life expectancy'.[15] At the same time, the project noted the damaging effects of the uneven distribution of wellbeing:

[...] people with a low level of wellbeing, even if they do not have a mental disorder, function far less well and have poorer health and life expectancy. This latter group is unlikely to come to the attention of specialist mental health services, but constitutes a large part of the population who are neither flourishing nor disordered, yet could benefit greatly from having access to interventions to improve their wellbeing. They are frequently seen in GP surgeries, primary care settings, social work departments and many other front-line public services.[16]

Confining its focus to mental wellbeing (rather than the physical and social components included in the WHO definition), this explanation usefully distinguished wellbeing from mental health and introduced us to the concepts of resilience and flourishing, which recur several times in this report. The Foresight definition also drew attention to the substantial proportion of people with compromised wellbeing who need opportunities to improve their condition. We argue that the arts have a significant part to play in improving wellbeing, thereby relieving pressure on front-line public services.

As part of the Foresight project, the New Economics Foundation (NEF) was commissioned to develop a set of evidence-based actions aimed at improving wellbeing, analogous to the recommendation to eat five portions of fruit and veg a day. NEF took wellbeing to mean feeling good and functioning well and devised 'five ways to wellbeing', recommending that we: connect; be active; take notice; keep learning; give.[17] Several of the practice examples given in this report adopt these five ways to wellbeing; Out of the Blue – commissioned by health services in Kirklees, Yorkshire, to provide creative interactions for people with mental health needs – proposes the addition of a sixth way to wellbeing: be creative.[18]

Professor White noted that 'What perhaps unites contemporary work on wellbeing is the conviction, expressed in many ways, that it is possible to bring wellbeing about intentionally, through a combination of will and technique. Its positive charge offers a corrective to tired old problem-focused policy-making, encouraging people to express their aspirations rather than rehearse their deprivations'.[19] While this report subscribes to the idea that it is possible to enhance wellbeing, it does so in full cognisance of the broader societal factors upon which wellbeing depends.

People with a low level of wellbeing function far less well and have poorer health and life expectancy.

In the same year as the Foresight project reported, the President of France, Nicolas Sarkozy, established a Commission to explore the limits of GDP as an indicator of economic performance and social progress and identify metrics more relevant to capturing phenomena with a long-term impact upon wellbeing. The Commission defined wellbeing as a multidimensional complex, comprising largely objective factors:

i. Material living standards (income, consumption and wealth);
ii. Health;
iii. Education;
iv. Personal activities including work;
v. Political voice and governance;
vi. Social connections and relationships;
vii. Environment (present and future conditions);
viii. Insecurity, of an economic as well as a physical nature.[20]

Several of these factors are revisited in the next chapter and beyond, while environment is given special consideration in chapter five.

There is a variety of perspectives on wellbeing within public policy. In her 2013 report, the Chief Medical Officer, Professor Dame Sally Davies, examined the evidence for wellbeing as it related to public mental health, to observe that wellbeing 'means different things to different people. Each approach has inherent strengths and weaknesses, but one thing is obvious: there is no clear consensus on the best way to define and measure well-being within mental health'.[21] The What Works Centre for Wellbeing – part of the Government's What Works Network – examines the factors underlying wellbeing and seeks cost-effective ways in which to enhance it.[22] Through a Delphi consensus development process involving a range of stakeholders, three dimensions of wellbeing have been identified. The personal dimension includes confidence and self-esteem, meaning and purpose, reduced anxiety and increased optimism; the cultural dimension includes coping and resilience, capability and achievement, personal identity, creative skills and expression and life skills such as employability; the social dimension includes belonging and identity, sociability and new connections, bonding and social capital, reducing social inequalities and reciprocity.[23]

In chapter three, consideration will be given to ways in which the elusive construct of wellbeing may be measured in relation to arts interventions. For now, a distinction from two related concepts may be useful.

In *The Happiness Industry*, William Davies argued that the 'future of successful capitalism depends on our ability to combat stress, misery and illness, and put relaxation, happiness and wellness in their place'.[24] Davies observed a 'growing unease with the way in which notions of happiness and well-being have been adopted by policy-makers and managers. The risk is that this science ends up blaming – and medicating – individuals for their own misery, and ignores the context that has contributed to it'.[25] In seeking to improve wellbeing through the arts, this report remains mindful of the pitfalls of individualism to advocate community-based and societal approaches. In the process, it maintains a scepticism towards attempts to use the arts as a cure-all for an unhealthy society.[26]

Another domain from which wellbeing may usefully be distinguished is that of quality of life. When considering care and services for older people, WHO defined quality of life as 'The product of the interplay between social, health, economic and environmental conditions which affect human and social development. It is a broad ranging concept, incorporating a person's physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features in the environment'.[27] Unlike wellbeing, quality of life can be assessed by relatively well-established measures. Further into this report, we see that quality of life increases in significance across the life course and encounter evidence of ways in which this may be enhanced through engagement with the arts.

1.3 Defining the Arts

The process of the Inquiry has required us to adopt a working definition of what we mean by the arts. When we talk about the arts, we include the visual and performing arts, crafts, dance, film, literature, music and singing. To this list, we add gardening – which is considered as a form of creativity in chapter five – and the equally absorbing culinary arts, which, aside from their contribution to wellbeing, have a practical connection to diabetes[28] and renal dialysis[29] and to loss of taste during chemotherapy.[30]

Raymond Williams described culture as a whole way of life within which the arts are a process of discovery and creative effort.[31] This report considers individual discovery and creative effort in its immediate and societal context. We adopt and broaden Pierre Bourdieu's designation of the 'cultural field' as the territory in which the arts engagement takes place. We understand this to embrace concert halls, galleries, heritage sites, libraries, museums and theatres. We emphasise the importance to health and wellbeing of architecture, design, planning and the environment, which we understand to have profound impacts on health and wellbeing, both in their own right and via their role in enhancing healthcare.[32]

We seek to expand consideration of the arts beyond publicly funded activities and acknowledge the benefits of activities that take place within the home and community, such as crafts and digital creativity. Written evidence submitted by Voluntary Arts England to the Culture, Media and Sport Select Committee in September 2010 said that 'There are more than 49,000 amateur arts groups in England with an estimated 5.9 million members, in addition 3.5 million people volunteer as extras or helpers making a total of 9.4 million people'.[33] A scoping study conducted at the Third Sector Research Centre – involving researchers from the universities of Birmingham, Exeter and Glamorgan, in partnership with Voluntary Arts and with funding from the Arts and Humanities Research Council (AHRC) – identified a range of impacts of grassroots arts activities upon civil society, including improvements in health and wellbeing, educational attainment and workplace functioning, all of which are relevant to the Inquiry.[34]

In this report, then, 'the arts' is used as shorthand for everyday human creativity, rather than referring to a lofty activity which requires some sort of superior cultural intelligence to access. As will be seen, the field is full of stories of people engaging deeply with creativity for the first time through health and wellbeing routes, having been told earlier in their lives that they had no aptitude in this area.

It is also worth distinguishing the non-profit arts sector from the creative industries, defined by the Department for Culture, Media and Sport (DCMS) as 'those industries which have their origin in individual creativity, skill and talent and which have a potential for wealth and job creation through the generation and exploitation of intellectual property'.[35] Figures published in January 2015 suggest that the creative industries are worth £76.9bn annually to the UK economy.[36] This category of activity is taken by the Scottish Government to include architecture, advertising, arts and cultural industries, design (including fashion and crafts), film, interactive leisure software (computer games, consumer packaged software), music, new media, publishing, radio and television.[37] While there are overlaps between the creative industries and territory covered in this report, our consideration of individual and social value, in terms of health and wellbeing, has little to do with the commercial exploitation of intellectual

property. Some participants in our meetings did, however, identify the creative industries as a possible source of funding for the activities we describe.

1.4 Interactions Between the Arts, Health and Wellbeing

The creative impulse is fundamental to the experience of being human.[38] Professor of Psychology and Public Health at Canterbury Christ Church University, Paul Camic, has noted that creative activity has 'existed in various forms using different materials for perhaps 800,000 years but certainly for the last 200,000 years during the time of *Homo erectus* and well before modern *Homo sapiens* appeared. In every prehistoric, ancient and contemporary culture there is evidence of what we have come to call "the arts"'.[39] A Working Group on Arts, Health and Wellbeing at the Royal Society for Public Health (RSPH) – research partner to the Inquiry – observed that, 'For early civilizations, aesthetic beauty in objects or surroundings and the soothing rhythms of words, movement and music contributed to the balance and harmony between bodily systems and environment which was believed to maintain good health'.[40] A 2017 book explored this history in some depth to argue that the 'birth of art was also the birth of arts in health'.[41]

Engaging with the arts has a significant part to play in improving physical and mental health and wellbeing.

The central premise of this report is that engaging with the arts has a significant part to play in improving physical and mental health and wellbeing. Engagement with the arts – through attendance at cultural events and through participation in creative activity – begins with an individual experience that can have positive effects.

During the course of the Inquiry, a great range of first-hand benefits was attributed to the arts. This included recognition that creativity can: stimulate imagination and reflection; encourage dialogue with the deeper self and enable expression; change perspectives; contribute to the construction of identity; provoke cathartic release; provide a place of safety and freedom from judgement; yield opportunities for guided conversations;[42] increase control over life circumstances; inspire change and growth; engender a sense of belonging; prompt collective working; and promote healing. Creativity was also seen as a means of empowerment that can help us to face our problems or be distracted from them. Consistent with all this, it was acknowledged that the arts are not anodyne; they allow us to access a range of emotions, including anguish, crisis and pain, which can serve as a preferable alternative to being sedated.

At the end of 2012, the AHRC initiated the Cultural Value Project, under the direction of Professor Geoffrey Crossick, which led to a programme of seminars and the provision of grants to 72 separate research initiatives. This project aimed to stimulate exploration of the individual and social value of engagement with the arts and culture, across professional and amateur sectors, and a chapter of the ensuing report was dedicated to health, ageing and wellbeing. One of the findings of the Cultural Value Project was that the arts at once provide engagement and aesthetic detachment, enabling individuals to become more reflective. The concept of the reflective individual encompasses an 'improved understanding of oneself, an ability to reflect on different aspects of one's own life, an enhanced sense of empathy [...] and a sense of the diversity of human experience'.[43] At one of three Advisory Group meetings held as part of the Inquiry, Professor Crossick noted that 'One of the most important things about health is self-reflection and empowerment and a sense that you can actually control what is damaging your health'. This sense of mastery over one's environment leads to enhancements in health and wellbeing through a process of health creation.[44]

Individual experiences of the arts can lead to recovery from illness, injury or addiction or to the prevention of disease or infirmity. Equally, arts engagement contributes to the attainment and maintenance of wellbeing in healthy people or those experiencing ill health and their carers. This report explores the implications of these two statements for our society by interrogating the impact of the arts upon health and wellbeing. In doing so, it often refers to a particular art form having a specific impact. This is solely because the evidence is arranged in such a way and not because we wish to uphold the compartmentalisation of art forms.

The National Alliance for Arts, Health and Wellbeing (NAAHW) – which provides the Secretariat to the APPGAHW – isolates five main sites at which the arts and health typically intersect:

- Arts in health and care environments – most commonly arts in hospitals, which is considered at some length in later chapters together with arts in social care settings.[45]
- Participatory arts programmes – individual and group arts activities aimed at attaining and maintaining health and wellbeing, in health and social care settings and community locations, discussed as this report progresses.[46]
- Arts on prescription – the referral of people to take part in creative activities, often but not exclusively in response to mental health problems;[47] examples from Gloucestershire and Cambridgeshire illustrate chapters four and five, and the role of such initiatives within the community beyond the clinical environment is outlined.
- Arts therapies – drama, music and visual arts activities targeted at individuals, usually in clinical settings, by any of 3,600 practitioners accredited by the Health and Care Professions Council (HCPC), examples of which will be provided throughout.[48]
- Medical training and medical humanities – inclusion of the arts in the formation and professional development of health and social care professionals, in ways that will be considered in chapter seven.[49]

Disciplinary demarcations are breaking down, partly as a result of work by special interest groups of the RSPH and the Faculty of Public Health (FPH). Yet, while many of the mechanisms are similar, a distinction remains between therapy and the therapeutic by virtue of intention and mode of action. The former generally refers to a service being offered to patients with a particular clinical goal in mind; the latter tends to be centred on the stimulation of creative activity with an indirect effect on health,[50] whereby 'emphasis is on the intrinsic value and quality of the creative process and what it produces'.[51] The transition from therapy to the therapeutic, from patient to person, forms part of the healing process.

While the many excellent examples of the arts improving health and wellbeing suggest a resoundingly positive picture, it is essential to stress that good-quality arts activity within health and social care is far from universal.

Missing from the arts and health canon is attendance at arts events, which, as we shall see, has a contribution to make to longer lives better lived. Also absent from this list is everyday creativity,[52] which may be undertaken alone or in company and has an immense contribution to make to happy, healthy lives without necessarily having a connection to health or social care. As the former Secretary of State for Health, Alan Johnson, put it, 'Access and participation in the arts are an essential part of our everyday wellbeing and quality of life'.[53]

Parenthetically, certain branches of arts and health activity may be thought of as arts and stealth, inasmuch as arts participation often increases the appeal of activities that might otherwise be offputtingly arduous, such as occupational therapy (e.g. Breathe Magic for children with hemiplegia)[54] or exercise (e.g. dance for older people).[55]

In 2016, Chair of NHS England, Professor Malcolm Grant, expressed the view that, where health was concerned, any arts activity was better than none.[56] On the one hand, it would be a disservice to participants to offer substandard arts activities under the banner of health and wellbeing, and the examples given in this report show high-quality work being undertaken in an avowedly inclusive way. On the other hand, in participatory arts activities with people who have not previously been encouraged to express their creativity, it is usually the quality of the activity, rather than the quality of output, that matters.[57] Similarly, in art therapy, 'As patients strive to express and explore their inner emotional landscape through their art there is no expectation that work should be aesthetically "good" in a conventional sense, or viewed outside the therapy space'.[58]

Those delivering arts and health work are primarily charities, community interest companies (CICs), small enterprises and individual practitioners working on a freelance basis. The vast majority are arts organisations reaching into the world of health and social care, rather than the other way round. For an overview of the arts and health field, readers are referred to the 2013 RSPH report *Arts, Health and Wellbeing beyond the Millennium: How far have we come and where do we want to go?*[59]

In the recent history of the arts interacting with health and wellbeing, Greater Manchester is arguably the wellspring. In 1973, Neil Kessell, Professor of Psychiatry at the University of Manchester, invited artist Peter Senior to exhibit his work in the outpatients' department of

Withington Psychiatric Hospital. This led to Senior's appointment, funded by the Calouste Gulbenkian Foundation, as artist-in-residence at St Mary's Hospital, Manchester. In 1977, Senior established a team of artists under the Manpower Services Commission's job creation programme.[60] This experiment was consolidated as Manchester Hospitals Arts Project, which undertook to produce site-specific works within hospital buildings and beyond. In the 1990s, under the directorship of Brian Chapman and in recognition of the fact that success had rendered 'hospital arts' a generic term, the project was renamed Lime. This early experiment gave rise to a wealth of projects and activities across Greater Manchester, spanning the categories outlined above. On 14 June 2016, the archives of several prominent arts and health organisations from Greater Manchester and beyond were accepted into the Wellcome library.

In 1987, Peter Senior established Arts for Health at Manchester Metropolitan University (MMU), which has continued to influence research and development in a rapidly evolving global field. In 2011 and 2012, Arts for Health published a defiant two-part manifesto which declared: 'I am part of this movement. I might be in the North of England. I might be anywhere in the world. We are the same. We are unique. We believe the arts shape and challenge thinking. We believe the arts are a vehicle for health, wellbeing and social change'.[61] In chapter five, we hear more about how the devolution of powers to Greater Manchester could enable synergies between the arts, health and wellbeing to flourish.

In relation to wellbeing, a study of 1,500 Italian adults found a positive correlation between arts engagement and wellbeing.[62] The Cultural Value Project report suggested that increased political interest could presage acknowledgement of the contribution of the arts to human flourishing while regretting that this opportunity had largely been missed within recent wellbeing indicators. Yet, evidence is building of the contribution of arts engagement to wellbeing.

In 2007, Arts Council England (ACE) joined the larger Big Lottery-funded Well London programme – led by the Greater London Authority and London Health Commission – which had been set up to explore new ways of improving the health and wellbeing of some of the most deprived communities in the capital. ACE coordinated a series of large-scale participatory arts projects, collectively known as Be Creative Be Well, which aimed to enhance the wellbeing of 3,300 residents. This was independently evaluated along the lines envisaged by NEF and resulted in a substantial report, detailing not only how a dozen selected projects enhanced wellbeing but also how learning from them could be built upon in the future.[63]

In September 2014, the APPG on Wellbeing Economics published a report identifying the arts and culture as one of four key policy areas for wellbeing. The report championed the intrinsic, non-economic human benefits of the arts and acknowledged their impact upon health as a central driver of wellbeing.[64] The APPGAHW held a round table jointly with the APPG on Wellbeing Economics to discuss the implications of the Care Act, which took wellbeing as an organising principle for social care. Chair of the APPG on Wellbeing Economics, David Lammy MP, described it as axiomatic that the arts and culture have a relationship with wellbeing.

Health and wellbeing are increasingly discussed when the individual and social value of the arts and culture are under consideration.[65] The relationship between the arts, health and wellbeing is periodically celebrated during Creativity and Wellbeing Week in London and during the week-long Culture Shots in Manchester, which 'injects a shot of culture in the arm of the NHS' by taking over hospitals and enabling staff to gain a fresh appreciation of the wellbeing benefits of the arts.

Examples are provided in this report of ways in which the arts play a positive part in producing health and wellbeing, from the earliest development of children to meaningful encounters at the end of life. In areas where a project has proven particularly influential, it is worked up into a brief case study. Examples and case studies seek to be representative without being exhaustive. While our consideration is largely confined to England, we recognise the presence of distinct NHS models in all four nations of the UK and note positive examples in each. We also draw upon international insights.

Whereas the many excellent examples of the arts improving health and wellbeing suggest a resoundingly positive picture, it is essential to stress that good-quality arts activity within health and social care is far from universal in England or the UK. The examples and case studies woven into this report are thinly spread and patchy, often short-term and usually dependent upon persuasive individuals and enlightened commissioners. There has, regrettably, been a general refusal to take the arts seriously in the context of health and wellbeing, and long-running, exemplary projects – such as START in Manchester, which grew out of the Manchester Hospital Arts Project in 1986 – have been decommissioned.[66]

In light of the foregoing, the two main aims of this report are to secure greater recognition of the beneficial impact of arts engagement upon health and wellbeing and to ensure that the assistance offered by the arts to some of the most pressing challenges in health and social care is embraced. We are not proposing that the arts should somehow substitute for a fully functioning health service, nor that the arts should take funding away from the NHS, but rather that the arts should be used more extensively in preventative and restorative strategies and fully integrated into health and social services in ways that would alleviate some of the pressures on them.

In aligning the arts with health and wellbeing, this report is not an attempt to insist that the language around the arts become medicalised, nor does it seek to make arts funding dependent upon health or wellbeing outcomes. Neither will it offer a standardised approach to commissioning. Rather, this report advocates national recognition of the health and wellbeing aspects of the arts and argues for much more widespread, locally specific provision.

Connecting Barnfield by New Global Image as part of Be Creative Be Well, Barnfield Estate, Woolwich Common, Greenwich

Photographer: Bethany Clarke

2

The Arts and the Social Determinants of Health and Wellbeing

2 The Arts and the Social Determinants of Health and Wellbeing

"The development of a society, rich or poor, can be judged by the quality of its population's health, how fairly health is distributed across the social spectrum, and the degree of protection provided from disadvantage as a result of ill-health."

World Health Organization Commission on Social Determinants of Health, 2008

In the early twenty-first century, the non-medical causes of non-communicable diseases – and their unequal distribution within and between societies – have been acknowledged and addressed. What may come to be seen as a turning point was the establishment, in 2005, of a Commission on Social Determinants of Health by WHO. Its report, published three years later, suggested that:

> *The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people's lives – their access to healthcare, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life.*[67]

To take just one example of the social gradient in health within countries, the Commission found that a man living in a deprived part of Glasgow had a life expectancy of 54 years, while his counterpart in a wealthy suburb of the same city could expect to reach the age of 82.[68]

In considering the uneven distribution of health across the social gradient, the Commission counselled reduction in inequities across the life course,[69] beginning with the prenatal phase and the early physical, social, emotional and cognitive development of children. It was envisaged that this would require urgent action at a local, national and global level, including: the provision of good-quality universal healthcare as a vital public service; the improvement of employment security and conditions; and the implementation of redistributive welfare systems. Rather than just targeting the worst off, Chair of the Commission, Professor Sir Michael Marmot, advocated the distribution of resources on a sliding scale across the social gradient.[70] The Chief Medical Officer has explicitly endorsed this approach, which Marmot calls 'proportionate universalism'.[71]

In considering the unequal distribution of power, income, goods and services, a brief distinction must be made between absolute and relative poverty. Marmot notes that people in Cuba – with its low levels of relative poverty, near-total primary school attendance and well-developed systems for education, healthcare and social protection – enjoy health and life expectancy that are remarkable for a country with a small GDP.[72] Arts engagement has for many years been a cornerstone of policy in Cuba,[73] as has recognition of the relationship between the arts and psychotherapy.[74]

In a 2008 editorial for *Arts & Health* journal, three board members of the RSPH Special Interest Group on Arts, Health and Wellbeing welcomed the work of the Commission while noting that the arts were conspicuous by their absence from its published guidance.[75] This omission was reiterated in a 2016 Oxford University Press textbook on arts, health and wellbeing, edited by two of the authors of the earlier statement, which also accepted the limitations of the arts in addressing global health inequities.[76]

Health is influenced by the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

The arts can intervene at key developmental stages, before birth and during childhood, adolescence and young adulthood.

The present report aims to bridge the gap between an embrace of strategies tackling the social determinants of health and an acknowledgement of the role the arts can play. It considers the conditions of our lives – our access to health, education and employment, our work and leisure, our homes, communities, towns and cities. In all these areas, we show that the arts have a part to play in encouraging human flourishing.

Chapter four of this report attempts to identify the most promising areas within the current policy landscape in which conjunctions between the arts and health may be encouraged. At this stage, we look at specific examples of UK health policy in which the social determinants of health have made themselves felt.

2.1 The Social Determinants and Health Policy

In 2008, Marmot was invited by the Secretary of State for Health to chair an independent review of evidence-based strategies for reducing health inequalities. This became known as the Strategic Review of Health Inequalities in England post-2010 and was published as *Fair Society, Healthy Lives: The Marmot Review*. The review reinforced the finding that health inequalities resulted from social inequalities,[77] pointing to an average difference in English life expectancy of seven years and disability-free life expectancy of 17 years between rich and poor. It predicted that 'If no action is taken, the cost of treating the various illnesses that result from inequalities in the level of obesity alone will rise from £2 billion per year to nearly £5 billion per year in 2025'.[78]

This analysis points to a salutogenic approach which aims to generate health by reducing social inequalities across public policy.[79] Such a joined-up approach is sometimes referred to as Health in All Policies (HiAP), and it is championed by an eponymous APPG at Westminster. Public Health England (PHE) has partnered with the Local Government Association (LGA) to implement HiAP at a local level.[80]

The overarching recommendation made in the *Marmot Review* was that strategies for tackling health inequalities should be applied proportionally across the social gradient. Six specific policy objectives were proposed for achieving this:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention[81]

In later chapters of this report, we detail the contribution the arts have to make to each of these objectives.

In 2010, the Secretary of State for Health presented a White Paper to Parliament, entitled *Healthy Lives, Healthy People: Our Strategy for Public Health in England*. The White Paper explicitly referenced the *Marmot Review* and adopted its life-course framework for tackling the social determinants of health. It also recognised that health inequalities were unsustainable and presaged devolution of responsibility from central to local government and to citizens and communities.[82]

In 2012, announcing a new Public Health Outcomes Framework for England 2013–6, the Department of Health (DH) stated that 'services will be planned and delivered in the context of the broader social determinants of health, like poverty, education, housing, employment, crime and pollution'.[83] In this endeavour, it was anticipated that 'The whole system will be refocused around achieving positive health outcomes for the population and reducing inequalities in health'.[84] This implied increasing healthy life expectancy throughout the population and reducing differences in life expectancy and healthy life expectancy between communities by addressing the wider determinants of health.

Following on from the Outcomes Framework, the Health and Social Care Act 2012 established a duty for the Secretary of State for Health and the NHS Commissioning Board to address health inequalities through the provision of services.[85] The Act also legislated for 'public involvement in health and social care matters, scrutiny of health matters by local authorities and co-operation

between local authorities and commissioners of healthcare services',[86] which the Outcomes Framework had identified as a way to iron out health inequalities.[87]

Local authorities are now under a legislative duty to ameliorate the conditions that make people ill, which compels recognition of the social determinants of health.[88] There has been widespread uptake of the Marmot principles in local authorities, with assets-based approaches often benefiting from political support and being integrated into the local plan.[89] The social determinants of health are increasingly recognised throughout the NHS and care services.[90] However, in April 2017, the House of Lords Select Committee on the Long-term Sustainability of the NHS concluded that 'The reductions in health inequalities called for by the *Marmot Review* have yet to be realised'.[91]

Work on the social determinants of health has been carried out in the devolved administrations. In Scotland – where health inequalities account for a difference in life expectancy between affluent and deprived areas in men and women of 11 and 12 years respectively[92] – the Government has, since 2007, been allocating resources according to five strategic objectives, of which improved health is one.[93] In 2008, a Ministerial Task Force on Health Inequalities published a report entitled *Equally Well*.[94] This framed reduction of the country's abiding health inequalities as both a matter of social justice and a means of achieving sustainable economic growth. The crosscutting strategy drawn up by the taskforce prioritised early child development, heart disease, mental health, smoking and drug and alcohol misuse. *Equally Well* contained useful guidance on areas of policy that are likely to be effective in reducing health inequalities, acknowledging cultural conditions as a factor. The Scottish Executive had earlier acknowledged that 'Participation in culture adds enjoyment to life, increases self-belief, equips people with important life skills and improves well-being and health'.[95] The National Performance Framework for Scotland, published in March 2016, included the objective of increasing cultural engagement.[96]

In Northern Ireland, a strategic framework for public health was published in 2014, spanning the decade from 2013 to 2023. Explicitly referencing the *Marmot Review*, this insisted upon the reduction of health inequalities through action across the life course.[97] The draft Programme for Government 2016–21 included the reduction of health inequalities, the improvement of healthy life expectancy and increased participation in culture in its list of desired national indicators.[98]

In Wales, 24 percent of the population live in poverty. In 2009, the Welsh Government launched a strategic framework, entitled *Our Healthy Future*, which prioritised the reduction of health inequalities. The internal market for the NHS is being abolished in Wales, leading to a collaborative, rather than competitive, model. In 2013, NHS Wales was framed as a listening organisation at the heart of person-centred care.[99] Health boards cover all aspects of care and operate according to a set of principles which include the attainment of health and wellbeing through co-production and universal proportionalism. Action has, until recently, been centred upon 52 Communities First clusters, each made up of 10–15,000 people and accounting for the quarter of the population in greatest need of support. The 2015 Well-Being of Future Generations Act compels all public bodies to consider the impact of their decisions upon the social, economic, environment and cultural wellbeing of the people.[100] It is less apparent that HM Treasury is encouraging such cross-departmental strategic approaches.

2.2 Environmental Adversity

The conditions in which we experience life have a profound effect upon our physical and mental health and wellbeing.[101] In order to understand how this works, we need to differentiate between positive stress (eustress), which is necessary to perform well, and negative stress (distress),[102] which debilitates and hampers human flourishing. At a molecular level, socio-economic disadvantage – and the chronic distress it causes for both children and adults – has negative effects on biological pathways and cellular functions.[103]

Distress causes alterations to the non-coding part of DNA. Such epigenetic changes may be incurred before birth and accumulate throughout the life course,[104] exacerbated by environment and compounded by factors like obesity (which also follows the social gradient) to increase susceptibility to such conditions as coronary heart disease, chronic obstructive pulmonary disease (COPD) and stroke.[105] Data on more than 60,000 people demonstrate a direct link between psychological distress and cardiovascular disease.[106] Adverse childhood experience, such as trauma and abuse, increases the likelihood of chronic illness and shortens life expectancy.[107] Children from disadvantaged backgrounds are two to three times more likely to develop mental health problems,[108] including depression.[109]

It is important to note, however, that the social determinants of health are mutable, and 'poverty is not destiny'.[110] Environmental enrichment has been found to improve cognitive functions, such as learning and memory,[111] and increase willingness to explore.[112] As people's circumstances alter, so too do their responses to health-affecting factors.[113] Levels of distress can diminish, and epigenetic changes can be reversed through exposure to conducive environments. Rather than being an optional extra, this implies that better-quality environments are fundamental to improving health and wellbeing.

A leading Swedish epidemiologist, Professor Lars Olov Bygren, posits arts engagement as a form of environmental enrichment that may contribute to better health.[114] As part of this consideration of health and wellbeing, instances are given of the arts contributing to improved environments and helping to overcome distress. Arts engagement may be envisaged as a factor that can mitigate the effects of health inequalities while policies are implemented to eradicate their causes.

Since the 1940s, the connection between the hypothalamus and pituitary and adrenal glands (the HPA axis) has been looked to as a possible mediator in psychosomatic mechanisms. The HPA axis is implicated in major depressive disorder, bipolar disorder and attention deficit hyperactivity disorder (ADHD).[115] Studies of brain function repeatedly implicate excess HPA production of glucocorticoids (cortisol in humans – produced when the body is distressed) in brain deterioration.[116] We present evidence that arts engagement reduces levels of the stress hormone cortisol.

Distinguished Professor of Psychology and Management at Claremont Graduate University, Mihaly Csikszentmihalyi, has suggested that our nervous system is only capable of processing about 100 bits of information per second; when deeply immersed in creative activity, much of this capacity is occupied and we are unable to monitor physical or psychological pain. During decades of interviews by Csikszentmihalyi, the word that recurred most often to describe this state of creative absorption was 'flow'. This implies focused concentration, a sense of being outside reality, combined with great inner clarity and knowledge that a creative objective can be achieved, which carries its own reward.[117] Embracing an abiding passion for painting while recovering from a stroke, the political commentator Andrew Marr speculated that 'The mind is completely engaged in something that is both difficult and absorbing – "pure" problems of tone, harmony, line and so forth. The body is working, the mind is at full stretch, time disappears and out of it all comes – well – something or other'.[118]

Arts engagement needs to be encouraged both in and out of work at the same time as fair and equitable work is pursued as a goal.

2.3 Health Inequalities and the Arts

We have seen that the WHO Commission on Social Determinants of Health prescribed reduction in health inequalities across the life course and that this principle has been adopted within policy in the UK. We have opted to structure four chapters of this report according to the different life stages at which the arts can have an impact on health and wellbeing from birth to death. Where health conditions persist across the life course, they are introduced within the chapter at which their onset is most common. This is not to preclude intergenerational factors, such as the relationship between parents and children, between grandparents and grandchildren, between the cared-for and their carers and between community residents of all ages. A separate chapter contemplates the intergenerational relevance of place, environment and community.

The Commission's call for action began with the prenatal phase and the early physical, social, emotional and cognitive development of children, and the *Marmot Review* recommended policies which 'Give every child the best start in life' and 'Enable all children, young people and adults to maximise their capabilities and have control over their lives'. In chapter six, we consider ways in which the arts can intervene at key developmental stages, before birth and during childhood, adolescence and young adulthood, potentially offsetting some of the consequences of differential educational outcomes and employment prospects. While research in this area is at an early stage, it is possible that the arts can indeed contribute to overcoming disparities in health outcomes and life expectancies.

In its consideration of action across the life course, the *Marmot Review* called for 'fair employment and good work for all'. Elsewhere, Marmot has elaborated that it is not only differences in income which determine health; occupations which place high demands on workers, while depriving them of control, have a detrimental impact upon health.[119] In chapter seven, the positive effects of arts engagement on working-age adults are considered. We see a role for the arts in reducing anxiety, depression and stress and having a positive impact on health conditions exacerbated by inequalities. This suggests that arts engagement needs to be encouraged both in and out of work at the same time as fair and equitable work is pursued as a

The arts provide a route to better health and wellbeing while health provides a route to the arts that can help to overcome persistent inequalities of access.

goal. We welcome the Prime Minister's commitment to greater equity in the conditions of employment, and we believe that engagement with the arts in childhood and adulthood will support this agenda.

The Commission on Social Determinants of Health highlighted the importance to people's health of home and community, and the *Marmot Review* advocated a 'healthy standard of living for all' and 'healthy and sustainable places and communities'. In chapter five, the significance of healthy and sustainable places and communities is elaborated; the role of the arts, including architecture and design, is foregrounded as part of a wider person-centred, place-based strategy for improving health and wellbeing. Among the beneficiaries of such an approach will be older adults, particularly those at risk of frailty or social isolation, which is considered at length in chapter eight.

At the round table on the Arts and Public Health, Professor Richard Parish told us that 'the arts can improve reach; they can enable access both to and by a range of communities to health-related resources that can impact on inequalities, and the arts can equip people with the skills necessary for life'. Proposing that such health-creating activities could provide lifelong immunisation, Professor Parish positioned the arts as one of the 'essential vaccines within that immunisation package'.

2.4 Arts Participation Across the Social Gradient

Since 2005, DCMS, in partnership with ACE, English Heritage and Sport England, has carried out a survey of cultural and sporting engagement known as Taking Part.[120] Analysis of data generated by the survey has shown that people who visit museums and galleries are disproportionately prosperous, well-educated professionals in the 55 to 74 age range, who also visited museums and galleries when they were young. When it comes to participating in creative activities, the picture is the same in terms of education and occupation, with the older generation joined by those aged between 16 and 19 years and both age groups having been encouraged by their parents to be creative. In both attendance and participation, ethnicity is a factor, with museum and gallery visitors unlikely to be black or Asian and arts participants most likely to be white. Both attendees and participants enjoy good health.[121]

In much the same way, the Scottish Household Survey has captured engagement in culture and sport since 2007. This shows that 'cultural engagement levels are highest in the highest household income groups in Scotland and decline to be lowest in the lowest household income groups. Similarly, adult participation in cultural and sporting activities varies by area deprivation, with participation increasing as area deprivation decreases'.[122] Throughout the UK, the over-representation of certain groups, and the under-representation of others, at publicly funded arts events is acknowledged to be a problem. At the round table on Museums and Health, we discussed widening the accessibility of museums, which it was thought may involve taking arts experiences to the people rather than expecting people to come to them.

In direct contrast to the normal demographics of publicly funded arts, people accessing arts activities through health routes tend to be experiencing poor health. Disadvantaged and marginalised groups are disproportionately affected by ill health and, as a result, are well represented within arts and health activities. In a reciprocal relationship, the arts provide a route to better health and wellbeing while health provides a route to the arts that can help to overcome persistent inequalities of access. This means that arts and health activities often inadvertently conform to the model of proportionate universalism.

On the understanding that the most vulnerable groups are 20 percent less likely to participate in creative or cultural activity in the UK than the least deprived and that such activity increases subjective wellbeing, the Calouste Gulbenkian Foundation is working towards mainstreaming the participatory arts.[123] The APPG on Wellbeing Economics has suggested that public subsidy to the participatory arts be distributed proportionally across the social gradient with a view to ironing out inequalities in wellbeing.[124] We endorse this proposition and advocate that it is extended to include health.

In his first speech as Chair of ACE in March 2017, Sir Nicholas Serota said that 'we must never forget that the arts are first about the magic of that individual encounter, the special experience that changes our view of the world or our understanding of ourselves. The chance to have this kind of encounter should not be limited by social, educational, or economic privilege'.[125] We call upon ACE to recognise explicitly the ability of the arts for health and wellbeing to cross 'all social barriers, not only the protected characteristics, but also class and geography'.[126] We hope that research will continue to demonstrate the ways in which this is achieved.

While the distribution of arts and health activities across the social gradient is encouraging, helping to even out some of the disparities in access to the arts, this diversity is not reflected within the workforce.[127] A Culture White Paper, launched by the Minister for Culture, Communications and Creative Industries, Ed Vaizey, in March 2016, rightly asserted that 'We need a more diverse leadership and workforce in the cultural sectors'.[128] More will need to be done to encourage people finding their way to the arts via health and wellbeing to take up leadership roles.

The Commission on Social Determinants of Health recognised that material, psychosocial and political empowerment – gained through participation in society – underpins equitable health and wellbeing. Accordingly, this report considers 'participatory practice involving people routinely marginalised from decision-making processes by having the least access to the policy-making machinery'.[129] Addressing the findings of the Commission on Social Determinants of Health, Vicente Navarro – Professor of Health and Public Policy at Johns Hopkins University in the USA and Professor of Political and Social Sciences at Pompeu Fabra University in Spain – argued that:

> *The major causes of mortality – cancer and cardiovascular diseases – will not be solved through medical interventions. Medical institutions take care of individuals with these conditions and improve their quality of life, but they do not resolve these (or most other) chronic problems. Disease prevention and health promotion programs primarily based on behavioural and lifestyle interventions are also insufficient. We have plenty of evidence that programs aimed at changing individual behaviour have limited effectiveness. And understandably so. Instead, we need to broaden health strategies to include political, economic, social and cultural interventions that touch on the social (as distinct from the individual) determinants of health. These interventions should have the empowerment of people as their first objective. Thus, a national health policy should focus on the structural determinants of health and should have as its primary components political, economic, social and cultural health policy interventions.*[130]

While Navarro refers to cultural interventions in the anthropological sense, in the UK we currently lack a national framework for cultural health policy interventions in the artistic sense.[131] This report is envisaged as a first step towards achieving such a framework.

Policies addressing health inequalities across the life course are now being considered in government throughout the UK. This report makes the case that the arts have a vital part to play in mitigating the effects of the social determinants of health, by influencing early childhood development, and hence educational and employment opportunities, and by forming part of an enriched environment, reducing distress and having a potentially profound effect upon physical and mental health. Our recommendations seek a more even distribution of healthy life expectancy across the population, with the arts playing an indispensable part.

The late Mike White, Senior Research Fellow at Durham University, whose contribution to understanding arts and health was epochal, said 'A commitment to addressing the social determinants of health requires a process of engagement that goes beyond the health services themselves and builds alliances for social change'.[132] The Commission on Social Determinants of Health noted that 'The role of governments through public sector action is fundamental to health equity. But the role is not government's alone. Rather, it is through the democratic processes of civil society participation and public policymaking, supported at the regional and global levels, backed by the research on what works for health equity, and with the collaboration of private actors, that real action for health equity is possible'.[133] This report seeks to advance an approach involving health services, governments and members of civil society working towards health equity.

The Art Room, Oxfordshire

Photographer: C. Silver Lewis

3

Considering the Evidence

3 Considering the Evidence

"Wonder is the beginning of wisdom"

Socrates

There is an expanding body of evidence to support the contention that the arts have an important contribution to make to health and wellbeing. The evidence is being developed in scholarly work and disseminated through dedicated journals and other platforms.[134] There is growing interest in the field from professional bodies, including government agencies, and new strategic partnerships are being developed.

Evidence includes both research and evaluation. Research usually involves a project or intervention being designed to test a hypothesis or answer a question, whereas evaluation involves a particular project being assessed, concurrently and/or retrospectively, according to a range of criteria. At a round table held by the Inquiry, Professor Camic noted that evidence is sometimes confused with proof, when a more nuanced question might be 'Is there sufficient evidence that an assertion, proposition or hypothesis can be supported?' An obstacle to the commissioning of arts organisations in the health sector seems to be that the 'burden of proof' forces them to justify the impact of creative approaches as compared to biomedical alternatives.[135]

The relationship between arts engagement and health is important and needs to be understood.

The evidence base spans a wide range of methodologies and practices. It is unevenly distributed across the field, concentrated in such areas of scholarly interest as arts and dementia and patchier in relation to, say, prevention and the management of long-term conditions. Different forms of evidence are persuasive to different audiences; commissioners need different evidence from clinicians, practitioners or service users.[136] A brief overview is provided here of the types of evidence that will be encountered in this report, and a hint is given about the ways in which these may be developed in the future.

3.1 Quantitative Methods

Within clinical research, randomised controlled trials (RCTs) are considered the 'gold standard', placing them at the top of the so-called hierarchy of evidence. An RCT takes place within a sizeable, randomly selected group but not within another similar group, the latter of which serves as a 'control' or basis for comparison.

Drawing upon evidence derived from RCTs, Cochrane Reviews systematically analyse the findings of a range of studies of a particular intervention. To ensure objectivity, more than one person generally conducts a systematic review. Studies are selected for inclusion on the basis of having used established protocols, which means that 'grey' literature, such as that arising from project evaluations, is not generally taken into account. A search of the Cochrane library found that reviews relating the arts to health drew upon more than 1,000 RCTs.[137]

Arts therapies have amassed evidence of the impacts of precise interventions, but this is less the case for the participatory arts, with the National Institute for Health Research (NIHR) rarely supporting work in this area. As compared to the scientific culture of medicine, the participatory arts foreground experience and process. Much research into community-based arts and health activity has considered small sample sizes without a control group.[138] Such research has sometimes been hampered by poor cooperation from health professionals when recruiting participants. In this report, study sizes are reported where relevant, to aid readers in assessing their respective merits.

The Cultural Value Project report observed that the quantitative aspect of research design might be strengthened in some areas, but 'to insist on it exclusively may not do justice to the character of arts interventions used in relation to health, nor to their outcomes'.[139] The chapter of the report dedicated to health, ageing and wellbeing identified a 'need to step back from the established hierarchy of evidence that places randomised controlled trials and experimental approaches at the top, not least in contexts such as mental health, where outcomes have to be subjectively validated by the participants, and where intended outcomes may not translate straightforwardly into measurable health improvements on clinical scales'.[140] A recent shift away from RCTs has been noted, in favour of good observation data. This implies the documentation of outcomes, such as reductions in depression or medication. Increasingly, a combination of methods is advocated.[141]

Arts therapies have amassed evidence of the impacts of precise interventions, but this is less the case for the participatory arts.

3.2 Measuring Wellbeing

When it comes to wellbeing, a range of psychological scales has been designed to facilitate quantitative analysis. The Chief Medical Officer found that, when the lack of a precise definition of wellbeing was:

> *[...] combined with contested boundaries (particularly within public mental health) and the widespread use by researchers and policymakers of an array of validated, unvalidated, subjective and objective measurement approaches and 'proxy scales' of varying lengths and sophistication, it can become difficult to scientifically examine any single well-being perspective in a robust and consistent way for public health policy in general, and public mental health policy in particular. Contrasting two perspectives appears harder still, and yet is of theoretical and practical importance.*[142]

In 2010, the Prime Minister, David Cameron, endorsed a commitment to explore wellbeing, made by the Office for National Statistics (ONS) in 2007, inviting the National Statistician to take the lead on measuring wellbeing.[143] This gave rise to the Measuring National Well-being project,[144] aimed at developing subjective measurements of wellbeing. Favouring quantitative approaches, this defined wellbeing by reference to 10 dimensions – including health and personal wellbeing – subdivided into 41 indicators. Since the ONS study began, the health dimension has shown moderate increases both in healthy life expectancy and in illness, disability, depression and anxiety (which imply reduction in healthy life expectancy). The dimension documenting personal wellbeing, which takes account of happiness and life satisfaction, shows that only a third of the population feel very happy or satisfied.[145]

Wellbeing is difficult to measure, but life satisfaction comes closest to capturing it.

The Cultural Value Project report noted that the ONS 'responded to criticism over its having omitted cultural engagement by subsequently introducing it as one of 41 measures on its Well-being Wheel, but the programme has made no significant attempt to understand the relationship between cultural engagement and its other "contributors" to wellbeing'.[146]

The What Works Centre for Wellbeing is working with four universities to conduct systematic reviews of areas of the arts and wellbeing evidence base in which research is concentrated, including grey literature derived from project evaluations. These reviews are available on an open-access basis, the first of which have been published, exploring the impact of music and singing upon wellbeing in healthy adults and adults with diagnosed conditions and dementia.[147]

In 2011, a team involving Professor Lord Layard contemplated the measurement of subjective wellbeing by the ONS. The report arising from this work stated that, in order to inform policymaking, accounts of wellbeing needed to be theoretically rigorous, policy relevant and empirically robust.[148] In this endeavour, three main measures of subjective wellbeing were isolated – evaluation (based on life satisfaction), experience (based on the extent to which people felt happy or worried) and eudaemonic (the extent to which life felt worthwhile) – and it was argued that each of these components should be measured separately.[149] Of these, Lord Layard later argued in a discussion paper for the What Works Centre for Wellbeing that 'life-satisfaction comes nearer to satisfying these characteristics than any other measure (single or composite)'.[150] In the meantime, the Organisation for Economic Co-operation and Development (OECD) produced guidelines for measuring subjective wellbeing as a component

of quality of life taking account of jobs, health and housing.[151]

In 2008, a scale was launched to enable the measurement of wellbeing at a population level: 'The Warwick-Edinburgh Mental Well-being Scale [WEMWBS] was funded by the Scottish Government's National Programme for Improving Mental Health and Wellbeing, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh'.[152] It is based upon the understanding that subjective wellbeing can be used to measure a particular programme's effectiveness.

Originally a fourteen-item questionnaire, a seven-item shortened version of the scale (sWEMWBS) is increasingly used. This asks users to rate their responses to the following questions on a five-item Likert scale ranging from 'none of the time' to 'all of the time':

- I've been feeling optimistic about the future
- I've been feeling useful
- I've been feeling relaxed
- I've been dealing with problems well
- I've been thinking clearly
- I've been feeling close to other people
- I've been able to make up my own mind about things

Shortly after it was launched, WEMWBS began to be taken up within arts and health organisations. WEMWBS has been included in the Health Survey for England and the Scottish Health Survey. It was also inserted into the British Cohort Study 1970 (BCS70) at age 42 alongside questions about arts engagement,[153] yielding a dataset of around 17,000 entries, which enables cross-sectional associations between subjective wellbeing and arts engagement to be studied at scale.

Telephone interviews with more than 700 Western Australians, conducted using WEMWBS, found that respondents with high levels of arts engagement enjoyed significantly better subjective wellbeing than their low-attending counterparts.[154] The threshold appeared to be 100 hours per year (two or more hours a week), leading Western Australia's health-promotion organisation Healthway to commit sizeable sponsorship to cultural venues.[155]

The Cultural Value Project report noted that explorations of the relationship between the arts and wellbeing had largely been centred on self-reported subjective assessments and criticised for their focus on transient gratification, or hedonic wellbeing, as opposed to a more sustained sense of meaning in life (eudaemonic wellbeing). Critics of WEMWBS point to its relentlessly upbeat nature and its failure to capture other factors impacting upon wellbeing, including socio-economic inequalities, the vagaries of daily life and the imminent end of enjoyable arts activities.

Other psychological scales relevant to this report include the University College London (UCL) Museum Wellbeing Measure,[156] the EQ-5D Health-Related Quality of Life Questionnaire[157] and Dementia Care Mapping.[158] The Canterbury Wellbeing Scales, developed by researchers and clinicians at Canterbury Christ Church University, provide a simple snapshot of the subjective wellbeing of people with dementia and people caring for, or working with, them. Corresponding to the experience category isolated by Lord Layard et al, this asks respondents to evaluate themselves in the moment, from happy to sad, well to unwell, interested to bored, confident to unconfident and optimistic to pessimistic.[159]

Beyond individual measurements, the Mental Wellbeing Impact Assessment – developed by the Head of Mental Health Promotion at South London and Maudsley Hospital (SLaM) – enables the mental wellbeing impact of policies, programmes, services and projects to be assessed.[160] A checklist prompts consideration of wider structural determinants including creativity and culture. This then moves to a detailed assessment of whether particular initiatives include the three factors shown to protect mental wellbeing, namely control, resilience and inclusion. This method also encourages consideration of population characteristics – gender, race and ethnicity, socio-economic position, physical health, disability and sexuality. It has been deployed to great effect in evaluating the work of the Dragon Café, discussed in chapter five.

3.3 Qualitative Methods

Individuals within a group respond differently to the same experience, which is a challenge to evaluation. Rather than attempting to isolate mechanistic relationships between arts engagement and health or wellbeing, qualitative methods enable descriptive exploration of individual and shared experiences and relationships. In this way, a nuanced picture of commonality and difference emerges.

The evaluation of arts and health projects has historically centred on anecdote, which is rarely persuasive to commissioners. A useful development in evaluation would be towards more rigorous sampling in the collection of individual testimonies. Testimonies may be obtained using such methods as semi-structured interviews or focus groups, enhanced through the use of participant observation and reflexive diaries (with the latter as both a tool of documentation and an ongoing mode of self-analysis).

An adjunct to participant testimony and analysis is the compilation of case studies, selected without bias according to defined criteria and carried out either by organisations coordinating projects or by independent researchers.[161] This report includes a number of brief case studies that are relevant to our discussion. These draw upon information provided by the host organisations, such as cost to participants and project funding sources, including those beyond the health field. There is ample scope for qualitative case studies to be worked up in many more areas of practice, to provide a clear picture of the breadth and distribution of activities across the UK.

Professor the Baroness Finlay of Llandaff has observed that 'It is the humanities that truly express the humane'.[162] In recent years, creative activity has increasingly been framed as a research method in itself – a way of understanding the world and our place in it.[163] Given that the subject under scrutiny is the impact of the arts, there is scope for a creative form of analysis to be developed. Working on the basis that creative and arts-based methods are 'effective for uncovering hidden perspectives, adding empathic power and strengthening participants' voices'[164] – researchers at the University of Sheffield have gathered responses to live classical music using a Write-Draw method which solicits textual and visual thoughts and feelings.[165] Creative evaluation is also used in the filmmaking that sometimes accompanies projects, documenting the distance travelled by participants, examples of which are provided in this report.

In chapter seven, we consider the contribution of the medical humanities to humanising healthcare. In recent years, a strand of critical medical humanities has emerged which argues for broadening conceptions of the medical beyond the clinical encounter to take account of the context and constitution of health and wellbeing.[166] This attempts to understand how humans experience ill health and how movement through health pathways can influence outcomes and inform clinical science. Critical medical humanities suggest that the arts and humanities have a part to play in bringing essential new perspectives and shaping research. The literature currently lacks consideration of the specific skills and attributes of artists which make such projects effective.

Qualitative research and evaluation would benefit from more rigorous sampling, detailed compilation of case studies and greater use of arts-based and co-produced approaches.

The Academy of Medical Sciences has been looking at ways in which health challenges and opportunities may be addressed through the gathering and translation of appropriate evidence. A 2016 report explored ways in which the health of the public could be improved within a generation. Acknowledging the limits of biomedical research, the report advocated research which 'works across traditional discipline boundaries, integrating aspects of natural, social and health sciences, as well as the arts and humanities, which directly or indirectly influence the health of the public'.[167] This is a welcome acknowledgement of the part that arts-based methodologies can play in the future of public health research.[168]

3.4 Economic Analysis

HM Treasury periodically publishes *The Green Book: Appraisal and Evaluation in Central Government*, offering guidance to public sector bodies on how projects should be appraised to qualify for funding. The attribution of monetary values to proposed projects is advised wherever possible, enabling a judgement to be made about the impact of public funding. In later chapters of this report, evidence is provided of the cost benefits of various arts and health activities.

In 2014, DCMS commissioned researchers from the London School of Economics and Political Science (LSE) to consider how the wellbeing impacts of its portfolio might be measured and monetary values attributed to them.[169] The APPG on Wellbeing Economics has identified that conventional cost benefit analysis 'has serious shortcomings as a source of evidence, but it also embodies a particular set of values which makes it a particularly inappropriate yardstick for valuing activities like arts and culture: material over non-material goods, and market over non-market outcomes'.[170] The APPGAHW follows the APPG on Wellbeing Economics in noting that:

> *One of the strengths of a wellbeing approach is its ability to better value nonmarket goods, and goods which we value for reasons that have little to do with the market. In a climate where the arts community feels under increasing pressure to justify its activities in terms of their instrumental benefits, we set out to explore whether a wellbeing*

approach can better capture the true value to society of arts and culture subsidies to human lives – thus helping both to make the case for arts and culture spending and to identify priorities for that spending.[171]

In a similar vein, under the rubric of Where We Live Now, the British Academy recommends that 'policies that foster well-being and well-being measures throughout our lives should be pursued, rather than adopting solely economic measures of progress'.[172]

Where it is not possible to monetise the benefits of projects, HM Treasury says cost effectiveness may be considered. Our report details the cost effectiveness of the arts in health and social care, through savings and avoided costs. Analysis reveals a strong relationship between socio-economic deprivation and costly emergency hospital admissions.[173] Core Arts, which promotes mental health through the arts in Hackney, particularly among black, Asian and minority ethnic (BAME) males, estimates savings through avoided hospital admissions of up to £2.58 for every £1 invested.[174] We emphasise that investment in the short term often pays dividends in the longer term. Indeed, 'Evidence across a range of service areas shows that investment in "upstream" interventions that prevent conditions worsening can help to reduce demand for more acute services and thereby avoid increasing pressure and costs'.[175] Reminiscence Arts & Dementia: Impact on Quality of Life (RADIQL), a project by Age Exchange which is taken as a case study in chapter eight, uses quality adjusted life years as a measure of cost effectiveness.

The Public Services (Social Value) Act requires commissioners of public services to think about how they can secure not only economic but also social and environmental benefits.

A PHE review of return on investment calculations by government departments other than DH uncovered a tool to measure the impact of sport but not culture.[176] At the round table on Place, Environment, Community, it was argued that we might be setting ourselves up to fail by trying to compete with things that can more readily be measured. At a meeting of the Inquiry Advisory Group, a note of caution was sounded in relation to return on investment, on the grounds that savings might actually be quite small and self-defeating. At the round table on Commissioning, this caution was echoed on the basis that commissioners might only be interested in savings in their particular budgets while projects may only be able to demonstrate savings elsewhere. If we are to move towards a healthy and health-creating society, policy-makers and budget-holders need to take a synoptic view.

When considering the value of the arts in health and wellbeing, it should be borne in mind that 'successful participatory arts projects are of much greater value to the individuals that take part than the economic benefits they may represent for health or other agencies'.[177] In other words, the difference that arts participation makes to people's lives often transcends economic value.

The Green Book requires that account is taken of the 'impact on health of poverty, deprivation and unemployment, as well as poor housing or workplace conditions' when the social value of publicly funded activities is estimated.[178] The Public Services (Social Value) Act (hereafter the Social Value Act), which came into force on 31 January 2013, requires commissioners of public services to think about how they can secure not only economic but also social and environmental benefits. This could be a powerful tool in achieving acceptance of socially motivated approaches, but commissioners have so far proven somewhat resistant to considerations of social and environmental value.[179]

At the parliamentary launch of the Social Prescribing Network in March 2016,[180] Dr Marie Polley, co-chair of the network, reported that, for every £1 invested in social prescribing programmes (discussed in detail later in this report), there was a social return on investment (SROI) of between £1.20 and £3.10 within the first year. In 2011, South West Yorkshire Partnership NHS Foundation Trust – which is exemplary in integrating social prescribing into every aspect of health – set up Creative Minds to promote engagement in creative activities to improve health and wellbeing.[181] At the second of two round tables discussing the Care Act, the Chief Executive of the trust estimated an SROI of £4 for every £1 invested in the arts. In St Helens, an arts-on-prescription service has shown an SROI of £11.55 for every £1 invested.[182] Development of research in this area would better enable SROI to be captured more broadly.

3.5 Deploying the Evidence Base

Once gathered, evidence needs to be brought to the attention of health and social care commissioners. One way in which arts approaches may be established in health protocols is through the guidance issued to clinicians by the National Institute for Health and Care Excellence (NICE). At present, of almost 300 pieces of guidance published by NICE, mention of the arts only just enters into double figures. At a meeting held by the Inquiry, the Director of the Centre for Guidelines at NICE noted that, in these cases, the arts had been picked up in a general trawl of the research rather than in a specific focus. He also observed that the arts were conspicuous by their absence in guidelines on mental health and indicated that this might be rectified. A similar consideration applied to pain management.

There is an established protocol for bringing topics forward for review.[183] Following an initial scoping phase, NICE makes recommendations to various collaborating centres which conduct reviews of the available evidence. This process typically takes 12 to 18 months and is sometimes accompanied by a call for evidence or an invitation for expert testimony. Topics are reviewed for updates every two, three or five years, and a list of topics undergoing review is available online.[184] While reviews are generally focused on diagnosis, there is a move towards more holistic approaches. Evidence pertaining to the arts may usefully be orientated towards public health (which focuses on prevention and individual engagement) or towards social care.

We urge arts and health researchers to register as stakeholders with the National Institute for Health and Care Excellence (NICE).

Interested parties can register as stakeholders via a 'get involved' link on the NICE website. Stakeholders can intervene in the review process at several stages. At the scoping phase, attention can be drawn to new areas of research. Once guidance has been drafted, it is sent out to stakeholders for review. In the post-consultation phase, queries may be raised and new evidence identified. When a topic is reviewed for an update, it goes back out to stakeholders. NICE does not subscribe to a hierarchy of evidence and will consider observational and qualitative research.

We urge arts and health researchers to register as stakeholders. We were told that, during a recent update of the guideline on depression, the 'clamour' from 600–700 stakeholders on the role of the arts was not loud enough; regrettably, the arts have been excluded as a result. At the time of publication of this report, the guideline will be out for review, making it too late to intervene in this particular process, but we are delighted that NICE has offered to commission a surveillance review with a specific focus on the arts and psychosocial treatments for mild to moderate depression.

3.6 Inquiry Meeting on Evidence

On 13 September 2016, the APPGAHW held a meeting at Wellcome, at which practitioners and academics discussed evidence relevant to the field. There was widespread recognition of the existence of a substantial evidence base, albeit disparate and at times inaccessible.

As a way of consolidating the evidence base, a systematic review of the entire field was mooted.[185] In the College of Health and Social Care at the University of Derby, doctoral candidates are beginning to compile a systematic review of research evidence for the arts in health, forming a Cochrane Review group to aid them in their work. Such an exercise is complicated by the fact that different studies ask different questions. The case was made for practice descriptors that would aid research and allow for future comparative analysis.

Systematic reviews are generally conducted of particular aspects of the field, rather than whole fields. So, for example, a doctoral candidate at the University of Nottingham is compiling an international taxonomy of the arts in dementia.[186] With a few notable exceptions,[187] arts and health activity tends to be centred on a particular art form, and this is also reflected in systematic reviews. In chapter seven, for example, we encounter a Cochrane Review of the relationship between music therapy and the physical and psychological effects of cancer, drawing upon evidence from 52 previous clinical trials.

At the Inquiry's evidence meeting, the focus of systematic reviews on whether or not something worked was identified as a limitation, and a departure from biomedical, positivist philosophy

was advised. As an antidote, a realist approach was advocated. This involves asking what works for whom and in which circumstances. Realist research challenges the basic premise of RCTs – that a particular intervention is the only difference between the experimental group and control group – by considering neither intervention nor group a stable construct, especially where social interventions are concerned. Rejecting outcome-driven, quasi-experimental approaches imported from clinical trials, a realist approach seeks to adapt methodologies to the complexity of the topic under scrutiny.[188] A realist approach can be applied not only to health but also to wellbeing, by looking at what matters to people and why and allowing descriptions of human flourishing to emerge. It was suggested that an audit of ongoing programmes might be conducted with a realist focus, including consideration of qualitative findings.

An example of a realist approach being used to evaluate participatory arts activity in relation to health and wellbeing is provided by the Be Creative Be Well project introduced in the previous chapter. This project was orchestrated and evaluated on the basis of a theory of change – 'namely, that a creative or arts-based intervention in a particular community will enable it, and the individuals within it, to achieve higher levels of wellbeing, better mental health and wider participation in the arts'.[189]

To the extent that this report reviews evidence and practice in the field, it has adopted a realist approach by looking at what works, for whom and in which circumstances. In a realist approach, evaluation can be used to aid reflective practice and inform the development of future activities – what Professor Stephen Clift, in the Sidney De Haan Research Centre for Arts and Health at Canterbury Christ Church University, has called evidence-based practice.[190]

To make the evidence more accessible, an open-access platform was advised, along with translation of research into language more intelligible to practitioners.[191] The University of Florida has compiled a sizeable database of research connecting the arts, health and wellbeing.[192] The RSPH Special Interest Group on Arts, Health and Wellbeing is developing an online Repository for Arts and Health Resources.[193] This houses a range of searchable resources not easily found on the main websites dedicated to covering arts for health practice as it has grown and diversified in the UK over the past twenty years. The site will be a valuable resource for academics and researchers; policy-makers in central and local government; health and social care managers; creative arts professionals engaged directly in using their artistic skills in healthcare and community settings to support health and wellbeing.

At the Inquiry's evidence meeting, the complexity and diversity of arts and health practice was acknowledged. The complexity of the field was taken as a counterpoint to the binarism of the health service. As an example of diversity, much of the literature on music points to its non-verbal or post-verbal properties as the source of its impact,[194] while the work of the Reader – until recently known as the Reader Organisation, which involves group reading of literary works by people experiencing physical and psychological pain – seems to be effective precisely because of its verbal nature. In this sense, diversity may serve as shorthand for disciplinary specificity. At the evidence meeting, it was thought desirable to develop understanding of what the arts and their different modes of engagement have in common with each other, as distinct from non-arts activities, and how generically they impact upon our bodies and minds.

Also at the evidence meeting, reference was made to research into mindfulness, which has been described as a 'relaxation technique formed out of a combination of positive psychology, Buddhism, cognitive behavioural therapy and neuroscience'.[195] Research has shown such benefits of mindfulness as healing trauma and reducing depression, and £6.4m has been allocated by Wellcome to a seven-year study looking at the impact of mindfulness upon the mental health of teenagers.[196] There are similarities between mindfulness and the 'flow' that is typical of arts engagement – both require presence in the moment and a sense of absorption. By contrast to the relatively clear-cut nature of mindfulness, the complexity and diversity of arts and health work has served as a disincentive to research funders.

As this report shows, multifarious physical and psychological benefits have been observed to arise from arts engagement in ways that evade simple description, and a theoretical framework appropriate to all activity in the field has been elusive. It should be recognised by research funders that arts and health interventions are, in some ways, more complicated and time-consuming to assess than biomedical interventions.

In the process of considering the evidence base for arts, health and wellbeing, three main reasons for gathering evidence in the UK cultural field were outlined:

1. To increase knowledge
2. To provide accountability for funding
3. To aid reflective practice

To date, the second of these imperatives has driven most evaluation, leading to a focus on specific short-term projects. Evaluation tailored to fit the priorities of funders assorts ill with objective consideration of public health and the long-term, preventative impact of arts engagement, for which it is much harder to evidence cost benefits. Going forward, evaluation needs to be taken more seriously and better resourced, opening up routes for the development of early career researchers and future academic leaders.

A project called Creative and Credible, funded by the Economic and Social Research Council (ESRC), looked at ways in which arts-based perspectives and methods may be used to inform evaluation.[197] Aesop has also developed resources for arts and health evaluation.[198] Drawing upon learning from both of these strands, PHE commissioned the Arts and Health Evaluation Framework.[199] This Framework was used as the basis of a call for practice examples made by the Inquiry, which elicited almost 200 responses.[200] Professor Norma Daykin, lead researcher for Creative and Credible and author of the Framework, describes how it:

> *[...] offers a common reporting framework so that we can start to understand how projects are constituted, what resources they need, what their artistic content is and how they are evaluated [...]. It is designed to enable commissioners, practitioners and policymakers to better understand how projects compare, how they fit together and what their particular strengths are. Beyond this, evaluation and research methodologies cannot be imposed: these need to be tailored to specific evaluation questions.*[201]

Further training and advice for practitioners on how to use such frameworks was identified as useful. At the University of Winchester, professional development programmes are offered in Evaluation for Arts, Health and Wellbeing.

In considering the breadth and depth of the evidence base, two major omissions were noted. The first of these was the lack of studies examining the results of arts and health activities at scale, confined as they tend to be to single projects or limited geographical areas. The argument was made that studies covering whole systems would be of value, which might involve an examination of the impact of arts activities not only on individuals but also on their families, carers and wider networks.

The second omission identified was that of study length. Funded studies tend to be limited to five years, which precludes exploration of long-term conditions and continuities of effect. Research undertaken as part of the Cultural Value Project explored the longitudinal impact of arts engagement upon health. This found 15 relevant studies, largely centred on the Nordic countries, where continuing population-scale datasets enable health and cultural preferences to be cross-referenced.[202] Several of the studies in the evidence base pay attention to the association between arts engagement and mortality; others take conditions such as cancer, heart disease and dementia as their main outcome measure; yet others examine obesity. Engagement in the arts is taken to include attendance at high-quality cultural activities – in museums, galleries, theatres, concert halls and cinemas – and participation in drawing, painting, photography, singing, music-making and reading. The first-order cultural value of such encounters is acknowledged, and socio-economic status is taken into account. By controlling for socio-economic factors, these studies show that the health benefits of arts engagement are not necessarily confined to more affluent audiences.

Longitudinal analysis seems to suggest that arts engagement paves the way to longer lives better lived. Partly because it is not possible completely to rule out other health-influencing factors, the majority of studies in the Nordic evidence base report an association or correlation, rather than a causal relationship, between arts engagement and health, with the effect presumed to be more preventative than remedial. Yet, however tentatively the findings of individual studies are reported, a collective sense emerges that the relationship between arts engagement and health is important and needs to be understood.[203] Genuinely interdisciplinary longitudinal research is indicated. The Inquiry notes that the ESRC is conducting a review of longitudinal studies which will report by the middle of 2018; it would be useful if this could take account of the need for longitudinal associations to be assessed between arts engagement, health and wellbeing.

In the UK, we lack the kind of population records and longitudinal cohort studies linking health and the arts which made possible the Nordic research. Nevertheless, we do have large-scale studies centred on health, and interest in them seems to be growing in a period fascinated by the potential of big data. Longitudinal health studies sporadically include questions about arts engagement (as seen in the case of BCS70, mentioned above). There are also cohort studies that are not explicitly about health but in which health data are gathered together with much else, such as Understanding Society, and surveys about cultural habits, such as Taking Part and a study at King's College London tracking cultural attitudes and behaviours.[204]

A sustained commitment to gathering data on arts engagement in cohort and panel studies would greatly aid the development of the field. We echo the Cultural Value Project in calling for 'long-term questions about arts and cultural engagement to be included in major UK cohort studies in the future and for these questions to be stable over time to enable longitudinal research'.[205] The questions used in any future longitudinal cohort studies should be chosen so as to maintain

timeliness, and they should distinguish between art forms and between attendance and participation.

The expansion to date of the evidence base in the field of arts and health is encouraging. We hope that the weight of evidence presented in this report will convince readers of the health and wellbeing benefits of arts engagement and encourage them to act upon that conviction. At the same time, it is clear that more needs to be done to consolidate the evidence base, perhaps especially in relation to the social determinants of health.

Arts and health research has historically been funded by the AHRC and ESRC and occasionally by ACE and other sources (including NIHR, particularly where arts therapies are concerned). Filling the gaps in our knowledge will involve the better coordination and funding of research, including cross-disciplinary studies, perhaps especially in the areas of prevention and the management of long-term conditions over an extended period. It will also require better communication between researchers, practitioners, policy-makers, commissioners and funders. The strategic centre we are proposing as one of our recommendations will help to enable this communication.

We recognise that evidence is only one factor informing policy. In advocating realist research, Professor of Social Research Methodology at the University of Leeds, Ray Pawson, notes that 'there is no such thing as evidence-based policy. Evidence is the six-stone weakling of the policy world. Even its most enthusiastic advocates are inclined to prefer the phrase "evidence-informed policy" as a way of conveying a more authentic impression of research's sway'.[206] More than an evidence base, policy-making and commissioning is underwritten by a belief system; some change of belief is needed. At the first of two round table discussions on the Care Act held by the Inquiry, Lord Ramsbotham said that what is required is a 'social process rather than a scientific process'. In this endeavour, the political will to effect change and the institutional will to deliver it will be as important as evidence.

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4 The Policy, Commissioning and Funding Landscape

4 The Policy, Commissioning and Funding Landscape

"More and more people now appreciate that arts and culture can play a valuable part in helping tackle some of the most challenging social and health conditions. Active participation in the visual and performing arts, music and dance can help people facing a lonely old age, depression or mental illness; it can help maintain levels of independence and curiosity and, let's not forget, it can bring great joy and so improve the quality of life for those engaged."

Lord Bichard of Nailsworth, 2016

In exploring the beneficial impact of the arts in relation to a range of health and social care challenges, here we provide an overview of the policy, commissioning and funding context.

4.1 An Emphasis on Prevention

In October 2014, NHS England published the *Five Year Forward View*, which argued that 'the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health'.[207] This pivotal health plan required the nation to take prevention seriously, to reduce health inequalities and ensure that health resources are not consumed by treating preventable conditions. In 2017, the House of Lords Select Committee on the Long-term Sustainability of the NHS concurred that the health system of the future needed a 'greater focus on prevention, supported by adequate and reliable funding'.[208]

Arts activities prevent conditions from developing, recurring or worsening.

Primary prevention relates to people who are at high risk of encountering a health issue for the first time; secondary prevention refers to those who have already encountered the issue but seek to avoid it recurring; and tertiary prevention pertains to people undergoing treatment.[209] During his time as Chair of ACE, Sir Peter Bazalgette made the case that the arts had a significant part to play in meeting the prevention agenda.[210] The ACE-funded Cultural Commissioning Programme sought to encourage interactions between the arts and public sector commissioning, including health. This acknowledged that 'Arts and culture has been shown, through a range of project examples and evaluations, to contribute to primary and secondary prevention, which aim to prevent harm occurring'.[211] While prevention is difficult to evidence, this report provides examples of the ways in which arts activities prevent health conditions from developing, recurring or worsening.

A research report published by DH in 2011 projected the cost of treating eight prevalent mental disorders if treatment regimes and the social determinants of health remained unchanged. This showed an increase from £48.6bn in 2007 to £88.5bn in 2026 and advocated action across the life course, including early detection and intervention.[212] In February 2016, an independent Mental Health Taskforce, which brought health and care professionals together with service users,[213] issued a report to NHS England, entitled the *Five Year Forward View for Mental Health*.[214] This advocated a far more proactive and preventative health service in order to reduce costs and diminish the long-term impacts of mental health problems, with children and young people as a priority. Responding to a recommendation made there, PHE is developing a Prevention Concordat Programme for Better Mental Health, which aims to act both nationally and locally to help the relevant bodies design and implement effective prevention planning.[215]

In this report, we give examples of the arts helping to restore and maintain mental health. In the next chapter, detailed consideration is given to initiatives like arts on prescription, which make up part of the social prescribing landscape mentioned in the *Five Year Forward View*. At one of the Inquiry Meetings, Programme Director and Head of Arts at Guy's and St Thomas' Charity (GSTC), Nicola Crane, alluded to the arts being embraced as a diagnostic tool in children with mental health problems. In chapter six, a case study is provided of dance offering an engaging and highly effective form of early intervention in psychosis in young people.

In making the business case for effective interventions in psychosis and schizophrenia, a report – supported by DH and commissioned from researchers at LSE, King's College London and the Centre for Mental Health by the charity Rethink Mental Illness – urges that cuts to services should be avoided if they result in higher costs later on.[216] We advocate that the arts are taken seriously as a form of prevention and early intervention, as part of a humane health service that will benefit from the savings this strategy will yield.

4.2 Management of Long-Term Conditions

Long-term health conditions – rather than illnesses susceptible to a one-off cure – now account for 70 percent of the health and social care budget.[217] This requires that we differentiate between medical crises and sustained ill health. It also calls for the traditional division between primary care, hospitals and community services to be revisited through the prism of networks of care.

The arts moderate chronic conditions from diabetes to respiratory disease and stroke to dementia.

Since 1986, WHO has been promoting a 'process of enabling people to increase control over, and to improve, their health'.[218] This rests on the understanding that 'To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities'. Throughout this report, we present ways in which the arts contribute to public involvement in the creation of health and the shaping of environments.

The *Marmot Review* pointed to the potential benefits of 'greater participation of patients and citizens and support in developing health literacy and improving health and well-being'.[219] The *Five Year Forward View* presaged a new era of community involvement in health and envisaged that people would be offered intensive support to manage their long-term conditions. NHS England's Self Care programme is enabling two million people to do that,[220] and health champions and community activators are increasingly acting at the interface between the health service and the public. Arts activities are particularly important in relation to chronic and enduring health conditions. They can take the 'heat out of a crisis-driven health and social care model' by helping to alleviate the burden on GPs and acute care.[221] In this report, we encounter instances of the arts moderating chronic conditions from diabetes to respiratory disease and stroke to dementia.

Between May 2015 and November 2016, NHS England funded a programme called Realising the Value which aimed to help 'enable the health and care system to support people to have the knowledge, skills and confidence to play an active role in managing their own health and to work with communities and their assets'.[222] Led by the

National Endowment for Science, Technology and the Arts (NESTA) and the Health Foundation and based on extensive consultation, this programme proposed 'person- and community-centred ways of working across the system, using the best available tools and evidence' and estimated £4.5bn in annual savings.[223] The report arising from this programme acknowledged that creative group activities could aid mental health and help people to fulfil their potential. In this report, we present examples of such activities across the life course. We argue that the arts should be thought of as an integral part of person- and community-centred care aimed at the management of long-term physical and mental conditions, and we call upon arts and health champions to lead this.

The arts should be thought of as an integral part of person- and community-centred care aimed at the management of long-term physical and mental conditions.

The Coalition for Collaborative Care, which has NHS England as one of its members, aims to refocus the relationship between people with long-term conditions and the professionals supporting them by encouraging collaborative care, or co-production.[224] Think Local Act Personal (TLAP) – a DH-funded partnership of central and local government, the NHS, provider organisations, people who use services and carers – defines co-production as 'an equal relationship between people who use services and the people responsible for services [...] from design to delivery, sharing strategic decision-making about policies as well as decisions about the best way to deliver services'.[225] TLAP is cognisant of the role of the arts in health and wellbeing, and we look forward to seeing this knowledge being acted upon in the future. The participatory nature of arts and health activity lends itself well to the co-production agenda, and examples of people shaping the content and delivery of their services – or expressing a desire to do so – are provided in this report.[226]

NICE guidance on community engagement to improve health recommends that all research councils, national and local research commissioners and funders and research workers 'Run community workshops (for example, community arts and health workshops) or similar events. These should be used to identify local community needs and to maintain a high level of local participation in the planning, design, management and delivery of health promotion activities. The events should be co-managed by professionals and members of the community and held at a local venue'.[227] An example of this way of working is to be found in Strabane, a border town between the Republic of Ireland and the North with a high level of deprivation and mental health problems. Since 2013, Arts Care has been working with the Pushkin Trust to enable local residents to work with artists across disciplines and contexts to enhance wellbeing and quality of life.[228]

At the Inquiry's evidence meeting, the case was made for not only the design and delivery of services but also the evaluation of arts and health activities to be undertaken on a co-production basis, with service users, artists and other stakeholders (including commissioners) being involved in defining the parameters within which arts activities should be assessed. The Canterbury Wellbeing Scales were developed through co-production, and the AHRC-funded Dementia, Arts and Wellbeing Network at the University of Nottingham has been set up to encourage co-production.[229]

At the round table on Devolution, Chair of the Abertawe Bro Morgannwg University Health Board, Andrew Davies, introduced us to his concept of Patient-Reported Outcome Measures (PROMs). At the subsequent round table on Commissioning, the Chief Executive of the Reader, Jane Davis, advocated 'listening to the actual words of people who benefit, to work out what the evidence is'. In the next chapter, we encounter self-evaluation being used to gauge the impact of arts-on-prescription activities from participants' perspectives. The co-production of evaluation helps services to be assessed from a user perspective with a view to their ongoing improvement.

Another ambition of the *Five Year Forward View* is better support for carers. There are an estimated 5.5 million carers in England, 225,000 of whom are young and 110,000 of whom are over 85. The value of unpaid care contributed to society by carers is estimated at £132bn, equivalent to spending on the NHS.[230] In this report, we see many instances of the ways in which carers benefit from engagement in arts activities, with or without their loved ones.

Gloucestershire Clinical Commissioning Group (CCG)

An exemplar of innovative local healthcare provision is afforded by Gloucestershire.

The CCG, with its visionary leadership and good financial management, serves a population of 630,000 with more than 80 GP practices. It understands that the health service has reached a tipping point and that models of care need to change. The CCG has the benefit of being coterminous with the hospital trust, county council and other partner organisations, including the police and Gloucestershire Voluntary Community Sector Alliance (GVCSA), which brings opportunities for shared planning and provides a single footprint for the development and implementation of its Sustainability and Transformation Plan (STP). The CCG is a keen champion of arts and health activities, understanding that arts practitioners and cultural venues are rooted in the same community it serves.

The county houses an umbrella organisation, Create Gloucestershire, which was formed by arts organisations in 2011 as a response to the loss of the arts development team in Gloucestershire County Council. Create Gloucestershire supports artists and arts organisations, incubates new ideas for delivery and forms strategic partnerships with a number of public sector organisations. One such partnership was precipitated by the Cultural Commissioning Programme, which brought it together with the CCG, county council, GVCSA, University of Gloucestershire and three of the six district councils. The programme, which was funded in large part by the CCG, identified opportunities where cultural commissioning could deliver both universal and targeted health and wellbeing outcomes across various sectors through the arts. This partnership approach has enabled the formation of an arts and voluntary, community and social enterprise forum, facilitated by Create Gloucestershire and GVCSA. This provides a means for artists and arts organisations to share learning around the knowledge and skills required to work in an arts and health context, and it enables the CCG and partners to have a dialogue with the 'provider market' in order to grow and develop an arts and health commissioning model.

Historically, there has been a fragmented approach to arts and health activity in Gloucestershire, which has included arts in hospitals, the development of an arts-on-prescription service in primary care and individual cultural organisations running arts projects aimed at various health and wellbeing outcomes. A key element of the Cultural Commissioning Programme pilot was the extension of arts-on-prescription practice, which had hitherto been centred on mental health.

A series of 12 feasibility projects, each costing in the region of £10,000, have been developed across the life course, exploring whether arts-based approaches could help in the self-management of a range of chronic health conditions including type 1 diabetes,[231] dementia, cancer, chronic pain, obesity, depression and anxiety. This use of non-medical interventions to meet medical needs is described by the CCG as social prescribing plus. The programme has been underpinned by co-production, whereby artists, clinicians, patient representatives and commissioners worked together to design, develop and deliver interventions. It has been evaluated by the CCG, Create Gloucestershire and the University of Gloucestershire, and a report is due before the end of 2017.

As a result of this pilot, a social prescribing and cultural commissioning programme was instigated by the CCG in early 2017, managed by a newly created team. Social prescribing, including arts on prescription, is recognised as key to enabling delivery of the STP. Arts and cultural interventions are being embedded into care pathways with a view to reducing health inequalities and helping in the management of long-term conditions. Examples include singing for respiratory conditions and arts-based interventions for pain management.

Discussions are taking place around the development of a formal cross-sector cultural commissioning programme which builds on the pilot. It is envisaged that this will operate as a strategic partnership within an integrated planning and governance framework, supported by its own pooled budget in the longer term.

4.3 Commissioning in Health and Social Care

In March 2017, NHS England published *Next Steps on the Five Year Forward View.* This set out three priorities for the following two years, specifically a need to: upgrade the urgent and emergency care system, and better regulate flow into and out of hospitals; strengthen access to primary care; and improve services for cancer and mental health. In the new health and care landscape, emphasis is placed on primary care – with family doctors as the first point of contact – rather than costly acute care in hospitals.[232]

There is a blind spot in many recent health policy documents: the role that engagement in the arts can play in improving health and wellbeing is consistently overlooked.

The Health and Social Care Act provided for the creation of the NHS Commissioning Board, PHE and a series of health and wellbeing boards (HWBs).[233] HWBs provide a forum in which clinical, professional, political and community leaders can come together to plan how best to meet the needs of their local populations and tackle health inequalities. The Health and Social Care Act also legislated for the creation of 210 clinical commissioning groups (CCGs) across England,[234] responsible for commissioning the majority of NHS services, including elective hospital care and rehabilitative care, urgent and emergency care, most community health services, maternity services and mental health and learning disability services. As part of the shift towards primary care in the community, CCGs are populated by and accountable to GPs.

CCG representatives sit on HWBs, alongside directors of public health and adult and children's services, and together they formulate strategies based on Joint Strategic Needs Assessments (JSNAs). CCGs play a central role in formulating strategic priorities and have a commitment to reducing health inequalities. Local authorities take the lead on improving public health and wellbeing while providing 'advice and expertise on how to ensure that the health services [which CCGs] commission best improve population health and reduce health inequalities'.[235] Increasingly, JSNAs take account of the *Marmot Review* recommendations.

DH holds NHS England accountable for ensuring that health services, which both it and the CCGs commission, are of high quality and deliver value for money. However, the Health and Social Care Act stipulates CCG autonomy in meeting local need. CCGs have the freedom to decide which health services are commissioned, and the *Five Year Forward View* urges national managers to exercise 'meaningful local flexibility in the way payment rules, regulatory requirements and other mechanisms are applied'.[236] This opens the door to innovation, and CCGs commission a few of the arts and health initiatives mentioned in this report.

In 2016, 44 groups (now known as Sustainability and Transformation Partnerships, STPs) were set up to cover every part of England, bringing together health and social care leaders to discuss how the needs of the local population may best be met and health inequalities reduced. Each STP was required to develop a multi-year plan, showing how local services would deliver the vision articulated in the *Five Year Forward View*. Only a small number of the 44 STPs have embraced the arts, but there is scope for the arts to be included by all at implementation stage. These plans will be subject to review towards the end of the two-year period they cover, which will provide an opportune moment to revisit the role of the arts in addressing local health and wellbeing.

4.4 Integration of Health and Social Care

In 2011, the Scottish Government developed a vision for 2020 that sought to ensure longer, healthier lives for everyone, at home or in a homely setting, which relied on prevention, self management and the integration of health and social care.[237] The *Five Year Forward View* recognised the interrelationship between demand for social care and the availability and effectiveness of NHS services to advocate clear joint plans. In parts of England, such as Northumberland, accountable care organisations are being set up as unitary organisations meeting health and social care needs.[238]

TLAP is building bridges between health and social care to empower communities to share responsibility for prevention and self-care.[239] The House of Lords Select Committee report on the long-term sustainability of the NHS noted that the future survival of the health service depended on resolution of the social care crisis and increased funding in both health and social care. The report recommended that responsibility for adult social care should be assumed by DH and pointed to a pressing need to reinvigorate the integration of health and social care and to rethink the statutory mechanisms needed to deliver it.[240] The Government has undertaken to produce a Green Paper on this.

In June 2013, the Better Care Fund was set up to encourage integration of services between the NHS and local authorities and between health and social care in a bid to reduce hospital admissions.[241] To a great extent, this £5.2bn fund has been used to plug gaps in local authority social care budgets, but it has facilitated social prescribing projects and occasional arts-based community initiatives.[242]

Staying Out, operated at ARC – a multiform arts centre in a deprived ward of Stockton on Tees – offers weekly creative activity to people aged 65 and over who have been discharged from hospital or are socially isolated.[243] Beginning in September 2014, the project has been commissioned to October 2019, initially with funding through Hartlepool and Stockton on Tees CCG's Health Initiatives fund before transitioning to the local authority's Better Care Fund. An artist delivers a wide range of arts and crafts activities, designed to confer new skills and enhance existing ones and responsive to the preferences and abilities of the group. Participation offers therapeutic benefits through cognitive and physical stimulation, particularly around the use of fine motor skills and stroke rehabilitation, while stimulating a measurable sense of achievement and wellbeing. The commissioners are also collating data relating to reduced hospital admissions. We hope that, in signing off plans for the Better Care Fund, local authorities and CCGs will remain open to local arts and health approaches, and that details of arts and health projects will be included in the Fund's published case studies.

In January 2015, NHS England invited organisations to become vanguards for the new care models intended to reduce demand on hospitals.[244] Fifty vanguard sites, serving more than five million people, have been selected to lead the development of joined-up care via partnerships between the NHS, local government, voluntary, community and other organisations.[245] There is scope for the arts to be involved in this scheme, and we would welcome greater dialogue between NHS England and ACE.

The pressures now being experienced in health and social care force a search for innovative solutions.

The Children and Families Act of 2014 outlined the duty of local authorities and CCGs to provide support for children and young people with special educational needs (SEN). The Special Educational Needs and Disability Code of Practice and the Special Educational Needs (Personal Budgets) Regulations, approved by Parliament in the same year, made provision for education, health and care plans tailored to individual need. From February 2015, supported by NHS England, DH, the Association of Directors of Adult Social Services (ADASS), the Care Quality Commission (CQC, the independent regulator of health and social care in England) and the LGA, 48 Transforming Care Partnerships were set up.[246] The partnerships are developing plans to improve services for people with learning disabilities and/or autism.[247] The plans make provision for enhanced community services, which can include arts engagement. ACE National Portfolio Organisation (NPO) TIN Arts in Durham offers a contemporary dance course for people with learning disabilities which is funded through personal budgets.[248]

4.5 Parity of Esteem Between Physical and Mental Health

Mental ill health accounts for more than 20 percent of the total disease burden in the UK, exceeding cancer and cardiovascular disease. This carries an annual economic and social cost of approximately £105bn, roughly equivalent to the total budget of the NHS.[249]

The Health and Social Care Act wrote into legislation equal priority for mental and physical health. The *Five Year Forward View* was a tipping point in recognition of the relationship between physical and mental health, telling us that 'people with severe and prolonged mental illness die on average 15 to 20 years earlier than other people – one of the greatest health inequalities in England'.[250] The *Five Year Forward View for Mental Health* found that two thirds of deaths of people with mental ill health were 'from avoidable physical illnesses, including heart disease and cancer, many caused by smoking'.[251]

Mental ill health slows recovery rates from physical health conditions, which has sizeable cost implications. In turn, the pain and functional impairment associated with chronic physical health conditions are known to both cause and exacerbate depression, occurring in about 20 percent of patients and proving particularly resistant to antidepressants.[252] While the intended parity of esteem between mental and physical health has been far from realised as yet, recognition of this interrelationship is highly relevant to many arts and health approaches which take as their starting point the inextricable link between the mental and physical aspects of health.

Recent health policy has been informed by an understanding of the contribution of inequality to mental health problems. In his foreword to a 2010 DH vision for mental wellbeing across the life course, the Minister of State for Care Services, Phil Hope, acknowledged that 'Pernicious social and health inequalities are both a result and a cause of poor mental health – which means the most deprived communities also have the poorest health and well-being'.[253] Welcome recognition of the social causes and effects of poor mental health, combined with a search for locally based solutions, opens the way to thorough consideration of arts approaches.

In January 2014, DH promulgated a series of priorities for tackling the mental health challenge, published as *Closing the Gap: Priorities for Essential Change in Mental Health*. The increased prominence of mental health in the policy agendas of many government departments (and the public health system) was noted, and a commitment to protecting local mental health funding from financial exigencies was made.[254] In October of the same year, the *Five Year Forward View* cited mental ill health as the most significant cause of disability in the UK, with one in four people found to be suffering from a mental health problem at some point during their lives. Yet there has been and remains underinvestment in mental health services.[255]

By 2015, almost half of NHS mental health trusts were reporting a deficit. In 2016, the *Five Year Forward View for Mental Health* made recommendations centred on local, evidence-based strategies aimed at tackling health inequalities and identified a need to invest an additional £1bn in mental health services by 2020–21. In adopting these recommendations, the Government pledged an additional £1bn of targeted support for new mothers and teenagers, emergency services and community initiatives, and the Prime Minister, David Cameron, heralded a 'revolution in mental health treatment in Britain'.[256] At the time, 90 percent of mental health trusts and 60 percent of commissioners felt this would be inadequate to solve the funding crisis.[257] No mention of mental health was made in the 2017 Budget.

Next Steps on the Five Year Forward View reported progress in this area and restated NHS England's commitment to widening access to mental healthcare across the life course. The report also made provision for 800 mental health therapists in primary care by March 2018, rising to 1,500 by the following year and leading the way in reconciling physical and mental healthcare.

The arts are integral to health and should be recognised as such by health services.

In addressing the mental health challenge, this report details ways in which arts engagement can address a variety of mental health problems, ranging from conduct disorders in children to psychotic episodes in adolescents to anxiety, depression and stress in adults. Outside these discrete sections, we reflect the arts and health ethos by not making a distinction between mental and physical health, referring instead to health and wellbeing.

4.6 Policy for Arts, Health and Wellbeing

Despite recognition of the interrelationship between physical and mental health and the underlying social determinants, there is a blind spot in many of the recent health policy documents referenced above: the role that engagement in the arts can play in improving health and wellbeing is consistently overlooked. Among scant exceptions, the 2010 DH framework for developing wellbeing, mentioned in the previous section, noted that 'Participation in the arts and creativity can enhance engagement in both individuals and communities, increase positive emotions and a sense of purpose'.[258] In 2011, a cross-governmental implementation framework called *No Health Without Mental Health* heralded a fundamental shift towards accountable, locally led health provision and expressed a desire to engage all organisations with an impact upon mental health, including independent and third-sector providers.[259] In the process, the framework

mentioned a role for the arts as a form of meaningful activity that could improve mental health. Prior to this, policy had episodically embraced the role of the arts in health and wellbeing.

In 2007, DH published a review of its role in promoting the arts and health. Commissioned by the Chief Executive of the NHS and Permanent Secretary of DH, Sir Nigel (now Lord) Crisp and led by Harry Cayton, National Director for Patients and the Public, the Review of Arts and Health Working Group found that:

- Arts and health are, and should be firmly recognised as being, integral to health, healthcare provision and healthcare environments, including supporting staff
- Arts and health initiatives are delivering real and measurable benefits across a wide range of priority areas for health, and can enable the Department and NHS to contribute to key wider Government initiatives
- There is a wealth of good practice and a substantial evidence base
- The Department of Health has an important leadership role to play in creating an environment in which arts and health can prosper by promoting, developing and supporting arts and health
- The Department should make a clear statement on the value of arts and health, build partnerships and publish a Prospectus for arts in health in collaboration with other key contributors[260]

DH heeded the findings of the review, collaborating with ACE on a *Prospectus for Arts and Health*. The prospectus reiterated that 'The arts make a significant contribution to improving the lives, health and wellbeing of patients, service users and carers, as well as those who work in health and the arts'.[261] It outlined many examples of practice and research and a strategy for embracing the contribution of the arts to health and wellbeing.[262]

In 2008, the Secretary of State for Health, Alan Johnson, made a speech at the Wallace Collection which firmly acknowledged the therapeutic value of the arts, from art and design in hospitals to the participatory arts. He pointed to a role for the arts in building self-esteem and overcoming isolation, in seeing us through hard times and helping us to express ourselves when words fail. He articulated a wish to see the 'benefits of participation in the arts recognised more widely by health and social care professionals, particularly those involved in commissioning services for people with mental health problems', arguing that 'This is not some kind of eccentric add-on – it should be part of the mainstream in both health and social care'.[263]

Shortly after this, however, Alan Johnson moved to other responsibilities and political priorities shifted, leaving this moment of optimism feeling like a 'distant dream'.[264] In hindsight, the conditions for the widespread uptake of the arts in health and social care were not in place in 2007–8. The pressures now being experienced in health and social care force a search for innovative solutions.

This report endorses the main finding and recommendation of the Review of Arts and Health Working Group – that the arts are integral to health and should be recognised as such by health services. It also makes the case that responsibility for promoting, developing and supporting arts and health should be extended beyond DH to DCMS, the Department for Communities and Local Government (DCLG), the Department for Education (DfE), the Ministry of Justice (MoJ) and the Ministry of Defence (MoD).

The 2016 Culture White Paper explicitly acknowledged the value of the cultural sectors to health and wellbeing,[265] and it expressed a desire for DCMS to work with ACE, PHE and others to develop and promote their contribution. The White Paper also stated the Government's intention to respond to the recommendations made in this report, which was reiterated by the Minister of State for Digital and Culture, Matt Hancock MP.[266]

In England, various national-level initiatives are beginning to address the relationship between the arts and health. In addition to the Cultural Commissioning Programme, several of the vanguard sites – such as Calderdale, East Kent and Salford, to name just three – are home to health-orientated arts activities. Other countries are in advance of England in recognising the value of the arts in the field of health and wellbeing.

In 1991, the Permanent Secretary for Health in Northern Ireland initiated Arts Care, initially with direct funding from health budgets and more recently in conjunction with national arts and health partners.[267] The Scottish Government has a core commitment to tackling inequalities in living standards, health and education. In this endeavour, it acknowledges arts engagement to be life affirming in its own right while also having an impact upon health, wellbeing and quality of life. The 2017–18 remit letter from the Welsh Government to Arts Council of Wales makes arts, health and wellbeing a key priority.

Marmot hails the Nordic countries, with their high levels of social protection, as exemplars of health equity. Reflecting their pioneering research in the field, the Nordic countries have made considerable practical advances.[268]

The Swedish Government has acknowledged the relationship between culture and public health since 2000. In 2007, the Swedish Parliament established a cross-party Society for Culture and Health, which has brought MPs and civil servants together with experts from the scientific and arts communities and healthcare.[269] The Centre for

Culture and Health at the University of Gothenburg has, to date, helped the Society to coordinate fifteen seminars which depart from biomedical approaches to consider health from a humanities perspective. Seminars take account of innovations in Swedish healthcare, such as a regional arts-on-prescription scheme, resulting from a joint initiative between the Ministry of Culture and the Ministry of Health and Social Affairs, which has dramatically reduced sickness absence and highlighted the importance of cross-governmental collaboration and the need for long-term planning.[270]

In Finland in 2008, a collaboration between the Ministry of Social Affairs and Health and the Ministry of Education and Culture began to explore the health and wellbeing benefits of the arts. For 2010–14, an action programme was developed which gave rise to 18 crosscutting proposals aimed at integrating the health and wellbeing benefits of the arts into future legislative reform.[271] Anchoring the arts and culture in the health and social care system has become one of the Finnish Government's key projects for 2014–18, with the aim of making the arts and culture a part of everyday life. In furthering this objective, Arts Promotion Centre Finland has been given a budget of €2m to fund arts projects with the health and social care sectors, with the aim of increasing use of the arts in preventative and healing processes.[272] Recognition of the health and wellbeing benefits of the arts at a political level has also inspired a major new research initiative, coordinated by the University of the Arts Helsinki, which frames the arts as a public service and explores how they can meet the social challenges of the 2020s.

We advocate the creation of a national strategic centre for the advancement of arts, health and wellbeing, established and led by leaders in the arts, health and social care sectors, joined by academics and involving patients and service users.

In 2014, Arts, Health and Care: a Norwegian Resource Centre was established in response to a governmental White Paper entitled *Tomorrow's Care*.[273] The centre involves a partnership of five organisations; it is based in and administered by Nord University and publicly funded via the Norwegian Directorate of Health. Bringing together arts and health practice, education and research, it seeks to ensure good use of arts resources in the health and care sectors and encourages arts-based strategies in the training of care professionals. Its target groups include children, people with mental health problems, older adults and people with dementia. One of the five partner organisations is the HUNT Research Centre, a department of the Faculty of Medicine and Health Sciences at the Norwegian University of Science and Technology, which serves as a repository of biomedical and cultural data for large proportions of the regional population and regularly undertakes large-scale analyses of the relationship between arts engagement and various aspects of health.[274]

The Australian Government has consistently included mention of the arts in its health policy documents, particularly in relation to mental health. The Australian National Rural Health Alliance, the Institute for Creative Health in Australia and Arts and Health Australia have been energetic advocates of the arts and culture being recognised in health and wellbeing as a route to addressing the social determinants of health. In 2013, the Standing Council on Health and the Meeting of Cultural Ministers endorsed a national arts and health framework. Through the framework, Australia's Health and Culture Ministers seek 'to enhance the profile of arts and health in Australia and to promote greater integration of arts and health practice and approaches into health promotion, services, settings and facilities'.[275] The national framework is envisaged as a living document that will regularly be revisited by those concerned. The Australian Centre for Arts and Health has assumed a mission to develop national arts and health activity, foster cooperation, information- and resource-sharing and provide a link between governmental and non-governmental organisations in the field.[276]

Mindful of these international precedents, we advocate the creation of a national strategic centre for the advancement of arts, health and wellbeing. We advocate a different model from those mentioned above, however, established and led by people who are leaders in the arts, health and social care sectors, joined by academics and involving patients and service users to reflect the principles of co-production. We hope that such a centre would be supported by philanthropic funders. We would also seek the endorsement of ACE, NHS England and PHE and appropriate involvement from relevant bodies such as Health Education England (HEE), the LGA, Healthwatch, the Patients Association, National Council for Voluntary Organisations (NCVO) and many others. This centre would not be a physical building but rather a gathering point of networks. Its remit would span practice, research, funding, communication, policy and international liaison.

The terms of reference of the centre might include:

- Identifying and helping to fill geographical gaps in arts and health activity
- Brokering dialogues between arts providers and health and social care commissioners
- Sharing tools (including common metrics and terminology) and resources
- Disseminating examples of good practice
- Encouraging high-quality project evaluation
- Identifying gaps in the evidence base and coordinating research to fill them
- Promulgating research with a view to influencing clinical practice
- Making the case for funding to be directed towards arts and health research
- Advocating the inclusion of arts-based methods in the training of health and social care professionals, and health and wellbeing as routes to the career development of artists
- Informing relevant debates, for example about the impact of cultural disadvantage, the mental health of young people, the value of good design, the management of long-term conditions, healthy ageing and many other issues
- Stimulating public interest and demand by telling the story of arts and health
- Influencing policy development relevant to arts, health and wellbeing
- Developing international links to learn from policy and practice around the world

We believe that such a centre would be more strongly rooted and more fit for purpose if it was not installed top-down, but led by practitioners. The NAAHW is in the process of merging with the National Alliance for Museums, Health and Wellbeing (NAMHW) to form a new Culture, Health and Wellbeing Alliance (CHWA). The Alliance would be a key partner in supporting this initiative. We hope, too, that DH, DCMS, DCLG and other government departments would develop a cross-governmental strategy for the arts in health in close collaboration with the centre.

4.7 The Funding Landscape

Following the financial crisis of 2008, the NHS has experienced standstill real-terms funding in the face of rising demand, local authority social care budgets have been under severe pressure and ACE lost a quarter of its funding in the period 2012–14. Health and social care systems are struggling to deliver the services to which they are already committed. Fiscal retrenchment is forecast to continue until the middle of the next decade. While these circumstances make innovation difficult, they also demand fresh thinking and new approaches.

4.7.1 Health and Social Care Funding

The evidence presented in this report demonstrates that the arts can save money in health and social care by strengthening prevention, reducing demand for medication and clinicians' time, diverting or shortening hospital stays, reducing sickness absence from work and delaying the need for residential care. We believe that the existing flows of public funding are capable, in principle, of providing support for arts activities within health and social care. Little public funding, however, is flowing in the direction of the arts for this purpose at the moment.[277]

The case study sketched in this chapter looks at the work of Gloucestershire CCG in promoting arts and health approaches. Other CCGs, such as Salford and Halton, support arts initiatives, but these instances are exceptional. Chief Executive of PHE, Duncan Selbie, has observed that 'many cultural interventions for health are commissioned through cycles of non-recurrent pilot or grant funding. These providers have yet to gain traction in the mainstream of health and social care commissioning'.[278] We believe an opportunity to relieve pressure on the funding of health and social care and secure better value for money is being extensively neglected.

The *Five Year Forward View* acknowledged that third-sector organisations 'provide a rich range of activities, including information, advice, advocacy and they deliver vital services with paid expert staff. Often they are better able to reach underserved groups, and are a source of advice for commissioners on particular needs'.[279] Consequently, 'easier ways for voluntary organisations to work alongside the NHS' were sought.[280] In Gloucestershire, decision-making and service delivery in the area of health and wellbeing are increasingly being devolved to the voluntary, community and social enterprise (VCSE) sector.

A 2016 review of VCSE organisations in the health and care sector, commissioned by DH, PHE and NHS England, argued that 'Targeted support for the very smallest social enterprises and community groups can play a large part in creating health and wellbeing, as fewer people will be left unsupported where there is a wide range of

community-based and innovative interventions from which to choose'.[281] Reflecting NHS recognition that creative solutions may originate in the VCSE sector, CCGs were given the power, under the provisions of the Health and Social Care Act, to award small grants to voluntary and community organisations, enabling them to bypass the standard contract for procurement of services.[282] The hundreds of excellent arts and health initiatives that take place in, with and through voluntary and community organisations have an invaluable part to play within the landscape envisaged in the *Five Year Forward View*, and they should be considered for targeted support from CCG and other sources.

Arts programmes in NHS hospital trusts are supported by a mixture of funding – including NHS charitable funds, more abundant in London than elsewhere – which evolves if programmes become integrated. A number of arts manager posts are revenue funded by the health service. Where arts managers are well integrated into NHS trusts, they can be adept at identifying opportunities for the arts to be funded as part of wider programmes. An example is Exeter Healthcare Arts, the in-house arts programme of the Royal Devon and Exeter NHS Foundation Trust. The arts manager formed part of a team that made a successful bid to DH's Improving the Environment of Care for People with Dementia scheme, for a dementia-friendly garden incorporating sensory and musical installations, performance spaces and artworks.

At the round table on Funding, Chief Finance Officer of Cambridge University Hospitals, Bill Boa, described his greatest challenge as sustainability and pointed to funding decisions being taken on the basis of whether they would deliver improvements – such as reduced hospital admissions or shorter stays – within one year. Short termism on the part of public funders, and the consequent instability of budgets for arts providers, means good work is aborted, time and energy are wasted and potential benefits for patients and services are lost. For arts organisations seeking NHS funding, there are, moreover, many potential challenges related to compliance, procurement, contracts, evaluation and payment by results.[283]

In April 2015, NHS England and the LGA launched the Integrated Personal Commissioning (IPC) programme,[284] which unites funding from health and social care sources. The programme 'empowers people and communities to take an active role in their health and wellbeing with greater choice and control over the care they need'.[285] This new commissioning framework builds on learning from personal budgets – which have been used in social care for some time – to address complex health and social care needs.

IPC aims to provide a personalised counterbalance to population-scale commissioning. Adoption of this model is being trialled in eighteen demonstrator sites, reaching over 300,000 people by the end of 2018–19 and in place in every locality by 2020. It is anticipated to account for around five percent of community-based care. The programme will be delivered in partnership with the VCSE sector, and an NHS database of local activity is being developed. Apart from isolated cases of patients using their personal budgets to undertake creative activity, there is little sign as yet that the overall vision of IPC includes the arts. However, South West IPC has commissioned a film about Word/Play, a spoken word project giving voice to people experiencing mental health problems.[286]

The care home sector is more de-centralised than the health sector. Arts organisations and individual artists have to negotiate with a multiplicity of care home groups and indeed individual care homes. CQC encourages care homes to provide meaningful activity, in recognition of the need for older people to spend time purposefully and enjoyably, doing things that bring pleasure and meaning. But extreme pressure on budgets means there is often little willingness or ability to fund arts activities that would do a great deal to enhance the quality of life of frail elderly people.

Some organisations with a clearly defined remit have been effective in beating a path to health and social care commissioners and providers. The Reader, which is considered as a case study in chapter seven, lists eleven NHS Trusts and CCGs as funders in its annual return to the Charity Commission for 2015–16. The organisation has secured a year-long commission with Royal Liverpool Hospital and a three-year commission from three NHS trusts working together as part of an STP. Live Music Now, which leads A Choir In Every Care Home, detailed in chapter eight, is funded by the Baring Foundation and the HM Treasury LIBOR Fund, in partnership with national adult social care regulatory and umbrella bodies including CQC, Care England and the National Care Forum (NCF), as well as such providers as the British United Provident Association (BUPA), the former Methodist Homes Association (MHA) and Orders of St John Care Trust.

In rare cases, funding for arts, health and wellbeing approaches has come from government departments, such as DH, or from the devolved administrations, as with Arts Care. Another example of enlightened commissioning uniting the arts, health and wellbeing is provided by Kent County Council (KCC). With funding from the Cultural Commissioning Programme, KCC has developed a range of services that include arts and cultural organisations alongside traditional public service providers, such as a £4m community-based mental health service involving museums and theatres as well as smaller, more informal groups. The local authority now takes as one of its three strategic objectives that 'Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life'.[287] Applicants for arts funding are asked how their projects will meet this strategic objective; an arts team is in place to broker relationships between the culture sector and health commissioners, and the council has developed an Arts and Cultural Commissioning Toolkit to help the cultural sector bid for and deliver public sector contracts.[288]

Local authorities remain the largest funder of the arts in England, with an annual contribution of £1.1bn,[289] but they are experiencing standstill funding for 2017–18.[290] The House of Commons Culture, Media and Sport Committee has noted that 'The biggest impact of local authority cuts to culture is likely to fall where the cultural offering is already weak with the result that those with most to gain from cultural investment will lose out'.[291]

Where local authorities might once have led on arts and health work, their arts and culture provision is now largely delivered by external social enterprises.[292] This need not preclude cross-sector working between health, social care and the arts. Local authorities remain, to varying degrees, active in the field, with funding from public health and mental health sources, but they do not extensively support arts organisations in delivering health and wellbeing outcomes. The widespread loss of local authority arts officers places the onus on cultural organisations to take more initiative and work together, pooling resources, experience and networks and supporting smaller, more vulnerable organisations.

Serious consideration should be given by commissioners to embedding arts approaches into the mainstream care landscape, subject to regular review rather than re-commissioning.

The damaging impact of public funding vagaries is shown in the case of Creative Alternatives, delivered by the Alef Trust, which offers a range of arts activities, events and outings to adults experiencing mild to moderate anxiety, depression and stress. The service began in Sefton, in late 2006, as a three-year pilot funded through the HM Treasury Invest to Save budget. Following the pilot phase, which demonstrated a positive impact through extensive mixed-methods evaluation, Creative Alternatives was sustained by funding from Sefton Council's Public Health and Leisure Directorates. The service thrived and made a significant contribution to improving the lives of marginalised people in the borough until 2016, when local authority funding was reduced. A year earlier, Creative Alternatives had expanded into the borough of St Helens, which has a higher incidence of mental health problems than the national average. Though funding was cut in Sefton and the programme abandoned there, Creative Alternatives continues providing an arts-on-prescription service in St Helens, funded through public health sources as part of the Cultural Hubs – Arts in Libraries programme supported by ACE.[293]

The perpetual re-commissioning of often very effective services is disruptive and expensive, affects stability and public awareness and leads to temporary solutions. The demanding process of re-commissioning often achieves little that could not be achieved through regular and appropriate reviews, and it particularly disadvantages small community-based organisations offering new and innovative approaches, for which a commission may be a major proportion of their funding. Serious consideration should be given by commissioners to embedding arts approaches into the mainstream care landscape, subject to regular review rather than re-commissioning.

The Cultural Commissioning Programme was set up on the basis that 'the arts are an essential part of a new model of public services, one that is built on preventing harm and reducing people's need for acute services'.[294] By facilitating the arts and health work of Gloucestershire CCG and KCC as exemplary pilots, the programme shed light on the ways in which: 'New relationships were developed between commissioners and providers; Arts and culture were positioned to align with local priorities; Awareness of, and attitudes to, arts and culture changed; The pilot sites invested in capacity building for commissioners and providers'.[295] This was subsequently extended into Locality projects in Birmingham, Derby, Manchester, Torbay and York, becoming some of the most encouraging examples of how the current public funding system can be a successful mechanism for developing sustainable models.[296]

One of the greatest obstacles to the cultural commissioning process gaining national traction was identified as decreasing public sector budgets, which was thought likely to lead to 'commissioners retrenching and focusing on more traditional

We believe that the existing flows of public funding are capable, in principle, of providing support for arts activities within health and social care. It is clear, however, that new partnership working will be needed.

service models rather than exploring and co-designing new services in collaboration with the arts and cultural sector'.[297] In anticipation of further budget cuts, one way of overcoming this limitation was seen as bringing the arts into the mainstream commissioning landscape.

The 2016 Culture White Paper noted that 'While many commissioners in Clinical Commissioning Groups and local authorities are receptive to the role culture can play in improving health and care outcomes, we want to move to a position where the evidence and practice of successful outcomes is much better known in both communities and where the relationship between commissioners and the cultural sectors is much more collaborative'.[298] This report is intended as a contribution to the process of sharing evidence and examples of good practice. The recommendations and next steps outlined in chapter 10 are envisaged as a route to enhancing the relationship between arts and health sectors. Arts and cultural organisations will need to continue developing their skills in bidding for health and social care funding. Such skills development has been key in other areas, supporting VCSE sector providers to compete for funding from established programmes and not rely on non-recurrent pilot funding.

4.7.2
Arts and Heritage Funding

ACE advocates great art and culture for everyone. Historically, it has been perceived as giving greater weight towards the first half of this formulation, but, in recent years, there has been an acknowledgement that access to the arts, particularly in places of low engagement, is a key priority.

ACE's strategic framework for 2010–20 recognised the 'vital contribution [of the arts] to our health and well-being'.[299] We have already heard about the ACE-funded Cultural Commissioning Programme which supported health and wellbeing pilots. Through the Creative People and Places scheme, ACE invested £37m between 2013 and 2016, with a further £20m committed to 2019 in areas where arts engagement has been lacking. Supported by this scheme in South-East Northumberland, a consortium of cultural, heritage, educational and public health organisations called bait is establishing partnerships in community, health and social care settings which explicitly aim to improve the wellbeing of local residents.[300] Data collected to date (via WEMWBS) show a 16 percent increase in wellbeing since the start of the project. However, the House of Commons Culture, Media and Sport Committee noted that Creative People and Places 'funding is limited and cannot come close to, nor is it designed to, replace funding by local authorities'.[301]

A DCMS review of ACE concluded in April 2017 acknowledged that 'There is [...] considerable evidence of the social value of arts and culture, with positive associations being drawn between participation in arts and improved physical and mental health'.[302] This led to the recommendation that 'To strengthen its increasingly place-based approach, the Arts Council should create more broad-based local partnerships across England to identify specific cultural, economic, and social needs and priorities and to fund projects of value that will contribute to local growth and development'.[303] It seems clear, therefore, that new partnership working will be needed. Arts Connect in the West Midlands, one of ten ACE-funded bridge organisations, has funded Creative Health CIC to set up a Commissioners' Network in the Black Country on the understanding that this contribution will be matched from health sources.[304]

ACE lottery funding – on its own or in combination with NHS and endowment funding – contributes to arts, health and wellbeing, as does the Heritage Lottery Fund (HLF). The Great Place Scheme – established by ACE, HLF and Historic England – is funding a programme of activity in areas in which there is a commitment to embedding the arts, culture and heritage into local plans and decision-making. Grants of between £500,000 and £1.5m are enabling 16 selected locations in England to consolidate their existing strengths and build new partnerships, with a view to realising the cultural, social and economic value of the arts, culture and heritage, including health and wellbeing.[305] Greater Manchester Combined Authority has been granted funding under this scheme as part of a bid with a dedicated arts and health strand. These pilots should provide us with additional examples of good practice to inform longer-term investment. Were there to be better

recognition of the contribution of the arts and the value for money that they can give, we think it would be possible for the arts to gain more from existing publicly funded programmes.

4.7.3
Charitable Funding

As we look to the future, the arts in health and social care will need to be funded through a mixed economy, with a larger proportion of funding coming from the philanthropic and private sectors. Projects and programmes already rely on a diverse range of funding models, which, in turn, reflects the diversity in practice and approach of the organisations delivering the work. To take an example, the Art Room (mentioned in chapter six) derives 83 percent of its revenue from fundraising events, donors, trusts and foundations and earned income for activities such as training programmes. Lacking regular government support, the outreach programme of Dulwich Picture Gallery is funded almost entirely through trusts and foundations – notably the Band Trust, the City Bridge Trust, the Clore Foundation, the Garfield Weston Foundation, the Helen Hamlyn Foundation, M&G Charitable Giving and the Sackler Foundations – as well as through endowments and major general donations to the gallery such as from Lord and Lady Lupton.

Other prominent trusts and foundations funding work in this field are the Baring Foundation (for work with older people), Wellcome (for science and arts collaborations and public engagement) and Paul Hamlyn Foundation (PHF, through a focus on disadvantage and developing potential), to name just a few. Another recurrent funder of arts and health activity is the People's Health Trust, funded by 51 society lotteries through the Health Lottery. This charity explicitly addresses the social determinants of health by supporting projects that increase community control and build social bonds.[306] Several arts and health projects have been funded under its Active Communities programme, which offers local grants of between £5,000 and £25,000; evaluation of this strand of work found an 85 percent reduction in isolation among participants.[307]

Esmée Fairbairn Foundation is exploring social investment alongside grant funding. Since 2008, the foundation has made over 100 social investments from a budget of £35m. Those eligible must meet the charity's priorities which include participation (engaging marginalised and excluded individuals and groups), place (revitalising community life) and injustice (precipitating systemic change around inequality). The foundation funds art as an instrument of social change, community cohesion and participation, all of which is highly relevant to the field of arts, health and wellbeing. This is a developing area of loan finance which may be appropriate for some organisations and projects.

Few, if any, of the funders mentioned here have supported arts work explicitly because of its potential benefit to health. Many have, however, clearly acknowledged that the arts can confer health and wellbeing benefits, and a consideration of outcomes and impact is expected to be a clear part of ACE's work in the future.[308]

Arts organisations need to explain how they will satisfy the requirements of funders, but there is great variation in the approaches of funders. At our Funding round table, very different views were expressed as to requirements for evidence and the purpose of grant-giving. Sally Bacon, Executive Director of the Clore Duffield Foundation, a major funder of the arts with a particular commitment to museums education, said that, to them, evidence was crucial. She wanted 'killer statistics', which would 'move the dial' with government and lead to 'systemic change'. Clore also, however, make different requirements of larger and smaller organisations, recognising that smaller ones cannot afford research or independent evaluations. On the other hand, Lady Helen Hamlyn, whose foundation has given £40m to the arts over fifteen years, took the view that there is already plenty of evidence as to the effectiveness of the arts and design in health, and the crucial judgement for her is whether the leaders of a project are convincing. If persuaded that they are, her foundation will develop a long-term relationship with them. For Janet Morrison, Chair of the Baring Foundation, the objective was to create 'joy, fun, compassion, community' through the arts, to enable staff to see 'who the people in their care really are', to transcend the limitations of the medical model and to create better lives through the arts.

We were advised by people experienced in the assessment of funding applications that all too many organisations make elementary errors. They fail to frame their bids precisely in relation to the stated objectives of foundations or follow their guidelines. They do not think carefully enough about how to make their presentation. They submit generic applications, maybe written in poor English. They fail to describe how the funding will lead to sustainable results or further development. They are impatient and fail to cultivate and sustain a relationship with the funder. And, notably, they fail to thank the funder.

Where there was unanimity among funders – both charitable and public – at the round table was that they should improve their procedures for collaboration and information exchange. All present agreed that a coordinating centre would aid them, among other things, in developing common metrics and terminology. It was agreed, too, that charitable funders should be a source of

innovation and use their prestige to raise the status of the arts in health and social care.

Charitable funders can be leaders in making investments in preventative strategies, which could have an important influence on public sector commissioning. The top 300 foundations (responsible for 90 percent of giving) account for £2.7bn flowing into the voluntary sector, the greater part of which goes to education, followed by health, the arts and culture.[309] This, however, compares with £15bn of public funding flowing into the voluntary sector and £112bn into the NHS.[310] There is understandable resistance in the charitable sector to acting as a substitute for statutory funding.

4.7.4
Private-Sector Funding

The Private Investment in Culture Survey, commissioned by ACE, found that, in 2014–15, £480m of private investment went to culture, of which £245m came from individuals, £139m from trusts and foundations and £96m from businesses,[311] but the extent to which funding was channelled to health and wellbeing was not stated. At our Funding round table, Daniel Gerring, of the City law firm Travers Smith, explained that decisions on funding for the arts are strongly influenced by staff priorities for charitable giving, by the impact of their giving on the image and reputation of the partnership and by other business development considerations. In chapter seven, the commitment of law firms and other businesses to arts and health approaches will be considered in relation to workplace wellbeing.

It is worth considering the potential of Social Impact Bonds (SIBs), whereby investors fund interventions in areas of interest to public commissioners; if social outcomes improve, commissioners repay the original contribution to investors plus a return for their financial risk. This scheme aims to encourage preventative interventions and reduce demand on acute services.[312]

The organisation Social Finance is supporting Age UK Herefordshire and Worcestershire to provide Reconnections, a service set up in 2015 to help 3,000 older people overcome loneliness. It is the country's first SIB to focus on loneliness and, as investor repayments are only made for measurable reductions in loneliness, establishing the best evaluation tools is a key part of the support the Social Finance advisors provide.

In March 2017, the Cabinet Office announced a partnership with the University of Oxford, known as the Government Outcomes Lab, which seeks to improve the outcomes of public sector commissioning.[313] The House of Lords Select Committee on Charities has noted that the Office for Civil Society's Centre for Social Impact Bonds is encouraging other government departments to develop and commission SIBs and gives the example of a DH initiative to support people with mental health problems into work.[314] Among 32 current SIBs, attention is being paid to improving self-care and promoting sustained lifestyle change in people living with long-term health conditions.[315] However, evidence received by the Committee pointed to the limited viability of SIBs due to the difficulty of attracting investment in complex projects and monitoring their effects. This led the Committee to conclude that SIBs 'are only relevant where they produce a saving that can be transferred to a private investor, and that limits their potential contribution to the mix of alternative finance options for charities'.[316] Given that there are likely to be costs involved in demonstrating financial viability, this scheme may be better suited to larger consortia than small arts organisations.

As it is, the vast majority of health-orientated arts initiatives are funded by one-off grants. They depend on dedicated and indefatigable individuals, and their services are vulnerable to the unpredictability of funding. The team evaluating the ACE-funded Be Creative Be Well project noted that 'For many years, participatory arts projects have been observed to make a significant contribution to the health and well-being of local communities – only for beneficial outcomes to disappear without trace when short-term project funding runs out'.[317] The detrimental effect of this lack of continuity, on those who benefit from and contribute to activities, cannot be overstated. We make the case for integration of the arts into existing and developing health and care strategies and delivery mechanisms while also calling for arts and culture providers to consider health and wellbeing as core to their work.

We may foresee that, in the health and social care services of the future, the balance will have shifted from the paternalistic to the self-directed, and the boundaries between patients and commissioners will have broken down. Primary and acute care will work in a more integrated and horizontal way, with each other and with social care, and services will be organised locally, focused on community needs and assets. In this vision, the arts have a crucial part to play in the prevention of illness and infirmity and in the maintenance of health and wellbeing. In the next chapter, we see how this conception of the future is evolving, through the devolution agenda and beyond, and how the arts form a vital part of the social movement in health that is underway.

Maggie's Centre, Dundee

Architect: Frank Gehry
Sculptor: Antony Gormley
Photographer: Keith Hunter

5 Place, Environment, Community

5 Place, Environment, Community

"The effect in sickness of beautiful objects, of variety of objects, and especially of brilliancy of colours is hardly at all appreciated [...] People say the effect is on the mind. It is no such thing. The effect is on the body, too. Little as we know about the way in which we are affected by form, colour, by light, we do know this, that they have a physical effect. Variety of form and brilliancy of colour in the objects presented to patients are actual means of recovery."

Florence Nightingale, *Notes on Nursing*, 1859

In a 2014 report, entitled *Culture and Poverty: Harnessing the power of the arts, culture and heritage to promote social justice in Wales*, Baroness Andrews gave special consideration to the concept of 'place'. As she wrote, 'Each of us is shaped by the place in which we live, and each generation reshapes that place in its own image'.[318] In Roman times, *genius loci* referred to the guardian spirit of a place; nowadays, the same term is taken simply to refer to the spirit of a place, its distinctive atmosphere.[319] Transcending generations, sense of place is bound up with our location, identity, memories, traditions and connections.

This chapter looks at the ways in which our local environment impacts upon our health and wellbeing. It looks at a possible future arts and health infrastructure. It outlines a political vision, acknowledging the greater latitude wrought by devolution. It highlights what may be possible if the political will is there. In the process, it explores the renewed interest in community that has characterised recent debates. This leads us to consider how local decision-making, grounded in a sense of place, is coming to the fore in building a healthier society.

5.1 The Natural and Built Environments

The WHO Commission on Social Determinants of Health took account of the natural and built environment in which people reside. The natural environment has a part to play in maintaining healthy lives.[320] In 2014, Lord O'Donnell chaired a team, including Lord Layard, which produced a report entitled *Wellbeing and Policy*. This noted that 'physical or visual access to green spaces, water, or natural light appears to have a surprisingly powerful direct impact on subjective wellbeing'.[321] The National Planning Policy Framework embraces the value of open space to health and wellbeing.

The National Trust took Sheffield as a case study to discover that parks and green spaces were great city assets, with every £1 spent on maintaining them generating £34 in community benefits.[322] Facing a 90 percent decrease in parks funding, Newcastle City Council has invested £1m of anti-obesity funding from the public health budget into parks while new governance arrangements are being researched.[323]

Nature deficit disorder, brought about by human alienation from the natural world,[324] is being compensated for by initiatives such as green gyms, pioneered by an Oxford-based GP and a group of conservation volunteers in the 1990s, which involves weekly conservation or gardening work.

The arts and culture – including architecture, design and heritage – enrich environments, making them beneficial to our health and wellbeing.

The 2015 Spirit of the Forest pilot, delivered by Hampshire Art for Recreation and Therapy in collaboration with the New Forest National Park Authority, aimed to improve the mental health and wellbeing of participants through outdoor art therapy activities.[325] Engagement with the outdoors is also an integral part of walk and talk therapies.

In 2016, a report commissioned by the National Gardens Scheme from the King's Fund pointed to evidence that gardens and gardening have a range of impacts upon health and wellbeing across the life course, from encouraging healthy eating to ameliorating loneliness and reducing anxiety, depression and stress.[326] Gardens are integral to many healthcare environments. Gardening, as a creative activity, is already enjoyed by many people and could be by many more. Gardening is often offered alongside arts activities in community organisations orientated towards the restoration of health and wellbeing, and there are calls for it to be made available on the NHS.[327]

Exposure to green environments has been found to reduce the effects of income deprivation, particularly in relation to all-cause mortality and circulatory disease.[328] A study of more than 21,000 urban residents in 34 European nations found that access to open spaces also helped to diminish wellbeing inequalities.[329] Marmot argues that 'there is evidence in abundance that living near and using green space is good for mental health. The key issue is urban green space as a majority of us, worldwide, now live in cities'.[330] The Government has made a commitment to supporting garden cities, towns and communities.[331] Greening Grey Britain, a Royal Horticultural Society campaign, encourages the conversion of concrete and asphalt areas everywhere into green spaces.[332]

At the round table on the Arts and Healthcare Environments, Paul Williams of Stanton Williams Architects spoke of the 'power of architecture, the power of space to be uplifting' and described how architecture and space 'profoundly engage the senses of sight, touch and sound'. Analysis of the Taking Part data suggests that people who visit heritage sites are happier than those who do not.[333] In a similar vein, analysis of data from the Understanding Society survey has shown that visiting heritage sites – particularly historic towns and buildings – increases life satisfaction. Research informed by English Heritage calculated this gain at the equivalent of £1,646 per person per year.[334] People who identify their local area as beautiful enjoy better mental and physical health, but the perception of environmental beauty is unevenly distributed across the social gradient.[335] Networked Heritage – a collaboration between the HLF and the Royal Society for the encouragement of Arts, Manufactures and Commerce – seeks to understand how to strengthen the links between heritage, identity and place, including through health.[336]

The poorest people in the UK tend to live in environments with the greatest number of hazards, such as pollution, noise and flooding.[337] Lynsey Hanley has drawn on personal experience to note that:

> *[...] you can blame higher incidences of poor health and premature death, to a large extent, on the concentration of poorer people in a single area, where there are fewer fresh food markets, fewer open and green spaces, fewer sports amenities and fewer opportunities to have a social life outside the family. Council estates have the effect of making people feel worse about themselves, and in turn, physically worse than other members of society.*[338]

The *Marmot Review* advised that 'The physical and social characteristics of communities, and the degree to which they enable and promote healthy behaviours, all make a contribution to social inequalities in health'.[339]

In the late 1990s, recognition of the damage caused by poor-quality built environments, including their impact upon health and wellbeing, gave rise to the foundation of the Commission for Architecture and the Built Environment (CABE), funded by DCMS and DCLG, and to the Government's Better Public Buildings campaign. A review of public space conducted by CABE in 2004 found that 85 percent of people in England agreed that the quality of the built environment influenced the way they felt.[340] To coincide with a DCLG White Paper about the powers of local planning authorities in 2006,[341] CABE published a

guide for community groups working to improve public space. This advised that 'Good design is about creating a place that functions well, both now and in the future. It should also be attractive, providing an inspirational and special place for people'.[342]

In April 2011, CABE was integrated into the Design Council. Recognising the deficit caused by this downgrading, the House of Lords Select Committee on National Policy for the Built Environment published a report in February 2016, entitled *Building Better Places*.[343] This sought a coordinated long-term and high-quality approach to the built (and natural) environment, predicated on a sense of place and a consideration of health impacts. More specifically, the report argued that 'The places that we create have a profound effect upon the quality of life, behaviours and experiences of people who live and work in them'.[344] Acknowledging government recognition of the value of the built environment to health in a debate on the Select Committee's report in January 2017, Lord Howarth argued that 'We need environments that support health and help to heal not only the individual but society. When the sun shines, it lifts our spirits. When we are in a beautiful built environment, we feel better. We are happier, saner and more secure – we are more optimistic, and our lives are better'.[345] Several of our interlocutors reiterated the need for a long-term approach to building that prioritised the health and wellbeing of users.[342] In this regard, recognition by the Foresight Future of Cities project of the contribution of cities to health and the role of culture within cities is encouraging.[347]

At the round table on Place, Environment, Community, Andrew Simpson from Dominic Lawson Bespoke Planning asserted that 'planning ought to be regarded as part of the arts'. The National Planning Policy Framework contains a section dedicated to the promotion of healthy communities, which acknowledges the role planning can play in 'facilitating social interaction and creating healthy, inclusive communities'.[348] To this end, the framework advises community involvement in the development of residential areas and facilities. In a briefing to local government, NICE recognised that community engagement – with people being involved in decisions that affect their wellbeing, including new building or housing developments – may play a part in reducing health inequalities.[349] It is important, therefore, that new developments are planned on a co-production basis, with artists, architects and designers genuinely responding to the needs and priorities expressed by local people.

Access to green space and natural light improves our wellbeing and speeds our recovery from illness.

5.2 Healthcare Environments

In the introduction to *Better Public Buildings*, DCMS noted that 'The best designed hospitals help patients to recover their spirits and their health'.[350] In response to this and to the advocacy of CABE, in 2001 NHS Estates founded the Centre for Healthcare Architecture and Design, and, coinciding with a shift to patient-centred care, DH launched an initiative called Better Health Building. Since then, it has been standard practice to consider the psychosocial properties of healthcare environments.[351] A review commissioned by DH from the School of Architecture at the University of Sheffield compiled studies showing that the physical environment of healthcare facilities contributed to health and psychological and social wellbeing.[352]

Chairing the round table on Place, Environment, Community, Sunand Prasad, former President of the Royal Institute of British Architects (RIBA), said that 'The environment of the arts and beauty and spirituality can all be part and parcel of recovery, whether it be from physical or mental conditions'. Director of the London branch of CF Møller, Teva Hesse, referred to the substantial expertise that had been dedicated to thinking about healing buildings and pointed to the vital qualities of daylight, gardens and natural materials.[353] Associate Director of East and North Hertfordshire CCG, Jacqui Bunce, told us that good design need not cost more and could be made part of the approval process.[354] Gellinudd Recovery Centre – a co-produced mental health facility, funded through the Welsh Government's Invest to Save scheme and the Big Lottery – is estimated to save NHS Wales £300,000 per year.[355]

At the round table on the Arts and Healthcare Environments, Guy Eades, who manages Healing Arts on the Isle of Wight, noted that new health building were usually entirely defined by healthcare professionals and technicians. At the round table on Place, Environment, Community, it was noted that this often leads to a noisy, mechanical system when what is required is patient comfort and dignity and a calm environment for staff. If artists are involved in the process of designing health buildings, Eades argued, they can provide a conduit between patients and the hospital, informing spaces and activities in which people can breathe, think and reflect. Rather than this being a temporary post limited to the construction phase, the artist's role was felt to be most significant when it was integrated into the continuing work of the healthcare team, operating as a system translator and developing new opportunities for creative activity to promote recovery.

DH issues guidance on the design and planning of new healthcare buildings and residential supported living. One of the tools used to evaluate new healthcare buildings is known as the British Research Establishment Environmental Assessment Method (BREEAM) UK New Construction scheme. BREEAM requirements are intended to encourage sustainable approaches to building design which go beyond the regulatory minimum or demonstrate best practice in specific areas. In the 2011 version of BREEAM, the incorporation of visual art was encouraged, according to the criteria that:

- An art coordinator has been appointed for the specific project

OR

- An art policy and an art strategy have been prepared for the development at the feasibility/design brief stage i.e. RIBA stage B (or equivalent) and endorsed by the senior management level. The policy and strategy addresses the following:
  - Enhancing the healthcare environment
  - Building relationships with the local community
  - Building relationships with patients and their families
  - Relieving patient and family anxiety by contributing to treatment or recovery areas, e.g. post-operative areas, paediatric units, etc.
  - Greening the healthcare environment with inclusion of living plants (where appropriate)
  - Training generating creative opportunities for staff

At the round table on Devolution, Jackie Sands, working in arts and health at NHS Greater Glasgow and Clyde described how she had used these criteria to legitimise arts strategies within construction schemes while also using a percent for art scheme as a lever for securing external funding. However, in the most recent version of BREEAM (2014), these criteria have been removed. A healthcare sector advisory group, containing representatives from DH, NHS Scotland and Wales and the Department of Health in Northern Ireland, determined that the involvement of an art coordinator in building projects was now considered standard practice, meaning that BREEAM was no longer needed to drive best practice in this area.

We suggest that the wording of the BREEAM UK New Construction scheme is revisited in relation to arts policy, strategy and coordination, in discussion with arts coordinators. We believe that planning guidance should make clear that new developments should normally be subject to post-occupancy evaluation, after an interval sufficient to enable an assessment of the impact of a development on the health and wellbeing of those whose lives it affects. We also support the continued use of design review panels, which are unevenly distributed around the country. Some of them should be expanded to include heritage professionals.

Arts in healthcare facilities help to diminish our anxiety and connect us with our humanity.

While these observations concern new healthcare constructions, the arts can make a significant impact within extant buildings. In 2000, in partnership with NHS Estates and DH, the King's Fund launched a £2.25m programme called Enhancing the Healing Environment (EHE). This worked on the understanding that environment was crucial to how we live and recover, with art and design playing an integral part, and that hospital environments were needed 'which encourage patients to feel welcomed, looked after and cared for, and in which staff feel valued'.[356] Initially centred on acute trusts in London, the programme was extended to mental health trusts and primary care trusts in the capital before being rolled out nationwide to encompass community trusts, care homes and hospices and involve more than 250 health and social care organisations. In each organisation, a multidisciplinary team, led by a nurse and involving estates staff, patients, artists and arts coordinators, took part in staff development activities and was given £35,000 to undertake a programme of environmental improvement.

In addition to significantly altering environments and enhancing recognition of the value of the arts and design, early evaluation showed that the EHE programme improved the ways in which people related to each other and

navigated buildings; it changed ambiences, provided a positive distraction and created an increased sense of calm; staff morale was improved, and local culture was celebrated. Moreover, the programme provided understanding of the ways in which environment affects wellbeing.[357] Longer-term benefits that began to emerge from the programme included reduced aggression from patients towards staff and improved staff recruitment and retention. The impact on participating trusts exceeded the scope of individual projects, aiding 'innovative approaches to patient involvement' and the 'fostering of closer links with local communities'.[358] In 2004, EHE generated a practical guide for frontline staff wishing to improve their environments, which emphasised the importance of design and included artwork as one of five main themes.[359] Much of the advice contained within this guide remains relevant today, making it worthy of republication.

Access to the arts and culture helps us to live well in our communities.

Academic research reinforces insights gained during the EHE programme and its precursors. A systematic review of the impact of visual art and design on the health and wellbeing of service users and staff in adult mental healthcare found that patient outcomes were 'affected by noise, lighting, colour, windows, views and art'.[360] Building upon knowledge gained during this review, a three-year study of an arts-based collaboration with Avon and Wiltshire Mental Health Partnership NHS Trust found that the arts supported healing environments by 'enhancing valued features and diminishing negative aspects. Most importantly, the arts created opportunities for service users and staff to assert control and affirm non-stigmatised identities'.[361] Most major health trusts nowadays acknowledge the importance of the arts and design to the fabric of their buildings and act upon this acknowledgement.[362] We encourage trusts to continue building on learning from the EHE programme and involve multidisciplinary teams in the planning and delivery of arts programmes in hospitals and continuing care.

At the round table on the Arts and Healthcare Environments, Jane Willis of arts-in-healthcare consultants Willis Newson noted that 'Integrated into a well-designed healthcare environment, art can and does make a difference. It can help welcome, reassure, soothe, engage, distract. [...] It connects us with our humanity. It touches the spirit. It reminds us who we are. It reminds us of our best selves and it nourishes the soul'. Gilly Angell, expert patient at UCL Hospitals Cancer Centre, noted that, in an art-filled hospital environment, 'Acute medicine and art walk hand in hand day and night [...]. The first saves lives, the second nudges our spirit, allowing us to know what it is to be human, to know ourselves, others'.

Established in London in 1959 and now working across England, Wales and Northern Ireland, Paintings in Hospitals has amassed a collection of over 4,000 artworks, with the specific purpose of helping to reduce sickness, anxiety and stress. The collection forms the basis of the organisation's loan schemes, through which any health or social care site can borrow artworks for a nominal fee. Recognising the importance of placing patients and service users at the centre of decision-making processes, Paintings in Hospitals organises curator-facilitated sessions to aid in the selection of artworks.[363] Artworks may help visitors to navigate often-forbidding facilities by providing distinctive landmarks.[364]

Art in Hospital, a centre for best practice in visual art and medicine, which has operated in Greater Glasgow since 1991, seeks to place the artist and their practice alongside the patient. As we saw in the example of the Manchester Hospitals Arts Project, artists sometimes create site-specific works in hospitals. The performing arts can also create a benign atmosphere for patients, visitors and staff in healthcare environments. Across Guy's and St Thomas' NHS Foundation Trust, Breathe Arts Health Research runs the Performing Arts programme, bringing music, dance and poetry into clinical spaces, which has been found to reduce anxiety.[365]

Laura Waters, Arts Programme Manager at Derby Hospitals, observed that people who find themselves in hospitals are often in a heightened emotional state, and the arts can smooth their journey from diagnosis to treatment to monitoring to discharge. The Healthcare Innovation Exchange (HELIX) Centre, funded by the Helen Hamlyn Foundation at St Mary's Hospital, London, is a consortium of clinicians, researchers and designers from Imperial College London and the Royal College of Art (RCA), working together to improve the patient experience. In response to a perceived depersonalisation of care, designers at HELIX have produced a visual cartography of the care pathway traversed by cancer patients which is available in printed and interactive digital formats.[366]

Artists and arts therapists regularly lead participatory arts projects and programmes in healthcare environments. In 2009, the Centre for Medical Humanities at Durham University devised five guidelines for arts practitioners in healthcare settings in the Republic of Ireland. These were

that: the wellbeing of participants is paramount; practitioners attempt to draw out the creative potential of participants in a way that is both challenging and realistic; a collective creative process is generated through the building of mutual trust; practitioners recognise the importance of evaluation and their duty to contribute to it; practitioners abide by a code of good practice consistent with the ethos of the supporting institution.[367] More recently, ArtWorks Cymru has produced a useful guide for artists working in hospitals, containing information ranging from contracts and rates of pay to advice on working with patients and staff.[368] Both of these documents provide a useful reference point for health and social care commissioners and managers seeking to work with artists.

In each of the subsequent life-course chapters, attention is paid to the role of arts, architecture and design in health and care facilities.[369]

5.3 Devolution

In 1997, both Scotland and Wales voted in favour of the devolution of executive powers to the Scottish Parliament and Welsh Assembly respectively. The following year, the Northern Ireland Assembly was created as the result of prolonged power-sharing negotiations. Devolved governments in each nation have responsibility for health and culture budgets.

On the understanding that creativity 'makes an invaluable contribution to our health and wellbeing – both physically and mentally',[370] the arm's-length arts funding body Creative Scotland works with all fourteen health boards in Scotland. Through a combination of NHS, lottery and endowment funding, strategic posts have been created to enable the development of arts and health strategies in response to local need. Sense of place is considered essential to developing community wellbeing. Acknowledging the inversely proportional relationship between poverty and arts engagement, Creative Scotland's arts strategy for 2016–17 seeks to increase access.[371] This is complemented by recognition of the value of the arts and culture to education.[372] In the next chapter, we hear more about an arts-based educational initiative in Scotland that seeks to overcome childhood inequalities.

The arts for health and wellbeing are integral to planning in the devolved nations of the UK; in Greater Manchester, the arts are at the heart of population health planning.

In Wales, while arts and health boards exist, art schemes operate in healthcare environments and arts coordinators are in post, arts and health strategy is less well developed than in the other devolved nations. A 2005 *Review of Arts and Health Activities in Wales* made a series of recommendations aimed at better coordination in the field and a national commitment to arts and health. In 2009, *Arts in Health and Well-being: an Action Plan for Wales* almost led to collaborative action between the Welsh Assembly and Arts Council of Wales, with the aim of enhancing the health and wellbeing of the population of Wales through arts and creativity, but it faltered through a change of minister.

In her *Culture and Poverty* report, Baroness Andrews conceived the arts as 'an aspect of social justice in itself and a powerful weapon against poverty'.[373] This urged the Welsh Government to 'articulate and promote the role of culture in supporting a broad range of policy objectives'.[374] The Well-Being of Future Generations (Wales) Act 2015 outlined a policy of sustainable development through a 'process of improving the economic, social, environmental and cultural well-being of Wales'.[375] The Welsh Government's cultural strategy now makes extensive recognition of the health and wellbeing benefits of engaging with creative and cultural activities as a supplement to medicine and care, and more than 50 percent of revenue-funded organisations are involved in arts and health projects.

In September 2016 a Cross-Party Group on Arts and Health was formed in the Welsh Assembly by Assembly Member (AM) Eluned Morgan. The group is made up of AMs from across the political spectrum and convenes representatives from healthcare, adult social care, charities and special education from across Wales who use the arts therapeutically. The intention is to build on existing networks and to assess the impact of the arts on health and care in Wales. Working alongside policy-makers, academics and practitioners in the field, the group aims to identify best practice in Wales and to develop a firm evidence base with a view to making the case for shifting resources into the arts to facilitate improvements to people's health and wellbeing in Wales. The group has promoted the commissioning of a study into the

arts and health in Wales to be undertaken by Arts Council of Wales. In November 2016, the Cabinet Secretary for Economy and Infrastructure, Ken Skates AM (who has responsibility for the arts), harnessed the arts, libraries and heritage to the health and wellbeing agenda, including prevention and early intervention, and welcomed the formation of the group.

In Northern Ireland, Arts Care supports 18 artists-in-residence working across art forms to deliver a comprehensive weekly arts service in all five health and social care trusts in the province and across multiple health and community care services. The charity also enlists the services of many project artists who facilitate and coordinate participatory workshops and performances as well as taking responsibility for the content of six Arts Care galleries in healthcare environments.

5.4 Place-Based Commissioning

In recent years, the Government has moved in certain respects towards permitting greater exercise of powers at local level in England, particularly through the Localism Act of 2011. It has spoken of 'devolution of powers to citizens and grass roots organisations'.[376] City and Growth Deals are seeing power and discretion over extensive areas of public service spending passed down from Whitehall. At the same time, the devolution of responsibility for public health to local authorities opens the way to a bigger role for the participatory arts, which are delivered locally and often regarded as a means of individual and community empowerment.

Arts and cultural organisations have a valuable contribution to make to place-based commissioning strategies.

Along with the movement towards integration of primary and secondary health and social care is a focus on place-based health and care.[377] In 2014, the Local Government Innovation Taskforce called for a 'stronger local dynamic in the design of services, anchoring them in the places they operate to build in responsiveness, relevance and impact for people'.[378] In 2015, the King's Fund advised service providers to establish place-based systems of care that would best meet the needs of the populations they served, orientated towards NHS priorities and involving local and specialist expertise.[379] In 2016, the Place-Based Health Commission, chaired by Lord Adebowale, hailed the NHS and local government focus on place as the best hope for the future sustainability of the health system.[380] In 2017, the *Next Steps on the Five Year Forward View* identified that 'Across England, commissioners and providers across the NHS and local government need to work closely together – to improve the health and wellbeing of their local population and make best use of available funding'.[381] This acknowledged the inextricability of health from other factors under local control, such as housing, leisure and transport, and the relationship between the wider determinants of health and demand for services. It also explicitly avoided prescribing a particular organisational form and called for the targeting of resources at those experiencing the worst health outcomes and the genuine involvement of patients and communities.[382]

This strategy of being 'local by default' challenges the standardisation and the presumption of economies of scale that have prevailed over many years.[383] It potentially enables the resources of a community to be harnessed more effectively to health and wellbeing. In this chapter, we see that Greater Manchester is developing its own commissioning arrangements, intended to encourage innovation by placing responsibility with those who have access to knowledge about patients, advances in health and care and the latest clinical evidence.

The 2016 Culture White Paper stated a desire for 'more local leaders to grasp the potential of culture to achieve their vision for their community, and to put culture at the forefront of their strategies'.[384] An LGA report called *People, Culture, Place* published in 2017 looked at examples of cultural assets being used to shape the places in which we live. This argued that 'there has never been a better time for councils to lead local action that builds on the contribution of the arts, culture and heritage in creating prosperous, healthier, stronger and happier communities'.[385]

The British Academy's Where We Live Now project found that 'At a time when, it is clear, many people feel increasingly disconnected from those who make decisions, place offers a means of reconnection, more sensitive and appropriate policy-making, and better outcomes in terms of our individual and societal wellbeing'.[386] More specifically, the project urged greater attention to health, wellbeing and quality of life, through a long-term perspective and integrated planning responsive to local need.[387] This led to the recommendation that 'specific place-based

Greater Manchester Devolution

In England, Greater Manchester has been the first region to take advantage of the transfer of health and social care powers away from central government.

This new era began on 1 April 2016, when the Greater Manchester Combined Authority (comprising 37 NHS organisations and local authorities) took control of health and social care budgets worth more than £6bn. For the first time, local elected leaders and clinicians are able to tailor budgets and priorities to meet the needs of local communities according to the Marmot principles. This will involve improving the health, wellbeing and long-term outcomes of 2.8 million residents, many of whom have a lower life expectancy and lower healthy life expectancy than people in other parts of England. In order to achieve a radical change, at scale and across the whole range of services, the focus is being put on people and place, rather than organisations, and it is taking account of the impact of air quality, housing, employment, early years, education and skills across the life course.

An ambitious five-year plan set out ways in which people will be enabled to start well, live well and age well, and it anticipated savings being made in the longer term.[388] *Next Steps on the Five Year Forward View* cited Greater Manchester as an example of partnerships being formed between the NHS, local government and the third sector, giving rise to wider strategic leadership for health and social care.

The five-year plan was accompanied by a population health plan which acknowledged the long history of arts and health activity in the region and stated an intention to 'position the strong inter-relationship between arts and individual and community health as one of the key foundations of building sustainable and resilient communities across Greater Manchester'.[389] People will be encouraged to make art and to connect with the resources and capacity of local cultural organisations.

The next iteration of the population health plan will include a programme of arts activity in health and social care and in social action on wellbeing. The programme will make explicit the benefits for people of engaging in art, becoming active in their communities and gaining more control over their lives. This strategy will emphasise the social aspects of arts engagement and support individuals and communities to do more for their own health and wellbeing. It is intended that the arts and culture will be integrated into sustainable partnerships with health service commissioners and providers, making arts activity a core element of future planning. In the meantime, under the banner of Live Well Make Art, a grassroots group of arts and health commissioners and practitioners is helping to build health as a social movement by stimulating discussion of, and demand for, the arts based on a growing understanding that they are good for health and wellbeing.

elements e.g. heritage, arts, culture and environmental attributes should form a positive part of plans rather than being seen as optional extras'.[390] In the same publication, Professor Ruth Finnegan evoked ways in which the power of place is captured in music, poetry and colour.[391]

Increasingly organisations within and beyond health and social care are working together to serve whole communities.[392] In Halton – a Well North pathfinder and one of ten demonstrator sites being supported as part of the NHS England Healthy New Towns initiative – creative solutions are being applied to some of the most pressing health and social care challenges.[393] Studio-based organisations in Runcorn and Widnes have become strategic partners. Halton CCG has issued a Cultural Manifesto for Wellbeing, which recognised the context in which people live to be the most important determinant of life expectancy. The manifesto embraced a community-wide approach, aimed at addressing the root causes of health, and it acknowledged the importance and interdependence of the arts and heritage, environment and sport in this socially valuable endeavour.[394]

Equally, strategies responding to place enhance wellbeing. Poems on the Underground, which has received substantial funding over three decades from ACE, Transport for London and the British Council, displays 18 poems over the course of a year in underground train carriages.[395] Estimated to reach 3.5m passengers every day, published versions of the collected poems have sold 250,000 copies as evidence of their popularity. Creator of Poems on the Underground, Judith Chernaik, said 'What we've been told repeatedly is that people love the poems because they offer a moment of quiet reflection, they are pleasurable, consoling, illuminating'.

5.5 Arts on Prescription

In October 2013, the Prime Minister announced a new £50m Challenge Fund to improve access to general practice and stimulate innovative ways of providing primary care services; in September 2014, further funding of £100m was announced.[396] In April 2016, the *General Practice Forward View* acknowledged the increasing demands being placed on GPs and announced an additional £2.4bn a year for general practice by 2020–21.[397]

An estimated one in five GP visits is made for psychosocial, rather than medical, reasons,[398] which equates to the cost of 3,750 GPs' salaries.[399] Professor Stephen Pattison, Honorary Fellow of the Royal College of General Practitioners (RCGP), posits that the 'job, the skill and the satisfaction of GPs [is] to mediate between data and facts of various kinds and the subjectivity of patients, learning from both and arriving at a satisfactory outcome in which in some sense patients feel better able to engage with their lives'.[400] The *General Practice Forward View* drew attention to the merits of social prescribing.

Consistent with WHO recommendations, social prescribing aims to address the broader causes of ill health by seeking solutions to psychosocial problems beyond the clinical environment.[401] This may initially involve a GP, nurse, mental health professional or charity staff member referring someone to a voluntary, community or faith organisation offering access to advice, education, exercise, gardening, self-help, volunteering or arts activities. A range of community-based creative activity is also accessed without any kind of referral from a health professional. Despite the terminology of prescription,[402] a non-clinical link worker is often involved in co-designing programmes according to patient need. In Halton, for example, community navigators act as a bridge between GPs and patients, directing them to community-based services.

A 2015 review found that the most common outcomes of such community referral schemes were: increases in self-esteem and confidence; a greater sense of control and empowerment; improvements in psychological wellbeing; and reductions in anxiety and depression.[403] The Social Prescribing Network has identified the potential of social prescribing to 'catalyse health-creating communities that strengthen their ability to care for themselves and each other'.[404] As a consequence, areas in which social prescribing is in operation report reductions in GP visits.

While social prescribing tends not to be cost neutral at the start because of set-up expenses, it provides a cost-effective strategy in the medium to longer term. Rotherham CGG projects a return on investment of £3.38 for every £1 spent after five years.[405] At the same time, such initiatives require continued investment if they are to remain effective.

Social prescribing is fast becoming a national priority in NHS England. Over 400 general practices in England regularly refer their patients to take part in activities in the community, often with a focus on prevention, early intervention and the management of long-term conditions.[406] Dr Michael Dixon, Co-Chair of the Social Prescribing Network, has been appointed as National Clinical Champion for Social Prescribing by NHS England. Dr Dixon told us that every GP should have access to social prescribing by 2019. Training courses are being offered to public sector commissioners, and the RCGP offers an online course to clinical staff.[407]

London Voluntary Service Council and the Healthy London Partnership maintain a map of

Artlift Arts-on-Prescription Scheme

Arts on Prescription Gloucestershire is a primary care-based scheme set up by a GP, Dr Simon Opher MBE, in response to frequent visits by patients experiencing depression and anxiety.

Seed funded by ACE, the scheme is now supported by Gloucestershire CCG and Wiltshire County Council and operated by the charity Artlift across nine surgeries and community spaces in Gloucestershire and five pilots in Wiltshire, with reach into deprived areas.[408] Health professionals refer patients with a wide range of conditions – from depression and anxiety to chronic pain to stroke – to take part in an eight-week course of two-hour sessions, led by a professional artist working in poetry, ceramics, drawing, mosaic or painting. Participants are encouraged to pursue their own creativity in a studio-like, rather than medical, environment. Artists have regular training in clinical supervision and safeguarding, to ensure they are able to identify cases where patients need to be referred back to their clinician. Adopting an assets-based approach to health and wellbeing, the goal of the programme is to encourage and assist the self-management of long-term conditions in the community.

Russell, who was referred to Artlift with physical and mental health problems after suffering a serious stroke, attended for six months. He began painting expressionistic portraits of people who interested him, which helped to rid him of anxiety and stress. He no longer takes anti-depressants and, although his depression has not completely gone, Russell describes how he locks himself away and paints until he feels better. Among the portraits Russell has painted is that of Bishop Rachel at Gloucester Cathedral, which has been purchased by the diocese. Russell has had several exhibitions and received ACE funding; he now mentors others at Artlift.

In 2009–10, University of Gloucestershire conducted an evaluation of Artlift. The quantitative aspect looked at the nature of referrals and their effect on subjective wellbeing (WEMWBS); the qualitative aspect focused on the experiences and opinions of the artists, health professionals and patients involved. This found a significant improvement in wellbeing, improved mood and enjoyment of creative activity.[409] The University has continued to collate data for the project, and, in both 2014 and 2017, the evaluation was updated and reported the same results but with much larger sample sizes.[410]

A cost benefit analysis of Artlift counted face-to-face GP consultations in the year before and the year after an artist had seen patients; at the same time, health spending data (hospital admissions) were collected. This showed that GP consultation rates dropped by 37 percent and hospital admissions by 27 percent. Taking account of reductions in costs to the NHS against the cost of Artlift interventions, this represented a saving of £216 per patient.[411] Herein lie significant potential savings for the NHS as part of a wider place-based, person-centred commissioning strategy.

Many Artlift participants have been inspired to continue pursuing their creative practice, either at home or by setting up new groups.[412] This represents an example of the kind of independent peer-to-peer activity incited in the *Five Year Forward View*, at no extra cost to the NHS.

social prescribing in London.[413] A Local Information System for Scotland signposts people to health and wellbeing services in the community, including those which may be described as social prescribing. Responding to the prevalence of chronic conditions and an ageing population, the LGA has produced a useful guide for local authorities, linking social prescribing with services being offered by councils and via their public health work.[414] Tower Hamlets offers a social as well as a medical prescription, and Gloucestershire is about to follow suit.

A 2007 review of social prescribing in Scotland included a section dedicated to arts on prescription.[415] Yet, despite the fact that arts on prescription predates discussions of social prescribing, there remains an absence of emphasis on the arts within current thinking.[416]

As an effective antidote to physical and psychological pain, arts participation forms a vital part of social prescribing.

In 1984, the incoming minister of the church at Bromley by Bow, Andrew (now Lord) Mawson, and his wife Susan founded a community-based centre.[417] The centre quickly came to include a dance school and various art studios and workshops and eventually led to the creation of the UK's first Healthy Living Centre, incorporating a GP surgery, in 1997. Nowadays, the centre is committed to overcoming deprivation in the area by focusing on vulnerable young people, adults and families.

A decade later, an arts-on-prescription service was set up in Stockport, offering visual art and music projects to women with postnatal depression and those at risk of developing it. Evaluation showed that all of the mothers taking part in arts activity experienced improvements in their general health (using the General Health Questionnaire 28) and all but one a reduction in their levels of depression (using the Edinburgh Postnatal Depression Scale).[418] This was later substantiated with evidence of diminishing GP visits and increasing social participation. One of the conclusions drawn from this pilot was that arts engagement might be considered as a preventative measure during the antenatal period. While funding for the Stockport service was lost, access to participatory arts activity has since been prescribed around the UK.

Many organisations exist to offer arts activities, whether explicitly termed arts on prescription or not, to people experiencing psychological and physical distress. Such activities generally comprise non-clinical, group-based art programmes – such as drawing, painting, sculpture, printmaking and pottery – which aim to improve the health and wellbeing of participants.[419] Consistent with the approach advocated by the Mental Health Taskforce, they tend to treat the person and not the diagnosis; they are person-centred, rather than illness-centred, and encourage a multidimensional approach. As part of the Cultural Commissioning Programme, NCVO has produced a useful overview of landmark arts-on-prescription schemes and their methods of evaluation.[420]

At the round table on Arts on Prescription, Gavin Clayton, Director of Arts and Minds (which is taken as a case study in chapter seven), emphasised that such activity was active, rather than passive, requiring the involvement of the referring GP and the patient. Andrew Marr notes that 'Perhaps it's partly that painting, like gardening, like making music, is a physical activity as well as a mental one. You have to stand and mix and grind and stab'.[421]

Arts participation has been made integral to some healthcare facilities, such as the GP practices in Gloucestershire and Wiltshire mentioned in the case study provided in this chapter. At the round table on Place, Environment, Community, we heard from the Director of Kentish Town Improvement Fund, Melissa Hardwick, about the efforts being made to engage the community in flexible creative spaces housed inside Kentish Town Health Centre.

Another Greater Manchester-based exemplar of this way of working is Inspiring Minds, funded by Salford CCG and run by Start in Salford, an organisation shaped by local service users. People experiencing mild, moderate or more severe and enduring mental health problems are referred to the programme through primary or secondary mental health services. Inspiring Minds offers members two-hour weekly studio-based creative workshops for between six and 18 months, combined with a personalised support and recovery package designed to build confidence, resilience and self-esteem. Professional artists lead each group, and participants are encouraged to consider themselves aspiring artists, rather than mental health service users. In addition to various validated wellbeing scales, Start subscribes to a theory of change model, which uses self-evaluation to gauge the impact of activities from participants' perspectives. This is captured in a short film exploring the relationship between Start's approach and the 'five ways to wellbeing'.[422]

The example of Start in Salford shows that some people who discover an aptitude for art through health and wellbeing routes go on to excel at art school. This was identified as an area for development by a service user at our Young People, Mental Health and the Arts round table, who distinguished between art as an activity and art as a practice and called for viable career paths for people discovering the arts through health and wellbeing. In this regard, Arts Award – a nationally recognised series of qualifications that support people up to the age of 25 to develop as artists and arts leaders – may be relevant.[423]

In 2012, the Mental Health Policy Group, chaired by Lord Layard at LSE, established the cost-effectiveness of psychological interventions for people with physical symptoms.[424] The year before, NHS England had invested £400m in Improving Access to Psychological Therapies (IAPT), extending for a further four years a programme that had been provided by the NHS since 2007. Arts-on-prescription activities have been found to enhance the results of IAPT.[425]

NICE advises low-intensity psychosocial interventions for mild to moderate depression, including mindfulness-based cognitive therapy, but, surprisingly, no recognition is made of the arts as a form of psychosocial intervention.[426] We hope that NICE will look afresh at arts-on-prescription programmes for psychological and physical pain. We believe there are good reasons for NICE to review its guidance in relation to the arts.

Dr Theo Stickley at the University of Nottingham has conducted qualitative research into arts on prescription, holding numerous interviews with service users and referrers. This shows that people first need to feel safe and accepted for who they are in a non-judgemental environment. At the round table on Arts on Prescription, Dr Stickley described how, once this condition has been met, what emerges is a 'very natural peer support that we cannot prescribe'; in turn, this produces a sense of belonging and social identity. As he put it, 'We need to trust in humanity' for the value of this work to be realised.

An evidence dossier, published by Arts and Minds in 2015, stated that 'Looking forward, one of the long-term aspirations of the movement is that care packages for people with chronic conditions include payments for arts interventions, as they currently do for medication and other clinical interventions'.[427] To achieve this, more needs to be done to improve understanding and take-up of arts-on-prescription programmes.

In the first place, awareness needs to be raised of the existence of arts-on-prescription programmes and how they fit into the social prescribing landscape. The majority of GPs are said to be still unaware of them. Organisations delivering arts on prescription would do well to make themselves known to the Social Prescribing Network so that they may be included in any future databases of activity. Similar strategies may be relevant in Scotland, Wales and Northern Ireland.

At the round table, Programme Manager at Arts for Health Milton Keynes, David Hilliard, noted that social prescribing sits in a 'grey area between clinical provision and social activities'. While the non-medical atmosphere is attractive to participants, it is less so for health professionals with a duty of care to their patients. Several strategies for overcoming this were discussed. They included establishing a better standing for arts-on-prescription activities outside the category of 'self help', and offering courses not only to GPs but also to arts professionals working with vulnerable people. At the Social Prescribing Network launch, City and Guilds health training was mentioned; at the round table, accreditation was mooted.

Once clinicians have been persuaded to prescribe the arts, clear and trackable pathways need to be in place, including the option of people being referred back to their GP if necessary. At the round table, a representative from HEE, Gaye Jackson, suggested that arts on prescription might be made part of the Making Every Contact Count agenda for all clinicians and support staff.[428]

Just as is happening in the health and social care sectors, infrastructure and leadership will need to be developed in the community sector. As in the wider arts and health landscape, gaps in provision will have to be filled. Some local authorities, such as Hackney Council, are working with the health service to co-create much-needed services.[429] In Rotherham, representatives of VCSE organisations to which patients are referred attend case conferences at which patient needs are discussed. No complaints have been received from either doctors or patients, despite more than 4,000 people passing through the system, and community organisations are in receipt of three-year, rather than short-term, funding.

More than 60 percent of social prescribing schemes lack formal evaluation, with those funding the activity tending to be reluctant also to fund evaluation. At the round table, it was agreed that better evaluation was needed. Ideally, a consortium of organisations offering arts-on-prescription activities would pool evaluations to yield a sizeable dataset. If such collective evaluation would benefit from coordination, the new strategic centre for arts and health which we recommend could perhaps become involved. There is also scope for international cooperation on evidence gathering, and we learnt that Denmark has a €1m social prescribing fund for cultural organisations.

5.6 Museums, Libraries and Health

The Museums Association estimates there are some 2,500 museums and galleries in the UK.[430] A survey conducted by the NAMHW found over 600 different museum-based programmes targeting health and wellbeing outcomes.[431] The great majority of these programmes were for older adults, particularly people with dementia, but there was also activity supporting mental health service users and delivering public health education programmes.[432]

Museums and galleries offer a non-clinical, non-stigmatising environment in which to undertake journeys of self-exploration.[433] PHF's Our Museum initiative encourages museums and galleries to play a significant and enduring role in their community,[434] and the case is being advanced for them to be considered part of the public health milieu.[435] Much more could be done to address health and wellbeing by cultural institutions as part of their wider role within the VCSE sector. However, at a round table on the Care Act, Dr Dave O'Brien made the point that many arts organisations are struggling to survive and will find it very hard to elaborate their work.

The Heritage in Hospitals research project (2008–11), run by UCL, took items from the collections of the British Museum, Reading Museum and Oxford University Museum into hospitals and care homes. The project involved over 300 patients and residents and assessed the impact of a 30- to 40-minute museum object-handling session. Psychological and subjective wellbeing measures were used before and after sessions, alongside qualitative analysis.[436] Quantitative measures showed significant increases in participants' wellness and happiness scores.[437] Qualitative analysis revealed that museum objects provided personal routes to stimulation, self-exploration and distraction.[438] In follow-up work, the Museum Wellbeing Measure and Toolkit was developed, containing various approaches for assessing the impact of museum activities on psychological wellbeing.[439] A national framework for evaluating the community impact of museums engagement is being developed by the University of Cardiff and the National Museums of Wales.

Not So Grim Up North is a research project (2015–18) funded through the ACE Research Grants Programme. A collaboration between researchers at UCL and the Whitworth Gallery, Manchester Museum and Tyne & Wear Archives & Museums, its objective is to develop a framework for assessing the impact of activities across different audience groups and settings. A preliminary study showed that creative museum sessions improved confidence, sociability and wellbeing in participants accessing mental health and addiction recovery services.[440] Full findings will be available in late 2017 and will provide another framework for assessing the impact of museums and galleries.

In 2015, the Association of Suffolk Museums received funding from HLF and Suffolk County Council to use the arts and heritage to improve mental health and wellbeing under the title of Creative Heritage in Mind.[441] This one-year project, supported by staff at Norfolk and Suffolk NHS Foundation Trust and led by an artist, brought small groups of people together to respond creatively to intriguing objects and artworks from various museum collections. The project culminated in exhibitions of participants' artworks, three exhibition booklets and a short film. Quantitative measurement (WEMWBS) showed improvements in subjective wellbeing, and qualitative evaluation pointed to increased engagement with the arts and heritage having generated improvements in confidence, motivation and insight.

Another HLF project, delivered by Manchester Museum and the Imperial War Museum in Salford (2013–16), looked at the impact on people from deprived communities of volunteering in 10 museums and galleries in Greater Manchester. Among the 231 participants to Inspiring Futures, 75 percent reported significant improvements in wellbeing after a year and 60 percent sustained these improvements over two to three years. Several people found their way into education or employment, and a social and economic return of £3.50 was calculated for every £1 invested.[442]

While the contribution of cultural venues to health and wellbeing is being recognised in certain quarters, access continues to pose a challenge. In chapter two, we saw that visitors to museums and galleries are predominantly prosperous, well educated and in the 55–74 age range. By contrast, the over-74s and older people who are isolated, frail, from minority ethnic backgrounds, living on low incomes or outside their own homes tend not to visit museums and galleries. This points to a range of economic, social, psychological and logistical barriers. A study of people aged between 60 and 92, who made three visits to contemporary art galleries in the north-east of England, found that participants with a higher educational level and a history of arts engagement tended to respond differently to the art and its interpretation to those who had not previously engaged with the arts.[443] This suggests that museum programmes need to be tailored to visitors. Recognition of the health and wellbeing benefits of the arts might be made in the Museums Association's Code of Ethics for Museums.

UNESCO articulates a belief in public libraries as a 'living force for education, culture and information, and as an essential agent for the fostering of peace and spiritual welfare through the minds of men and women'.[444] As well as being repositories of knowledge and literature, libraries are accessible safe spaces that are essential to people's wellbeing and can play a central part in the happy, healthy lives of people of all ages.[445] In this report, examples are given of the library network being used to encourage reading among children and adults and to offer creative sanctuary to refugees. However, 500 libraries and almost 9,000 librarians have been lost in the UK since 2010.[446]

Healthy Libraries is a partnership between public health and the libraries information service in Norfolk which has the aim of turning all libraries in the area into health and wellbeing hubs. In response to local need, Norfolk libraries are offering a range of information and activities including exercise, arts and crafts. The initiative has been welcomed by staff and public alike, and the activities have become integrated into the day-to-day running of libraries.[447] Building on the position of libraries at the centre of communities, a similar approach could be adopted throughout the library network, which would fit well with ACE's role as a development agency.[448]

5.7 Age-Friendly Cities and Communities

In an era of urbanisation, the Age-Friendly Cities and Communities initiative, launched by WHO in 2006, recognises the contribution of older people to society, makes provision for their diverse needs and promotes their inclusion in all aspects of community life.[449] It thinks about: outdoor spaces and buildings; transport; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; community support and health services. Cities including London, Nottingham and Edinburgh are taking part in this initiative,[450] and all 22 of the local authorities in Wales have signed up to it.[451]

Although the arts are not specifically mentioned as part of the Age-Friendly Cities initiative, examples are provided in this report of the arts intersecting with several vital areas of urban life – including the design of public spaces and buildings, employment and social participation.[452] In 2007, Age-Friendly Manchester was launched, uniting 19 cultural organisations 'to extend the reach of the city's world-class arts and culture to older people in Manchester'.[453] Four years later, a cultural champions scheme was inaugurated, which sees ambassadors within local communities raising awareness of the cultural events taking place there and encouraging older people to attend and contribute. An age-friendly cultural coordinator, funded through public health and based at the Whitworth, supports cultural organisations and more than 150 cultural champions to tell a different story about urban ageing.

Since 2010, the Baring Foundation has been concentrating its funding on older people experiencing deprivation and discrimination (beyond ageism), including poverty, isolation, health problems, racism and sexism.[454] The Age-Friendly Museums Network, supported by the Baring Foundation and hosted by the British Museum, encourages the sharing of good practice and partnership working between health, social care and museum professionals.[455] A report by the Oxford Institute of Population Ageing on the challenges and benefits of an ageing population for museums and galleries examines the changing demographics not only of audiences but also of volunteers.[456]

Dovetailing with the age-friendly museums initiative is that of age-friendly hospitals, an international phenomenon that is beginning to be adopted in the UK. Trafford General Hospital, for example, aims to become a centre for excellence for the rehabilitation and care of frail older patients. In this undertaking, it recognises the therapeutic benefit of the arts not only for patients but also for carers and staff.[457]

5.8 Dementia-Friendly Communities

Alzheimer's Society defines a dementia-friendly community as a 'city, town or village where people with dementia are understood, respected and supported, and confident they can contribute to community life. In a dementia-friendly community people will be aware of and understand dementia, and people with dementia will feel included and involved, and have choice and control over their day-to-day lives'.[458] The society has looked at the role of arts centres within such communities and published a guide to creating dementia-friendly arts venues, funded by the Prime Minister's Dementia Friendly Communities initiative.[459] This is based on an understanding that the 850,000 people in the UK diagnosed with dementia and their informal carers (approximately 700,000 people) represent a significant audience that arts venues may have overlooked.

Carers play an essential part in enabling people

with dementia to remain in their own homes and out of residential care, which represents considerable savings to the social care system. Alzheimer's Society recommends a proactive approach in which the needs of people with dementia and their families and carers are acted on as part of a networked strategy involving specialist dementia-based organisations. House of Memories in Liverpool offers training programmes for the carers of people with dementia. Alzheimer's Society also calls for volunteers to help someone with dementia to do something they love 'From going for a stroll in the park to joining an art class together'.[460]

Cultural venues, including museums, galleries and libraries, will increasingly play a part in communities which are healthy, age- and dementia-friendly and compassionate.

As a separate initiative in Wakefield, all museum staff have undergone Dementia Friends training, Alzheimer's Society has provided advice about space and signage, and five multi-sensory resource boxes have been developed for people with dementia who are unable to reach the museums.[461] This work suggests that other cultural venues should become dementia-friendly.

Dementia Action Alliance aims to precipitate a society-wide response to dementia, supporting communities and organisations across England to enable people with dementia to live well while reducing the risk of costly crisis intervention.[462] The alliance has almost 5,000 members, and there is scope for many more cultural organisations to become involved.

The Greater Manchester devolution deal for health and social care is taking dementia as one of its priorities, including the creation of dementia-friendly hospitals. Dementia United aims to 'make Greater Manchester the best place in the world to live for people with dementia'.[465] This implies the pursuit of measurable increases in quality of life for people with dementia and their carers through evidence-based co-produced interventions. Manchester Museum and the Whitworth, together with the University of Manchester, piloted Coffee, Cake and Culture, offering tours around the collection for people with dementia and their carers. This is now part of the Health + Culture strand of work being conducted in Manchester. In light of the evidence presented in chapter eight, we hope that Greater Manchester's embrace of the arts in health will extend to the dementia strands of its work.

The Dragon Café

The Dragon Café, in the crypt of St George of the Martyr Church in Southwark, is open on Mondays between midday and 8:30pm.[463]

Founded by service users in 2003 and initially funded by GSTC and SLaM, the café was a response to the model of day centres in which people were 'parked' between periods of residential care. It is open to everyone who registers as a patron (by providing minimal personal details at the door). There are around 200 patrons, including people with lived experience of mental ill health. Patrons come from all over London. This non-hierarchical charity is run by a board of people with experience of mental ill health, which oversees eight members of staff and 50 volunteers, all of whom have undertaken safeguarding training.

As well as being a safe space with low-priced food and drinks, the café adopts what its founder, Sarah Wheeler, described as a 'multidimensional approach' to offer a free programme which conceives the arts as nourishment. The programme explores mental illness, recovery and wellbeing through a variety of creative activities such as dance classes, performances, open mic events and an art table. The focus is on quality and accessibility, with creative activity centred on personal narratives. The layout of the space allows for periods of relaxation and animation, and it encourages the sharing of tables and conversations.

Evaluation of the café, using the Mental Wellbeing Impact Assessment method, has pinpointed the impact of environment, culture and creativity on mental wellbeing. It has also identified that structure, routine, trust and safety confer confidence and self-belief.[464]

5.9 The Arts and Marginalised Communities

The concept of social capital recognises the importance of networks in sustaining solidarity and mutual support. In the words of the late arts and health researcher Mike White, 'good relationships are a major determinant of health'.[466] The American social scientist Robert Putnam has identified trust as a vital feature of social organisation.[467] Jane Jacobs, who advocated place-based, community-centred approaches to urban planning in the 1960s, pointed to casual social contact at a local level as central to building trust.[468] Arts engagement – which often involves casual social contact at a local level – is regularly cited as a forum for building trust.

Being marginal in society has a deleterious effect upon health.[469] The concept of marginalisation takes account of age, disability, social class, race and ethnicity, educational and housing status, experience of the criminal justice system, sexuality and gender identity. Marginalised people are at greater risk of developing mental health problems than people with social support.[470] BAME communities, for example, are less likely to seek access to psychological therapies, and opportunities for early intervention are being missed. This means that the first contact members of BAME communities have with mental health services may well be detention under the Mental Health Act, causing unnecessary distress and placing pressure on acute services.[471] By contrast to the prevailing pattern, BAME participants are well represented within arts activities orientated towards the restoration and preservation of mental health.

Participatory arts activities generate a safe space for marginalised communities.

There is a relationship between homelessness and mortality, with the average life expectancy for homeless people being 47.[472] As in other marginalised groups, the incidence of mental health problems among homeless people (four in five) is much higher than in the general population (one in six). The Homeless Library, a collaboration between Arthur + Martha and Manchester's homeless population, invites people to reflect on their personal histories through art and poetry.[473] In this context, art-making offers a temporary haven for people who have no home of their own; it offers time away from fear and intimidation; it offers scope to begin healing. This is just one of the personal histories that has emerged from the Homeless Library:

> *Laurence is a man who grew up witnessing extreme violence. As a child, he was malnourished and often ate dog food because he didn't have anything else. Now, instead of self-medicating with continuing substance abuse, he writes poetry and grows a garden. He's self-medicated with art. He treasures both the poetry and the gardening. Laurence says, 'There's a genius in everyone and this has the ability to bring it out. I was a piece of detritus on the street and they found gold winning, cup winning me. I was excrement and I found a garden. From excrement I have become compost.*[474]

On a related note, the high proportion of addiction among marginalised people was addressed in an international project led by Portraits of Recovery between 2012 and 2014.[475] The Director of Arts for Health, Clive Parkinson, involved disenfranchised people from the UK, Italy and Turkey in high-quality artistic experiences, with artists acting as facilitators of social change within recovery from substance misuse. Building on ideas in the USA Bill of Recovery Rights, a shared statement – *The Recoverist Manifesto* – was developed, which attempted to dispel the myths associated with substance misuse, reframing addiction as a cultural issue and recovery as a civil rights concern.[476]

The organisation Charter for Compassion seeks to establish and sustain cultures of compassion locally and globally through diverse sectors including the arts, education, the environment, healthcare and social justice. As part of this initiative, Compassionate Communities have been envisaged which ensure that:

> *[...] the needs of all the inhabitants of that community are recognised and met, the wellbeing of the entire community is a priority and all people and living things are treated with respect. [...] A community where compassion is fully alive is a thriving, resilient community whose members are moved by empathy to take compassionate action, are able to confront crises with innovative solutions, are confident in navigating changes in the economy and the environment, and are resilient enough to bounce back readily from natural and man-made disasters.*[477]

Such a community is part of a mature, preventative public health strategy, an exemplar of which is provided by the West Midlands, which has adopted Marmot principles to tackle health inequalities.[478]

The emphasis on place as an organising principle for public service design and delivery, combined with the integration of public budgets to commission services, signals an important opportunity for arts, health and wellbeing to feature in local health and wellbeing strategies. This will be particularly relevant to arts providers working at a level at which they can be part of a local ecology with other VCSE organisations.

Our vision is of the arts playing a central part in the healthy communities of the future. New health and social care buildings will be designed with healing in mind, and public spaces will encourage fruitful human interaction. Social relations in a multiplicity of aspects will nurture good health and social care ecologies. There will be a better balance between the management of crisis and the maintenance of health and wellbeing. We will draw upon resources found within communities, with third-sector organisations, including arts organisations, playing an integral part in networks of care.

GP surgeries, hospitals, care homes and hospices will welcome artists and harness their artistry to improving the health and wellbeing of citizens. Staff in health and social care organisations will express their creativity, enlivening their working lives and those of their patients. Community hubs, among them cultural venues, will be home to participatory creative activities for people of all ages and means, and doctors will confidently refer their patients to them. People taking part in creative activities will be healthier, happier and more resilient, and these positive effects will reach into the surrounding community.

Lady Nade Trio at the Fresh Arts Festival, Southmead Hospital Bristol

Producer: Willis Newson
Photographer: Clint Randall

6 Childhood, Adolescence and Young Adulthood

6 Childhood, Adolescence and Young Adulthood

"When I look back, I am so impressed with the life-giving power of literature. If I were a young person today, trying to gain a sense of myself in the world, I would do that again by reading, just as I did when I was young."

Maya Angelou

The *Marmot Review* told us that 'The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status'.[479] Studies show that children who grow up in poorer households are more susceptible to disease in later life and have lower life expectancies.[480] The Children and Young People's Health Outcomes Forum, established by the Secretary of State for Health in 2012, found that 'more children and young people under 14 years of age are dying in this country than in other countries in northern and western Europe', leading to the recommendation that closer attention be paid to inequalities within the wider health system.[481] As we begin our journey through the life course, let us look at how the conditions in which we are born and grow affect our health and how the arts contribute to the betterment of both.

6.1 Gestation and Birth

A review conducted by UCL Institute of Health Equity, set up to implement the recommendations of the *Marmot Review*, highlighted the importance of mothers' actions before and after the birth of their children, particularly in terms of nutrition, smoking, consumption of alcohol, substance misuse and breastfeeding.[482] Looking more closely at one of these factors, the British epidemiologist, the late Professor David Barker, showed that maternal under-nutrition, even for a short period, during the second half of gestation, led to babies with a low birth weight and a greater likelihood of developing coronary heart disease, stroke and diabetes.[483] A study conducted within deprived communities in London found that, of those people who engaged with the arts, 79 percent ate more healthily, 77 percent engaged in more physical activity and 82 percent enjoyed greater wellbeing.[484]

The most common reason for hospital admission in England is childbirth. The duration of labour has been found to be more than two hours shorter and requests for pain relief lower when an artist-designed screen has been installed in the delivery room.[485] Listening to self-selected music distracts women from the pain of childbirth[486] and diminishes anxiety about caesarean section.[487] As part of Creative Practice as Mutual Recovery: Connecting Communities for Mental Health and Well-being – an international health humanities initiative supported by the AHRC – the Birth Project found that arts participation could enhance understanding of the birth experience, aid in the transition to motherhood and increase the confidence, self-esteem and wellbeing of mothers.[488] This suggests normalising arts interventions in maternity units.

The heart rate of new-born babies is positively affected by the playing of lullabies.[489] The use of live music in neonatal intensive care has been found to lead to statistically significant improvements in clinical and behavioural states in premature babies, leading to considerably reduced hospital stays.[490] A Celtic harp played in the Special Care Baby Unit at Gloucester Royal Hospital calms babies and mothers alike and assists parent–child bonding.[491] A visual art project at Southern General Hospital in Glasgow alleviates the stress of parents waiting at bedsides, simultaneously providing a welcome distraction from, and a focus of artistic attention onto, their premature babies.[492]

6.2 Perinatal Mental Health

One in five mothers suffers from anxiety, depression or, in some cases, psychosis during pregnancy or in the first year after childbirth. Suicide is the second leading cause of maternal death after cardiovascular disease.[493] Maternal depression in the period immediately before or after birth is estimated to carry a long-term cost to society of about £8.1bn for every annual cohort of births in the UK. This equates to just under £10,000 for every birth in the country, 72 percent of which relates to adverse impacts on the child rather than the mother.[494]

After CQC identified a need for better consultation with the families of people with mental health needs at Devon Partnership Trust, Consultant Psychiatrist and regional and associate national lead for perinatal mental health at NHS England, Dr Jo Black, worked with the Director of ForMed Films, Emma Lazenby, to produce an animation called *My Mum's Got a Dodgy Brain*.[495] This is an excellent example of a narrative-based arts approach in public health education.

In September 2014, a Children and Young People's Mental Health Taskforce was set up, co-chaired by DH and NHS England. This acknowledged the strong link between parental (particularly maternal) mental health and that of their children.[496] Early intervention is crucial, yet the *Five Year Forward View for Mental Health* estimated that 'fewer than 15 per cent of localities provide effective specialist community perinatal services for women with severe or complex conditions, and more than 40 per cent provide no service at all'.[497] The Health Select Committee recommended that this uneven provision be addressed urgently.[498] The *Five Year Forward View for Maternity Care*, which emerged from a National Maternity Review chaired by Baroness Cumberledge, highlighted an urgent need to compensate for historic underfunding and provision in perinatal and postnatal mental healthcare.[499] *Next Steps on the Five Year Forward View* stated an aim of helping 9,000 more mothers by 2018–19.

Psychosocial factors, such as stress, are known to have an impact on perinatal mental health. The chronic stress precipitated by low income adversely affects parent–child bonding and parenting ability, which has a knock-on effect on children's long-term development.[500] The *Marmot Review* noted that depression and social isolation, which also follow the social gradient, have a negative impact upon mother–child bonding and that this can be overcome by supportive interventions.[501] In the previous chapter, we reviewed evidence of an early arts-on-prescription activity in Stockport that helped to both prevent and overcome postnatal depression. More recently, a study, a pilot project and an ongoing community initiative have demonstrated the value of the arts to perinatal mental health.

Visual art and music relieve the pain and anxiety of childbirth, lead to weight gain in premature babies and encourage parent–child bonding.

The study – led by the Centre for Performance Science, a consortium comprising Imperial College London, the Royal College of Music and Chelsea and Westminster Hospital, funded under the ACE Research Grants Programme and involving 148 participants – looked at the impact of group singing on women with postnatal depression, as compared to either creative play or a combination of antidepressants and psychotherapy. Every week for ten weeks, in hour-long weekday afternoon music workshops, women listened to, learnt, wrote and sang songs with their babies. Affection shown by parents to their offspring in the early days of life has been seen to produce a lifelong reduction in the stress hormone cortisol.[502] The Music and Motherhood study suggested that singing led to faster recovery from postnatal depression than in either of the control groups, reducing cortisol, stimulating a positive emotional response and promoting mother–child bonding. The impact was more pronounced in mothers with severe postnatal depression, who recovered a month faster than either of the control groups.[503]

The pilot – initiated as a co-production between Southwark Council's nurse-led Parental Mental Health Team and South London Gallery, funded by GSTC and led by artists at the gallery and three local children's centres – worked with mothers experiencing mental distress and their children under the age of five. Between January 2013 and December 2014, six Creative Families programmes ran with a total of 46 mothers and 61 children. Only 28 percent of participants identified as white British, which serves as further evidence of the overrepresentation of members of BAME communities within mental health services and the success of arts and health programmes in reaching this demographic. Over the course of the 10-week art and craft programme, mothers experienced a 77 percent reduction in anxiety and depression and an 86 percent reduction in stress. They increased in confidence and self-determination, and their sense of isolation decreased. Mother–child attachment improved, and the emotional,

social and cognitive development of the children was stimulated.[504] Following the pilot, funding from the mental health team was secured to enable the project to continue.

The ongoing initiative – Dreamtime Arts, delivered by Wellspring Healthy Living Centre, part of Bristol Arts on Referral Alliance, in one of the most deprived parts of Bristol, with a BAME population of 55 percent – uses the arts as a therapeutic activity for mothers of pre-school children who are experiencing poor mental health and wellbeing, including postnatal depression. Many of the participants face persistent social issues, including poverty, unemployment, poor housing and social isolation. Some are asylum seekers; others are survivors of domestic violence and abuse. Three 10-week arts courses run throughout the year while children are cared for in a nearby crèche. Activities absorb participants, offering respite from their anxieties (57 percent reduction). At the same time, Dreamtime Arts is a bridge to primary mental health services, about which there is persistent stigma, with many mothers going on to access services and other support.[505]

Art, craft and singing help mothers to overcome postnatal depression, promote parent–child bonding and improve children's mental health and wellbeing.

These three examples suggest that local authorities might ensure that health visitors, midwives, GPs and antenatal teachers are informed of the health and wellbeing benefits of arts participation for expectant mothers and those with pre-school and school-age children, and that these benefits are communicated to expectant and new mothers. Where there is little or no provision, local authorities might encourage partnership projects with local arts organisations.

6.3 Early Childhood Development

The *Marmot Review* advocated policies that 'Give every child the best start in life'. This was repeated in the 2012 report of the Chief Medical Officer,[506] and it resulted in DH making an explicit commitment to giving every child the best start in life.[507] For all children to have a fair chance to develop their talents, proportional investment needs to be made across the social gradient.

It has been found that 20,000 fewer words per day are addressed to children from poor socio-economic backgrounds than their wealthier counterparts, which compromises linguistic development.[508] But the relationship between family income and early childhood development is not fixed.[509] Engagement with the arts can aid physical, cognitive, linguistic, social and emotional development. A wealth of evidence demonstrates a link between reading aloud to children and greater literacy and comprehension, informing such initiatives as Read On Get On and the Book Trust's guidance on reading aloud.[510] Reading Well, a programme for young people run by The Reading Agency, is available in public libraries across England as part of a wider books-on-prescription scheme.[511]

Housing quality correlates with mental health. Creative Homes acknowledges the household environment to be one of the paramount influences on a child's healthy brain development.[512] With 25 percent of children in London living in overcrowded conditions, rising to 43 percent in the social rented sector, and low incomes putting a strain on family relationships, Creative Homes identifies the need to avert consequential health and care challenges. The charity facilitates live arts experiences in London homes, including households in social or sheltered housing and dependent on income support, with one or more children under five. Trained artists, including storytellers, dancers and musicians, share with families skills that directly tackle the stresses of daily life. Funding comes from a range of sources including GSTC, ACE, local authorities and housing organisations. An analysis of Creative Homes showed a 64 percent improvement in the quality of household routines, a 23 percent increase in play at home and a 27 percent increase in singing with children.[513] This type of environmental improvement can be expected to reduce future demand on health services.

Addressing the needs of young children, especially those with diminished economic, social, physical and/or cognitive capacities, the research-driven organisation MovementWorks provides dance movement programmes designed to accelerate learning. Physical difficulties are often early indicators of developmental disorder as they mirror the neurological organisation of the brain. The Developmental Dance Movement programme is a multi-sensory whole-body learning experience which uses dance activity as a kinaesthetic tool to accelerate children's development in the early years. Weekly sessions of 35 to 45 minutes across the academic year involve various movement-based games and activities. Sessions are not focused on learning any particular dance style or steps, but they encourage children to practise physical and cognitive skills which aid overall developmental progress. Mixed-methods research shows accelerated learning and significant improvements in visual-motor integration and developmental maturity.[514]

Participatory arts and arts therapies enhance social, emotional and behavioural development in young people.

Programmes like Creative Homes and Developmental Dance Movement increase school readiness,[515] defined by the Government as the level of preparedness to succeed cognitively, socially and emotionally in school.[516] School readiness is unevenly distributed across the social gradient. Two in five children in London are not ready for school (increasing to four in five in poorer boroughs outside the capital), yet £1 spent on early care and education has been calculated to save up to £13 in future costs.[517] Sure Start Children's Centres could be sites for delivery of the arts for health and wellbeing, but one third of them have been lost since 2010.[518]

At UCL Institute of Education, Professor Susan Hallam reviewed evidence on the impact of music-making on the intellectual, social and personal development of children and young people. She concluded that 'There is considerable and compelling evidence that musical training sharpens the brain's early encoding of sound leading to enhanced performance on a range of listening and aural processing skills'.[519] Transformations in the brain develop quickly, but music practice needs to be sustained over time for these effects to be retained. Once developed, neurological shifts lead to improved motor skills and speech perception, contributing to language development, literacy and spatial reasoning, bearing a lifelong impact. Formal music practice requires sustained attention and the encoding of musical passages into memory, while playing in an ensemble requires goal-directed, pro-social behaviour and performing to an audience heightens self-belief. People who have learnt to play a musical instrument score better on tests across subjects and display a high degree of conscientiousness, openness to new experiences and enhanced emotional intelligence. The case study in this section looks at an ambitious programme that encourages young children, particularly those from disadvantaged backgrounds, to learn to play a musical instrument.[520] In November 2016, DfE committed £300m over four years to a series of music education hubs administered by ACE.[521]

Reading aloud to children increases literacy and comprehension and helps to narrow socio-economic differences in educational attainment.

Children with additional needs are able to express themselves through music. The connection between music therapy and autism spectrum disorder (ASD) has been explored since the 1970s.[522] A Cochrane Review of literature in this area found that 'music therapy may help children with ASD to improve their skills in primary outcome areas that constitute the core of the condition including social interaction, verbal communication, initiating behaviour,and social-emotional reciprocity'.[523] Music therapy is recognised as a psychological therapy by NHS England, NICE and the Office for Standards in Education, Children's Services and Skills (OFSTED).

The Time-A study is an RCT being conducted at 10 sites around the world, looking at the effectiveness of music therapy for children with ASD. The UK part of this project is being coordinated at Imperial College London and Anglia Ruskin University, funded by NIHR, and is due to report in 2017. Live Music Now delivers music workshops throughout the UK, in mainstream schools and for children with disabilities, learning difficulties and SEN.[524] Jessie's Fund helps children with additional and complex needs or serious illness to communicate by using music.[525]

The Key Club, run by Turtle Key Arts since 2003, responds to the lack of activity being offered to people with ASD leaving the education system (aged 16 to 30).[526] Easing the transition to adulthood and providing continuity with peers, monthly two-hour sessions of participatory visual and performing arts are offered in London and High Wycombe at an annual cost of £10. Evaluation points to the social and emotional benefits derived from group creative activity by both participants and parents.[527]

Sistema Scotland: Big Noise

In Scotland, there is a focus on the early years, and the arts play a part in this.

The Big Noise project, run by Sistema Scotland, works on the basis that 'children from disadvantaged backgrounds can gain significant social benefits by playing in a symphony orchestra'.[528] Drawing on a model established in Venezuela, tailored to local circumstances, Sistema Scotland has a mission to transform lives through music. In Raploch in Stirlingshire, Big Noise has been active since 2008, offering an immersive orchestral programme to pre-school and school-age children and young people. In Govanhill in Glasgow, it has been operating since 2013, initially during and after school for children in the first three years of primary education. Funded by the Scottish Government, local authorities and private sources, Big Noise pays explicit attention to the role that musical learning may have in tackling health inequalities. Neither an audition process nor a fee is necessary to participate, and efforts are made to involve children with complex needs in areas of low arts engagement. Excellence is pursued, with teaching provided by professional musicians and highly skilled and motivated participants being sought for public performances.

Longitudinal, mixed-method, controlled evaluation is planned over the life course of the children and young adults taking part in Big Noise, at the individual, familial, social, community and societal levels. The first phase of evaluation – conducted by the Glasgow Centre for Population Health in partnership with Audit Scotland, Education Scotland and Glasgow Caledonian University – was completed in March 2015. This demonstrated potential for improvements in health and wellbeing via seven pathways: engagement with learning (improved school attendance, confidence, diligence, linguistic and other skills); life skills (creativity, adaptability, problem-solving and decision-making skills, collaboration, cooperation and self-discipline); emotional wellbeing (gained from the enjoyment of playing music in a safe environment and a sense of belonging); social skills and networks (increasing cultural tolerance); respite and protection (from home stresses, alcohol, drugs and antisocial behaviour); musicianship; healthy behaviours (including diet and exercise). An analysis of tangible and intangible benefits showed a substantial net gain in social value, realised within six years of the programme beginning and increasing over the lifetime of participants.

Several local authorities in Scotland have expressed an interest in hosting a Big Noise project, and Torry in Aberdeenshire began one in 2015. A similar project is being coordinated by Sistema England, supporting programmes in Lambeth, Newcastle, Norwich, Liverpool, Telford and Stoke. In West Everton, where 52.9 percent of children are classed as living in poverty (two and a half times the national average), In Harmony is integrated into the school curriculum, in association with the Liverpool Philharmonic Orchestra. Statistical analysis has shown significant improvements in age-related achievements, leading researchers to conclude that the programme has a 'contributory effect on child development'.[529] In 2016, DfE committed to In Harmony £500,000 per year to 2018.[530]

The benefits of music have also been experienced by young people fleeing war and persecution.[531] Following a 2007 tour of Bosnia with a chamber opera, composer, Nigel Osborne, Emeritus Professor at the University of Edinburgh, was invited by the Bosnian Government to develop a youth musical theatre in Srebrenica. At the round table on the Arts and Post-traumatic Stress, Professor Osborne described how the Ministry of Health hailed the project as a therapeutic success, which led to its continuation and expansion into Kosovo, Chechnya, Palestine and East Africa. Music Action International, which works with young asylum seekers, refugees and torture survivors in the UK, won the *Guardian* Charity of the Year Award in 2016.[532]

Creative activities improve the quality of the household environment, stimulating healthy brain development in children.

A 2015 literature review published in the USA explored ways in which early childhood engagement in not only music-based activities (including singing, playing musical instruments and dancing) but also drama and the visual arts and crafts was linked to socio-emotional development.[533] The review compiled research showing a positive association between the development of socio-emotional skills and all the branches of the arts under investigation, while noting that low socio-economic level could delay or distort socio-emotional development and act as a significant barrier to arts participation.

Each child with untreated behavioural problems costs an average of £70,000 by the time they reach 28, 10 times the cost of their peers.[534] Two reviews have examined evidence relating arts engagement to health and behavioural outcomes in young people. The first of these studied the impact of performing arts in extracurricular school environments or community settings for 11 to 18 year olds. Literature published between 1994 and 2004 showed positive impacts for young people, especially in the areas of peer interaction and the development of social skills.[535] Building upon this, a second review examined literature published between 2004 and 2011, looking at the impact of music, dance, singing, drama and visual arts undertaken in non-clinical settings over the same age range. This established that 'arts/creative projects have the potential to address young people's sense of self-worth and life skills as a mechanism for promoting behaviour change and healthy lifestyles'.[536]

The Art Room is a national charity offering therapeutic interventions for children and young people who find it hard to engage with learning because of emotional or behavioural difficulties.[537] These difficulties may arise as a result of family circumstances, bereavement, trauma or maltreatment. Every week, the Art Room works with over 500 children and young people aged between five and 16, providing a safe and inspiring studio environment within more than 40 primary and secondary schools in Oxfordshire, London and Edinburgh. Trained practitioners work with groups of children to raise their confidence and self-esteem and help them to develop social skills essential to their wellbeing and engagement with learning. Groups of no more than eight children attend sessions lasting up to two hours every week for at least a term. Sessions are centred on the creative transformation of everyday objects that the children use in their school or home lives. An independent evaluation of the Art Room showed that sessions significantly reduced students' emotional and behavioural problems and increased their pro-social behaviours, especially within their peer groups. Children who had clinical levels of difficulty at the beginning of the sessions showed an 87.5 percent improvement in their self-reported mood and self-esteem by the end of the programme.[538]

Conduct disorders, manifested as sustained disruptive and violent behaviour, affect 5.8 percent of children under 15. Children with conduct disorders are 'twice as likely to leave school without any qualifications, three times more likely to become a teenage parent, four times more likely to become dependent on drugs and 20 times more likely to end up in prison' than those without.[539] The lifetime cost associated with early conduct disorders is estimated at £260,000 per child,[540] leading DH to advocate evidence-based and cost-effective treatment of childhood conduct disorders.[541]

In two special schools for children and adolescents with social, emotional and behavioural difficulties in London, a three-year research project looked at the provision of art, music and drama therapies. Many of the young people involved had experienced insecure attachments to caregivers, which had negatively impacted on their emotional development, usually combined with experience of trauma such as domestic or street violence or abuse. This had resulted in poor regulation of emotions, aggressive behaviour and diminished empathy and sometimes led to post-traumatic stress or conduct disorders. A sample of 52 young people

Dance accelerates development and learning and improves hand–eye coordination.

engaging in arts therapies was assessed over the course of a year and compared to a control group on the waiting list. Participants undergoing arts therapy showed significant improvements in their social, emotional and behavioural development, particularly in relation to emotional and conduct difficulties. Qualitative analysis revealed that the young people felt safer and more comfortable communicating traumatic experiences through the arts than through verbal therapies.[542] It is unfortunate, therefore, that children in special schools have less support for the arts than children in mainstream education. Provision should, at the very least, be uniform across the two sectors. We advocate that resources should be distributed according to need.

The savings that can be achieved through participatory arts programmes, as a form of upstream early years intervention,[543] should be recognised and acted upon more extensively. We urge DH and DfE to recognise the arts as a form of evidence-based and cost-effective treatment of childhood behavioural problems and conduct disorders and make provision accordingly. In light of this evidence, NICE might revise its guidance on social and emotional wellbeing in the early years.

A useful tool in mainstreaming arts activities will be the Partnership Investment Programme, brokered by Arts Connect, which is designed to encourage shifts in commissioning that support behaviour change in children and young people.[544] We look forward to other such organisations informing themselves about the health and wellbeing benefits of the participatory arts, and advocating for them with local authorities, health services and cultural organisations across the country.

Learning to play music enhances cognitive development and improves health and wellbeing.

6.4 Education

Education is one of the determinants of health, but the benefits of education are unevenly distributed across the social gradient.[545] Children born into families enjoying a high socio-economic position are able to maintain high scores at school or improve their scores over time from a lower starting point, whereas the performance of high-scoring children from poorer backgrounds tends to diminish over time, and their lower-scoring counterparts show little improvement.[546] The London Challenge – a government-funded school improvement programme that took place in the capital between 2003 and 2011 – coincided with a dramatic overhaul of failing schools and helped to bridge the attainment gap.[547] A 2017 update of the ImagineNation report, published by the Cultural Learning Alliance (chaired by Lord Puttnam) noted that a quarter of children in the UK were living in poverty and that cultural learning had a vital part to play in addressing the inequalities in educational attainment and health arising from this.[548]

A study in Australia found that 'arts education not only has intrinsic value, but when implemented with a structured, innovative and long-term approach, it can also provide essential extrinsic benefits, such as improved school attendance, academic achievement across the curriculum as well as social and emotional wellbeing'.[549] Drawing on this and other international research in his 2013 review of the arts in Welsh schools, Professor Dai Smith observed that provision both within and outside the curriculum was uneven, leading to the recommendation that the Welsh Government embed the arts in schools, so as to improve literacy and numeracy and narrow the attainment gap. This implied that 'students should be presented throughout their school years with a plethora of arts experiences, whether delighting or provoking or challenging, across the gamut of field trips to events, galleries, performances, critical appreciation talks, and soon, including arts residencies in schools, in order to make every school in Wales an arts-rich school in either achievement or ambition'.[550] It was envisaged that this would require an enhancement of the primary and secondary curriculum, the fostering of arts champions and a joined-up approach involving arts and educational practitioners, the arts council, museums and galleries.

Drawing upon Professor Smith's analysis, *Culture and Poverty* made a connection between arts engagement and academic achievement,[551] and it recommended that cultural enrichment activities were integrated into the Flying Start programme, for children under four in the most deprived areas of Wales, with the arts being encouraged within and outside school. In February 2016, the Public Policy Institute for Wales published an analysis which found that 'There is a compelling evidence base regarding the potential impacts of school-based strategies that are designed to promote social and emotional learning' and led to the recommendation of both universal and targeted approaches in schools.[552]

Large cohort studies show that a combination of aspirational parents and an ambitious school can transform life outcomes.[553] My Primary School is at the Museum, an initiative of Garbers and James architects coordinated by King's College London, relocated children from schools in Tyne and Wear, Swansea and Liverpool to a nearby museum for a term to explore the benefits of cultural learning.[554] In June 2016, the Royal Shakespeare Company collaborated with King Ethelbert's secondary school and Cliftonville Primary, both located in an area of multiple deprivation in Thanet, to stage *A Midsummer Night's Dream* in the streets, on the beach and at cultural venues in Margate. The head teacher of King Ethelbert's School said that the project had 'transformed teaching in all departments, raised aspirations and increased parental involvement'.[555] The school achieved its best ever exam results, exceeding government targets by a considerable margin.

Arts-based programmes improve school readiness, yielding considerable cost benefits.

In England, the arts remain a statutory part of the curriculum until key stage three, but the arts and humanities are being cut back from primary school onwards. The introduction of the English Baccalaureate (EBacc) – which is awarded when grade C or higher is achieved across five subjects including English, maths, history or geography, the sciences and a language but no arts subjects – is being blamed for a decline in pupils choosing music in secondary schools.[556] Supported by Lord Puttnam, Lord Bichard and Baroness McIntosh, the educational company Artis works to fill the gap in cultural education, using music, drama and movement in the classrooms of state secondary schools to stimulate imaginative thinking that relates to classroom learning.[557] Feedback suggests that sessions – which map onto the curriculum – increase the self-esteem and confidence of pupils in a way that can impact upon the whole school.

The 2016 Culture White Paper acknowledged that 'being taught to play a musical instrument, to draw, paint and make things, to dance and to act' is an important part of every child's education and pledged that DCMS would 'put in place measures to increase participation in culture, especially among those who are currently excluded from the opportunities that culture has to offer. In particular, we will ensure that children and young people from disadvantaged backgrounds are inspired by and have new meaningful relationships with culture'.[558] Responding to this, the ACE Cultural Citizens programme will give an initial 600 schoolchildren in disadvantaged communities exclusive access to cultural institutions. In the 2016 Autumn Statement, a scheme was announced to promote cultural education in schools.[559]

When inspecting schools, OFSTED considers the 'spiritual, moral, social and cultural development of the pupils'.[560] In response, ACE has instigated a scheme called Artsmark, which 'enables schools and other organisations to evaluate, strengthen and celebrate their arts and cultural provision'.[561] This pays heed to the elements of the OFSTED framework with the most relevance to the arts and culture, particularly the requirement that pupils are reflective, imaginative and curious, that they develop an appreciation of theatre, music, art and literature and that they respond positively to a range of artistic and cultural opportunities. Health also enters into the school inspection framework, particularly the requirement that 'learners understand how to keep themselves safe and healthy, both physically and emotionally'.[562] At present, however, no connection is made between health and the arts. DfE and OFSTED could usefully encourage all schools to recognise the role of the arts in the cultural development, mental health and wellbeing of pupils and to adopt the Artsmark application.

Of course, efforts to realise the extrinsic benefits of the arts cannot be confined to schools, as this would miss children and young people who have been excluded. An independent review of cultural education in England, commissioned from Darren Henley by DCMS and DfE, argued for the 'rich provision of Cultural Education both in school and out-of-school'.[563] Head of Youth Arts at Ovalhouse Theatre, Naomi Shoba, noted at a round

Participatory arts have the potential to enhance educational outcomes across whole schools.

table that activity outside the school environment could support the making of friendships transcending class, race, gender and area.

The Kick Arts programme, supported by the HLF and run by the Oxford Youth Action Partnership in Oxford and Banbury, is aimed at 11 to 16 year olds who do not attend school or are at risk of exclusion. It encourages a wide range of creative activity and visits to cultural venues, helping young people to negotiate identities beyond the school environment. Participants relish respite from school and stress and the chance to explore and experiment; they have also spoken of immersion in creative activity overcoming anxiety and negative feelings. Re-engaging with learning, young people involved in the programme have achieved different levels of Arts Award.[564]

The Roundhouse Trust provides 'space to create', with a particular focus on young people who have been failed by institutions and lack trust in society. The charity involves young people in its governance and provides neutral territory in which 11 to 25 year olds from all walks of life can come together. It offers access to music, performing arts and broadcast media, through open programmes, in schools and on housing estates. Creative activity has been observed to stimulate an understanding of the process of making, giving rise to a greater sense of responsibility and self-reflection, increased confidence and self-esteem and better mental health.[565]

The Durham Commission on Creativity and Education, supported by ACE, will look at ways in which an inspiring and creative cultural education can be secured for all young people, which will inform ACE's strategy for 2020–30.[566] DfE, DCMS and DCLG might work together to ensure that participatory arts provision is made available both inside and outside of school.

A review conducted by Lord Laming in 2015–16 looked at why, when only one percent of children went into care in England and Wales, 33 percent of boys and 61 percent of girls in custody had been in care. Aside from multiple levels of risk, to which children in care had been exposed since birth, this found lower than average educational attainment and higher than average behavioural difficulties and mental health problems.[567] The review detailed examples of good practice aimed at diverting children in care away from the criminal justice system, but none of these mention the arts.

The Social Care Institute for Excellence (SCIE) has been commissioned by DH and DfE to improve the mental health and emotional wellbeing of children and young people in care.[568] Guidance for looked-after children and young people published by SCIE and NICE urges social workers and social work managers to ensure access to the creative arts, to 'support and encourage overall wellbeing and self-esteem'.[569] Arts Care's Twilight Zone project for looked-after young people (13 to 18 year olds), initiated in 2011 and funded by the Public Health Agency of Northern Ireland, aims, through high-quality arts participation, to build skills, develop self-confidence and assist young people in preparing for the transition into life after residential care.[570] In light of the evidence presented in this report, SCIE, the Care Leavers Association and others may wish to consider the inclusion of arts-based activities in the repertoire of services.

The relationship between children in care and young people in the criminal justice system confirms what we already know: that a bad start in life can have profound consequences. On top of this is the relationship between marginalisation and poor life chances. Muslim communities make up 4.2 percent of the population in England and Wales but up to 23 percent of the population of young offender institutes, along with high numbers of black and white working class boys. A review conducted by Baroness Young paid specific attention to the ways in which outcomes might be improved for young black and/or Muslim men in the criminal justice system. This identified persistent stereotyping as a major obstacle in refashioning lives.[571] We have seen that the arts provide a place of safety and freedom from judgement.

A review of youth offending services conducted by the former Chief Executive of the National College of Teaching and Leadership, Charlie Taylor, noted that more than a third of children in the youth custodial estate had a mental health problem and that physical health was generally poor. Acknowledging the connection between low educational level and offending, the review positioned education at the heart of system reform and called for a multi-agency response, including health, social care and other services, to help prevent problems from manifesting themselves in offending.[572] In the process, the review acknowledged music-making as a form of meaningful activity that kept children occupied and much less likely to offend.

Research has shown that making culturally relevant music increases self-confidence and motivation, proving effective with disaffected young people, the positive effects of which have been observed among young people in the criminal justice system.[573] A team at Bath Spa University has conducted an evaluation of Birmingham Youth Offending Service Youth Music Project, which offers weekly two-hour one-to-one music sessions to young people, typically over three months followed by ten mentoring sessions. Mixed-methods evaluation of the programme showed statistically significant improvements in musical ability and wellbeing. Many of the young people interviewed spoke about increases in confidence and social skills, with several re-engaging with education as a result of the programme.[574]

As part of the Connecting Communities (C2) project, more than 1,000 children have attended TR14ers dance workshops, which take their name from the postcode for Camborne, one of the most deprived towns in the UK with high levels of antisocial youth behaviour and low levels of educational attainment. The workshops have been credited with a drop in antisocial behaviour, a 90 percent reduction in truancy and increased educational attainment, and police estimate that ten young people a year have been prevented from being labelled a persistent young offender as a result of the workshops.[575]

6.5 Recovery from Illness and Management of Long-Term Conditions

Between January and June 2013, a study was conducted at Alder Hey Children's NHS Foundation Trust in Liverpool.[576] This looked at the impact of improvised somatic dance on children and young people (14 months to 17 years) suffering from acute pain following surgery or rehabilitation from brain injury, on the orthopaedic, cardiac and neuromedical wards. Somatic dance focuses on the body to emphasise internal physical perception and experience; using a non-directive approach to creative dance and movement, a duet is developed between practitioner and participant, ranging from small muscular movements to more expansive gestures. A consistent finding across all the sessions was that participants became less anxious and better able to move, which points to a role for improvised dance within paediatric healthcare and pain management.[577]

Arts participation has a part to play in the management of long-term conditions such as childhood obesity.

Art therapy for children with chronic conditions, such as that provided by the Teapot Trust in Scotland and at Great Ormond Street Children's Hospital, diminishes fear and pain and helps to build coping strategies.[578] Creative writing has been seen to increase not only literacy but also wellbeing in adolescents with conditions that prevent them from attending school.[579]

A fifth of children in England are overweight or obese when they start school, which rises to one third by the time they leave primary school.[580] Obesity affects not only health and mortality but also emotional and behavioural development. If it carries over into adulthood, there is an increased risk of developing type 2 diabetes. In 2014–15, an estimated £5.1bn was spent on overweight- and obesity-related ill health. The Government's plan for action on childhood obesity, published in August 2016, acknowledged that the problem of obesity was greatest among children from low-income backgrounds, with children of five being twice as likely and children of 15 three-times more likely to be obese than their better-off counterparts; obesity patterns also show a racial bias. The Government declared its aim to reduce childhood obesity significantly over the next decade, seeking improvements to diet and encouraging active sport.[581] The arts have been seen to benefit the management of childhood obesity.

A 2012 study of Norwegian adolescents found that boys and girls (13–19 years) who engaged in social activities were more likely to be obese in adulthood (24–30 years), whereas girls who participated in cultural activities were less likely to be obese. These results were amplified when considering those girls who were at the recommended weight when the survey began and when watching television was excluded as a cultural activity. The researchers concluded that arts participation offered a protective effect against obesity.[582]

Between 2006 and 2012, Healing Arts, in partnership with the Isle of Wight NHS Trust, received funding through the Invest to Save budget to pilot a series of projects, collectively known as A Lifetime's Health Delivered Creatively. One of the three programmes developed under this banner was Time Being 7, a 20-week arts and creative play course which sought to divert children away from sedentary leisure pursuits, such as television viewing and playing computer games, to stave off weight-related health problems. At the outset, more than half the group spent a considerable amount of time with screen-based electronic

media; by their own account, 38 percent of children reduced the time they spent watching television and playing computer games; by their parents' account, 46 percent of the children reduced their screen time compared to increases across the cohort.[583]

6.6 Improving Mental Health and Wellbeing

The most recent figures on the mental health of children and young people date from the ONS prevalence study of 2004. At that time, an estimated one in ten children (aged five to 16) in Britain had a mental health problem, including anxiety (3.3 percent of all children), serious depression (0.9 percent) and hyperkinetic disorders (1.5 percent, including ADHD).[584] Reports of anxiety and depression in children have doubled since the 1980s.[585] Children from low-income families are up to three times more likely to experience mental ill health.[586] As in the wider population, children with mental health problems are more likely to have physical health problems, some of which are connected to smoking and obesity (with psychotropic drugs causing weight gain and the Government prescribing a reduction in their use).[587] Among the 12 percent of young people living with a long-term physical condition, there is a greater likelihood of developing mental health problems.

In October 2014, the House of Commons Health Committee published a report on children's and adolescents' mental health and the main service for them (CAMHS). The report identified 'serious and deeply ingrained problems with the commissioning and provision of children's and adolescents' mental health services. These run through the whole system from prevention and early intervention through to inpatient services for the most vulnerable young people'.[588] The Select Committee condemned the lengthy waiting times, raised referral thresholds and scarcity of local inpatient services caused by increased demand and diminishing funding.

Around a quarter of mental health problems are preventable through early intervention during childhood and adolescence, representing both a considerable saving and a significant difference to the quality of life of many young adults. The Chief Medical Officer has highlighted prevention and early intervention as a priority.[589] The Select Committee report recommended that priority be given to early intervention, that patchy provision be ironed out and that attention be paid to securing stable, long-term funding.

Responding to these findings, the Government accepted that current provision fell short and pointed to the work of the Children and Young People's Mental Health Taskforce.[590] In March 2015, the taskforce published a report, *Future in Mind*, which cited data showing that only 25 to 35 percent of young people with a diagnosable mental health condition accessed support, and what little support was accessed was geographically dispersed, subject to lengthy waiting times and unresponsive to individual need.[591] *Future in Mind* advocated a more accessible, locally organised and responsive system providing appropriate care. It also prioritised resilience, prevention and early intervention and urged a reduction of inequalities in access and outcomes. While the arts were not mentioned in the taskforce report, *Culture and Poverty* recommended the integration of arts activities in the Families First programme, which emphasises prevention and early intervention for families in Wales, particularly those living in poverty. We believe the arts should be part of a locally organised and responsive young people's mental health system.

Key Changes offers music engagement and recovery services in the community and hospitals for children and adolescents experiencing mental health problems. Every year, more than 1,000 music workshops in inpatient settings and 1,500 studio sessions in the community are delivered to over 3,000 people in London, Manchester, Sheffield, Woking and Chelmsford, including a programme of tailored one-to-one sessions and group support at professionally equipped music studios. Targeting marginalised people, particularly young BAME men, Key Changes offers culturally relevant musical activities including production and recording sessions, performance skills, concerts and work experience placements. Key Changes has been the subject of several documentaries, and it won the National Positive Practice in Mental Health Award for 2014.[592]

In Northern Ireland, Youth Action works across the sectarian divide to help young people explore their identities and realise their full potential through the performing arts.[593] Between 2009 and 2014, Youth Action was one of four lead organisations in the Right Here project, managed by PHF and the Mental Health Foundation and aimed at improving the mental health and wellbeing of young people aged between 16 and 25 in the UK.[594]

Most serious mental health problems begin before the age of 24, with half of conditions being manifested by the age of 14.[595] To take one example, most first episodes of psychosis happen in adolescence or early adulthood. The longer conditions like psychosis remain untreated, the worse the eventual outcome can be, and the largest group in which such conditions remain undetected is 16 to 24 year olds.[596] *No Health Without Mental Health* advocated early intervention for psychosis,[597]

Samantics: Smile All the Time

Depression is widely accepted to be a debilitating condition, affecting approximately 120 million people worldwide and predicted to become a leading cause of disability by 2020.

It causes low mood, loss of appetite, disrupted sleep patterns and diminished functioning; it can also precipitate dementia. At its worst, depression can lead to suicide. It is associated with a million deaths per year worldwide.[598] Between one in 12 and one in 15 children and young people self-harm, leading to 25,000 hospital admissions every year.[599]

At the round table on Young People, Mental Health and the Arts, we watched a music video, called *Smile All the Time*, which had been posted on the internet under the name of Samantics.[600] Its author, Sam, has suffered severe anxiety and depression since the age of 20, and we received a moving testimony from him:

> *Towards the end of my twenties I couldn't cope. I tried everything I could think of, but I was in a lot of pain. It was a pain that nobody else could see, so it didn't feel justifiable to me. It didn't feel like it should have been there. It got to a point where I was determined that the only way out was to take my own life.*
>
> *It's important to mention here that I had, and still have, amazing support from my family, and I only just made it. A lot of people, and especially young people, don't have that same kind of support. I wouldn't be here if it wasn't for my mum and my girlfriend especially. They helped me get help at the end of the day.*
>
> *About my darkest time, I made a decision that I had one more thing to try and that was to stop hiding. I couldn't keep up this double life of portraying happiness to everybody. So it started with a poem. Putting it into poetry made it somehow easier to say. I filmed it and I posted it onto social media, which was terrifying, but quite necessary for me, because the support that I got from that was amazing, and it changed how I saw everything that was happening. Because, for the first time, I wasn't as afraid to talk about it. That was the biggest step for me.*
>
> *Poetry then turned into music when I realised that these words that I'd written could be lyrics. Then that became my next weapon, I guess, in this battle against depression. It's kind of strange that when I write a song like* Smile All the Time, *I'm able to be far more honest than I would be if I was just in a general conversation. When I perform, I release so much energy that it becomes very cathartic for me. So there's two massive releases from writing and performing. It helps to calm me down, just release these negative feelings.*
>
> *I think one of the most important aspects of music is the people it can reach. Music is a platform which allows me to spread a message. Since that video has gone live, I've been contacted by so many people. One example is a 14-year-old girl who told me she had nobody else to talk to. There were students and young adults who were scared to be open with the people around them. They thanked me for saying what they feel and couldn't. Some of them really opened up to me and even listened to what advice I could give them to seek further help. That gives me a purpose and it makes me feel kind of happy to be me, which is rare.*

and the Children and Young People's Mental Health Taskforce advanced a 'compelling moral, social and economic case for change'.[601] The Alchemy Project, using dance as an early intervention in psychosis, which is taken as a case study in this chapter, illustrates how the arts can be used to remarkable effect in mental health.

NHS spending on psychosis is currently skewed towards inpatient care, with an average cost of £350 per day and an average stay of 38 days (equating to £13,300 per non-compulsory admission), as compared to interventions in community settings estimated at £13 per day. Early intervention in psychosis is calculated to save £6,780 per person over four years, or £15 in costs avoided per £1 invested over ten years, putting it well within the NICE guidelines for cost effectiveness.[602] Early intervention diminishes the need for antipsychotic medication, which is not only costly but also has adverse side effects.

There is a growing body of research linking the onset of psychosis with social adversity across the life course.[603] After controlling for socio-economic factors, people from minority ethnic groups and of mixed race are at increased risk of all psychotic illnesses.[604] The incidence of manic psychosis in black African communities is six times higher and in African–Caribbean communities eight times higher than in the white population in the UK.[605] This calls for urgent action in tackling the social determinants of psychosis in marginalised groups.[606] The Alchemy Project provides an example of an arts and health initiative overcoming the barriers to early intervention that persist in BAME communities.

From April 2016, the target for access to NICE-approved care packages within the first two weeks of experiencing a psychotic episode has been set at 50 percent, rising to at least 60 percent by 2020–21.[607] The NICE guidance for psychosis and schizophrenia in adults recommends that clinicians 'Consider offering arts therapies to all people with psychosis or schizophrenia, particularly for the alleviation of negative symptoms'.[608] The use of arts therapies and participatory arts should be considered across the mental healthcare system. When NHS mental health trusts and CAMHS are developing support for children and adolescents, particularly in the areas of prevention and early intervention, they need to embrace the healing properties of the arts in relation to anxiety, depression, stress and more severe mental health problems.

Creative activity is a powerful tool in overcoming anxiety, depression and stress in young people.

In November 2014, more than 90,500 members of the UK Youth Parliament identified young people's mental health as a concern, leading the topic to be set as a UK-wide priority for the following year and form the subject of an inquiry for the 2015 Youth Select Committee.[609] The Committee found that triggers for mental ill health in young people included academic pressure and exam stress.[610] DfE has been charged with responsibility for child and adolescent mental health in schools. Natasha Devon, who served briefly as children's mental health tsar, championed the creative arts as a route to emotional intelligence and self-esteem and an antidote to a relentless curriculum and endless testing.[611]

Among its recommendations, the Youth Select Committee included targets for young people's mental health akin to those for physical education in schools.[612] This would mean early introduction of emotional exploration, training of teachers to recognise the signs of mental distress and more extensive provision of counsellors in schools. We believe arts therapies and participatory arts should be included in guidance on school counselling services.[613]

DfE's policy for child and adolescent mental health includes a role for the voluntary sector, supported by a £25m grant scheme. Music in Mind – run by Rhythmix, a music, social welfare and education charity based in South East England – offers music-making activities to vulnerable children and young people.[614] A three-year external evaluation found that Music in Mind diminished anxiety, stress and self-harm and increased communication and coping strategies.[615]

DH's Closing the Gap report noted that far too many young people were lost to the system as they made the transition to adult services.[616] This has been described by NHS England and others as a 'cliff edge'.[617] It is disproportionately the case for vulnerable and disadvantaged young people, whose exposure to stressful life events – including problems with employment, benefits, debt and housing – are a common cause of relapse. The Youth Select Committee suggested that the upper age limit for accessing children's and adolescent mental health services (currently 18) might be made more flexible at the same time as funding was targeted at better communication between health professionals and service users.[618] We suggest that community-based arts activity could offer valuable continuity as young people make the transition to adulthood. As well as helping to stabilise young people's mental health

The Alchemy Project

Psychosis is particularly prevalent in Lambeth, Southwark, Lewisham and Croydon, where a quarter of children live in poverty and the rate of new cases of psychosis is double the UK average.

The Alchemy Project used dance as a form of early intervention in psychosis. It was an action research project, developed in 2015 as a co-production between Dance United and the early intervention in psychosis team at SLaM, with input from King's College London, funded by GSTC, Maudsley Charity and ACE. Two cohorts of 12 participants (18 to 35 years old), with no previous experience of dance, were encouraged to work with professional dance artists within a team that also included healthcare professionals and peer mentors. Groups were mixed, and an effort was made to involve young adult males. Participants were not labelled according to their conditions but treated as dance artists working as part of a company and pushed to achieve all they could. The groups shared healthy meals and took part in trust- and team-building exercises, many of which focused on touch and developing connections, helping to overcome isolation while also addressing bodily awareness and physical fitness. After just four weeks, each of the two groups performed a specially commissioned 20-minute contemporary piece, *El Camino* [The Path], in front of an invited audience, at the Shaw Theatre and the Lilian Baylis Studio, Sadler's Wells Theatre, respectively. Patients had become dancers.

The physical activity of dancing alleviates symptoms of mental ill health and the effects of medication, such as apathy, lethargy and lack of motivation, and it rebalances the mind–body relationship. Dance involves touch and closeness, which are often overlooked within psychiatry as a factor in overcoming mental illness. In a meeting with the Inquiry team, Nicola Crane from GSTC observed that participants arrived in one way and left as better versions of themselves, more joyful and confident.

The project was evaluated by independent assessors using WEMWBS and EQ-5D. Both cohorts demonstrated clinically significant improvements in wellbeing, communication, concentration and focus, level of trust in others, team working and quality of life. The project helped participants to develop relationships with their peers and restore relationships with their families. At the round table on Young People, Mental Health and the Arts, Dr Lauren Gavaghan, psychiatrist on the Alchemy Project, told us that the project had enabled young people to escape from the labels that had been assigned to them and rewrite their own stories.[619]

A 40-minute film, documenting the Alchemy Project, was screened in Parliament by the APPG on 23 May 2016. Commissioners may find this film to be impressive evidence.[620]

and wellbeing, these activities would serve as a conduit for maintaining contact with specialist services as necessary.

The transition from inpatient services to the community can be smoothed through the arts. Raw Material, a youth-led organisation in Brixton, seeks to 'improve the lives of young people and their economic position, their opportunities, progression and development, including mental and physical health issues'.[621] It does this by providing facilities and training in the world of music production. With more than 400 referrals to its Raw Sounds mental health programme, 75 percent of which come from BAME communities, the organisation provides evening access from hospital wards (primarily SLaM) and the community.[622]

Children experiencing poor wellbeing are more likely to experience poverty, unemployment and ill health as adults.[623] Research conducted by the Cabinet Office in 2014 suggested an overall reduction in health-damaging behaviour, such as smoking, drinking and drug misuse, among children and young people.[624] However, an index of child wellbeing in the European Union showed the UK to have the highest number of children in jobless households and poor child health, educational attainment and relationships with parents and peers, all of which contributed to diminished wellbeing.[625] A collaboration between the Children's Society and the University of York looking at subjective wellbeing in children has suggested that increases in life satisfaction evident from 1994 halted from 2007 onwards.[626] This research has also found quality of relationships with family and friends to be a determinant of wellbeing.

The Mental Health Foundation has called loneliness in young people a 'silent plague'.[627] The School Health Education Unit's 2014 survey of more than 78,000 youngsters found a decline in emotional health and a clear association between poor wellbeing and heavy social media usage.[628] NICE has published guidance on social and emotional wellbeing in children and young people, but this omits to mention a role for the arts. We hope that NICE will look at the benefits of the arts for this age group as part of a wider review of the arts in relation to wellbeing.[629]

The move to university can be an unsettling time for young adults as they depart from familiar support structures and face an uncertain future. A 2016 report by the Higher Education Policy Institute found that the majority of students experienced low wellbeing,[630] with one in three affected by depression and loneliness. Universities UK acknowledges the positive impact of creativity upon mental wellbeing,[631] and there is evidence that arts therapy decreases anxiety in undergraduates.[632]

Consistent with the recommendations of both the Children and Young People's Mental Health Taskforce and the Youth Select Committee, digital applications have been designed to improve mental health and wellbeing, such as the Start wellbeing thermometer and the Mind Emoodji, both of which promote creative thinking and have had a high take-up rate among students.[633] We would encourage the Healthy Universities Network, coordinated from MMU and the University of Central Lancashire, to recommend arts-related activities as part of a whole-university approach to health and wellbeing.[634] At the same time, AMOSSHE, the Student Services Organisation, could include evidence of the benefits of arts activities to students within the materials it disseminates.[635]

6.7 Children's Healthcare Environments

Young people spending time in hospital experience a range of anxieties, partly as a result of separation from their families, an unfamiliar environment, investigations and treatments and a loss of self-determination.[636] The discomfiting experience of being in hospital can be salved by good information and involving young patients in the design and delivery of their care. Child-friendly healthcare environments and stress-reducing activities can also improve wellbeing. A book has been published about the role of applied theatre in enhancing the social and mental wellbeing of children in hospitals.[637]

Bristol Royal Hospital for Children, which opened in 2001, was the first new children's hospital to be built in the UK for two decades. Following extensive consultation with architects, artists, designers and patients, the arts and design were made integral to the building and furnishing of the hospital. The results of this are evident from the large lollipop-shaped stick figure at the front entrance to the welcoming reception area with its interactive artworks, while each of the seven storeys of the building is painted in a different rainbow colour. The work of more than 20 artists is to be seen in the hospital, from cartoon characters in the lifts to below-banister pictures in the stairwells. An evaluation by the University of the West of England showed much greater satisfaction with the new hospital among parents (94 percent compared with 71 percent in the old hospital). Parents particularly valued art and design for diverting children from fear, pain, illness and unfamiliar surroundings.[638]

While Bristol Royal Hospital for Children provides an example of the arts being integrated into hospital design from the outset, there are many other ways in which the arts enter into the healthcare environments of children and young people. Funded by the Children's Hospital Charity at Sheffield Children's Hospital, the Artfelt Workshop Programme offers twice-weekly sessions, through which a variety of art, craft and music sessions are made available to young patients (from birth to 16). Workshops are designed to provide a distraction during anxious moments, such as before an operation, and to break up long stays on the wards, helping children to socialise and express themselves. They take place where there is most demand, which tends to be on inpatient wards or in the Theatre Admissions Unit. Distinct from either arts therapy or a focus on aesthetic outcomes, workshops emphasise the enjoyment of arts participation. They give a creative outlet to children who may not usually have access to art, and they are open to parents, siblings and staff. Participant feedback is universally positive, and the main problem the programme reports is in keeping up with demand.[639]

For over ten years, the National Portrait Gallery has partnered with Great Ormond Street, Evelina London Children's Hospital at Guy's and St Thomas', the Royal London Hospital and Newham University Hospital. As part of this collaboration, Magical Journeys (2014–17) offered creative arts activities to young people (aged three to 16) and their families, often as respite from long-term health conditions. Centred on holiday periods when hospital schools were closed, Magical Journeys aimed to enhance the wellbeing of participants by stimulating creativity and increasing visual literacy. Through one-day workshops led by artists working in pairs, a multidisciplinary approach lent variety. An annual average of 55 free workshops was provided for approximately 500 children who might not otherwise have engaged with the arts. External evaluation suggested that the young people taking part gained physical, cognitive, social and emotional benefits. Young patients said how much they looked forward to the workshops, and parents expressed joy at seeing their children deriving so much pleasure from creative activities. Staff shared the enthusiasm of parents, while the artists gained satisfaction from the opportunity to make a positive difference to people's experience of hospital.[640]

The significance of place in relation to healthcare environments is not confined to hospitals. The Youth Select Committee received evidence suggesting that GPs are often at the front line for young people presenting with mental health difficulties. As well as doctors being friendly, bright and welcoming environments were said to help,[641] which might be borne in mind during the modernisation of primary care premises currently underway. Various initiatives address this, from community knitting projects to Poems in the Waiting Room.[642]

A well-designed environment in children's hospitals helps to overcome fear and pain.

We hope that the evidence presented in this chapter is sufficient to demonstrate that the arts can be a powerful and cost-effective agent of better health and wellbeing. During this crucial life stage, arts engagement contributes to an improved environment and leads to enhancements in health and wellbeing. Proportional investment in such opportunities across the social gradient would bring untold societal benefits and avoided costs.

The first Culture White Paper to be published in the UK, in 1965, said that 'If children at an early age become accustomed to the idea of the arts as a part of everyday life, they are more likely in maturity to accept and then demand them'.[643] At the round table on Museums and Health, it was noted that families bringing babies and toddlers to museums and galleries represented their most diverse audiences, but this picture changed as children aged. Work is needed to nurture lifelong habits of arts engagement beginning in early childhood.

Lowry Figures Heading to the Match

Photographer: Member of Start in Salford

7 Working-Age Adulthood

7 Working-Age Adulthood

> "A man at work, making something which he feels will exist because he is working at it and wills it, is exercising the energies of his mind and soul as well as of his body"
>
> **William Morris**

The challenges faced at this stage in life are manifold and can include the search for work, the establishment of a home and relationships and possibly also the onset of ill health. This chapter looks at the ways in which the arts can enhance the quality of our work, health and wellbeing.

7.1 Workplace Health

Work is one of the determinants of health, but access to high-quality work is unevenly distributed across the social gradient. The social isolation that comes from worklessness increases the risk of coronary heart disease by 50 percent. Common among responses to the call for practice examples, we received evidence of arts-based approaches giving people the confidence and skills to enter into employment.

Not all work is good for our health. Marmot identifies that health-damaging work is 'characterised by high demand with no control over the work task, by high effort and little reward, by social isolation at work, by job insecurity, by organisational injustice, and by shift work'.[644] These detrimental psychosocial conditions are experienced across factories, warehouses, construction sites, offices and the service sector, and they challenge conventional wisdom about work strain being confined to high-status jobs. A briefing on workplace health and wellbeing commissioned by PHE from UCL Institute of Health Equity emphasised the importance to public health and reduced health inequalities of improving psychosocial working conditions.[645] In Britain, the number of working households in poverty has been increasing.[646] This is causing chronic stress for affected families, with damaging physical effects. Accordingly, the *Marmot Review* prescribed 'fair employment and good work for all'.

In 2015–16, an estimated 30.4 million working days were lost to illness and injury in the UK.[647] Absence from work annually costs the Government around £13bn in health-related benefits and £2bn in healthcare, sick pay and foregone taxes. Employers' share of sick pay amounts to around £9bn, while individuals lose out on earnings of £4bn per year.[648]

A cross-governmental initiative, known as Health, Work and Wellbeing, has been set up to improve and protect the health of working-age people.[649] At the time of writing, no mention is made of the arts in this strategy. The Workplace Wellbeing Charter supported by PHE enables employers to commit to improving the health and wellbeing of their workforce; as yet, it does not include the arts in its support guides.[650] A review of health at work by Professor Dame Carol Black recommended prevention and early intervention for those in work and improved conditions for those out of work.[651] At a meeting held by the Inquiry, Dame Carol told us that people she interviewed about workplace wellbeing had wanted singing, dance classes and reading groups.

In the USA, creative activity undertaken outside of work has been seen to hasten recovery from work strain and enhance work-related performance, leading researchers to conclude that organisations 'may benefit from encouraging employees to consider creative activities in their efforts to recover from work'.[652] *The Five Year Forward View* suggested that 'There would be merit in extending incentives for employers in England who provide effective NICE recommended workplace health programmes for employees'.[653] The arts do not yet feature in NICE guidance on workplace health; we hope this will be looked at in conjunction with a wider consideration of the arts in health.[654]

7.2 Improving Mental Health and Wellbeing

One in six adults has a diagnosable mental health condition,[655] almost a third of which can be attributed to adverse childhood experience. In 2012, mental health problems in the under-65s accounted for almost half of all health problems diagnosed by the NHS, the majority of them manifesting as anxiety and depression.[656] The main causes of sickness absence from work are anxiety, depression and stress (11.7 million days).[657] This is estimated to cost the economy £100bn per year, just under the entire budget of the NHS. The proportion of mental health-related benefit claims has grown to twice those for musculoskeletal complaints, and mental illness has a detrimental impact upon employability.[658]

In 2017, a survey of 2,290 people commissioned by the Mental Health Foundation found that nearly three quarters of people within the lowest household income bracket reported poor mental health (compared to three fifths in the highest bracket). The picture that emerged from the survey prompted the observation that, 'Despite many areas of advances in human health we are not seeing these reflected in mental health. If anything, the signs are that we are slipping back'.[659] In the process, the power of the arts – to overcome stress and lift the mood – was acknowledged.

A significant proportion of people with minor to moderate mental health problems recover completely. As we saw in the discussion of arts on prescription in chapter five, creative activities have shown beneficial effects in recovery from psychosocial problems. The case study in this section looks at an example of visual art on prescription aiding recovery from anxiety and depression.

A Cochrane Review of RCTs found that individual music therapy combined with standard care (psychotherapy and medication) tended to show more significant improvements in mood than standard care alone.[660] This result was replicated in an RCT of working-age people with depression in Finland, which conceived music as a preverbal form of communication, a prelude to symbolic expression and verbalisation.[661] NICE has issued guidelines for depression in adults with and without chronic

Arts and Minds

Arts and Minds is a mental health charity covering rural Cambridgeshire and Peterborough, where one in six people is estimated to have a diagnosable mental health problem at any given time.[662]

The art-on-prescription programme run by Arts and Minds comprises a series of weekly art workshops for people experiencing mild to moderate anxiety and depression. Access is by self-referral or via health or social care workers, and funding comes from the HLF among other sources. Led by a professional artist and qualified mental health counsellor, sessions offer the chance to work with a wide range of materials and techniques. Workshops last for two hours, are open to all abilities and offer the opportunity to undertake a creative, stimulating and absorbing activity.

In 2014–15, a mixed-methods evaluation of Arts and Minds sought to determine whether participants experienced changes in levels of anxiety, depression, social inclusion and wellbeing, using valid and reliable psychological measures. Seventy-one percent of participants reported a decrease in anxiety, and 73 percent reported a decrease in depression. Sixty-nine percent of participants reported an increase in social inclusion, while 76 percent of participants reported an increase in wellbeing. Participants rated their experience very favourably; 77 percent reported a development in their art skills; 64 percent reported an increase in confidence; 71 percent reported an increase in motivation and 69 percent reported feeling more positive about themselves after taking part.[663]

Mental health problems in the under-65s account for almost half of all health problems diagnosed by the NHS.

physical health problems,[664] but no mention is made of the arts in either case.

Between 2013 and 2015, as part of Creative Practice as Mutual Recovery, a study was led by the Centre for Performance Science at the Royal College of Music.[665] Adults experiencing mild to moderate mental distress were recruited to the study via hospitals, psychologists and psychiatrists and invited to participate in weekly 90-minute group drumming sessions over six or 10 weeks. Without having any specific therapeutic aims, the facilitator increased the complexity of the activity over time. A mixed-methods evaluation used a range of psychological scales, interviews, blood pressure tests and saliva analyses. During single sessions, stress and tiredness significantly decreased and happiness, relaxation and energy levels increased. Over the course of the study, group drumming led to reductions in cortisol and an enhancement of immune responses, which was combined with a reduction in inflammatory activity over a six-week span and the activation of an anti-inflammatory response over 10 weeks.[666]

Numerous arts organisations offer music-making and music therapy to overcome mental health problems. Sound Minds, in the basement of Battersea Methodist Mission in Clapham, houses a spacious rehearsal room with en suite recording facility, a smaller studio for recording, mixing and video editing, a visual art studio, lounge, kitchen, teaching studio, three house bands and a BAME service user group. Sound Minds is the winner of numerous awards, including a special commendation from the RSPH, and it has been featured in a Channel 4 News special on schizophrenia.[667] Housed in non-secular buildings, both Sound Minds and the Dragon Café (taken as a case study in chapter five) demonstrate the value of community space. It would be beneficial if local authorities made unused buildings available at low or no cost to community groups with health and wellbeing aims.

Arts therapies and participatory arts (including arts on prescription) have a proven impact upon mild to moderate and more severe mental health problems.

Since 2006, Stitchlinks has been pioneering therapeutic knitting in clinical and community environments.[668] The organisation also maintains an online forum intended to build mutual support structures. A survey conducted within this virtual community elicited 3,545 responses from 31 countries, including from participants with depression. Participants reported feeling calmer and happier the more they knitted as well as indicating increases in cognitive functioning.[669] Research also suggests that knitting helps to mitigate the pain associated with long-term conditions.[670] We suggest that this may be an area for attention as NICE considers the benefits of the arts in dealing with pain and mental health problems.

In Australia, SuperFriend has been set up as a 'national mental health promotion foundation focused on creating mentally healthy workplaces to reduce the incidence of suicide and the impact of mental illness on individuals and organisations'.[671] Drawing on another Australian model, DH introduced Mental Health First Aid (MHFA) England in 2007 – an educational course that enables people to identify, understand and support mental health problems.[672] Neither initiative yet includes the arts. We would very much like to see NHS England including the arts in its work to improve the mental health of employees.

The Civil Service Health and Wellbeing agenda focuses on mental health and musculoskeletal complaints. At present, the programme does not include arts participation, but local wellbeing representatives in different departments engage their colleagues in a range of wellbeing initiatives, which may include trips to the theatre, the cinema and other cultural events, based on staff consultation and dependent upon interest. We hope that the central agenda may be revised in light of this report. Similarly, the Thrive initiative, instigated by the Mayor of London, would benefit from embracing the cultural resources of the capital.

The Trades Union Congress (TUC) in the Midlands has devised a cultural manifesto, recognising the need for culture in creating healthy and vibrant economies and communities.[673] We hope that, in implementing the cultural manifesto, the TUC will build on this recognition, including reference to the workplace.

A survey conducted by the Institute of Directors (IoD) found that more than half its members had been approached by staff complaining of poor mental health yet only 14 percent had a formal policy to deal with it.[674] As part of the Heads Together campaign, the IoD has committed to improving the conversation around mental health, and has gone as far as to recommend mindfulness but not yet the arts.[675]

Listening to music, singing and music therapy aid recovery from stroke.

Founded by representatives of law firms and professional service companies such as Linklaters and KPMG, with the support of MHFA England and Mind, the City Mental Health Alliance seeks to improve the climate for mental health in the City of London.[676] Leading members of the alliance have well-funded health and wellbeing strategies and work with large cultural organisations and the arts-inflected Mental Wealth Festival.[677] We hope this work will be extended to arts engagement for employees at all levels.

7.3 Recovery from Illness and Management of Long-Term Conditions

In the UK, over 152,000 people per year experience a stroke, a third of whom are left with disabilities, including partial paralysis, depression and cognitive and communicative difficulties (aphasia).[678]

A body of evidence is accumulating which shows that arts engagement can alter the morphology of the brain and help speed recovery from neural damage. Listening to music soon after a stroke activates regions of the brain responsible for attention, motor function, memory and emotional processing.[679] People with aphasia singing in a community choir in Australia experienced increased confidence and motivation, enhanced mood and better communication.[680] People recovering from stroke and brain injuries attending twice-weekly concerts by Live Music Now showed improvements in cognitive functioning, pain and wellbeing.[681] A Cochrane Review of studies combining music therapy with standard care, on its own or in combination with other therapies, found that rhythmic auditory stimulation improved the speed, rhythm, stride length and symmetry of patients' gait following an acquired brain injury.[682]

The case study in this section demonstrates physical, cognitive and emotional benefits of music-making for stroke survivors. Another initiative, Stroke Odysseys – a collaboration between Rosetta Life, GSTC and King's College London – explores the efficacy and cost effectiveness of singing and movement interventions in reducing anxiety and depression in stroke survivors. The project has successfully co-designed models for clinical and community delivery. The model is being tested and integrated in four hospital trusts and community settings across London.[683]

Arts engagement also yields improvements in emotional health and wellbeing.[684] In Australia, where stroke is the second highest cause of death, a study found that participation in group-based community art programmes, centred on drawing and painting, stimulated participants' physical and cognitive abilities while increasing their confidence, self-determination and quality of life.[685] The UK equivalent – a qualitative feasibility study, funded through NIHR's Research for Patient Benefit programme, called HeART of Stroke – offered 10 two-hour sessions within an artist-facilitated community group over 14 weeks in Bournemouth and Cambridge.[686] The increased and sustained self-confidence reported by participants provided justification for a national multi-centred version of the project.[687]

At the round table on Museums and Health, stroke survivor Jason welcomed the sociability of the hospital's art therapy group:

> *It provided me with something I could focus on other than myself. It provided me with an interest that was more normal and not hospital led. Something which I could explore together with others. Somewhere that was safe and secure, where I could relax. The art therapy group also developed new skills, boosted my confidence. It helped me to slowly regain my physical skills. It was something to look forward to each week. It made me feel better about myself. It gave me a sense of achievement. It also boosted my mood. I found I could talk to others and help them to regain their confidence.*

The strength of the evidence base in this area renders arts initiatives for stroke particularly worthy of consideration by all CCGs.

Parkinson's Disease (PD) is a progressive, degenerative neurological condition, affecting an estimated 127,000 (one in 500) people in the UK. It kills dopamine-producing cells in the brain, in turn affecting physical, motor and sensory functions, cognition and communication. In addition to physical symptoms, such as compromised coordination, people with Parkinson's may experience diminishing mental

health, including memory loss, mood swings and psychotic episodes. Policy tends to focus on helping people with Parkinson's to maintain their independence for as long as possible. While drugs are known to be effective in managing some of the symptoms, they have undesirable long-term side-effects. This has led to the use of non-medical therapies, such as speech and language, music, Tai chi and massage. It has also led to use of salutogenic approaches, focusing on factors that support wellbeing, so that people with Parkinson's and those closest to them are better able to adjust to the health changes caused by the condition. In both therapeutic and salutogenic models, the arts can play a significant part.[688]

Listening to music, singing and music therapy aid physical and cognitive recovery from brain injury; visual arts activities contribute to emotional recovery.

Singing has been found to have a beneficial effect in a number of health conditions across the social gradient, enhancing cognition, communication and physical functioning as well as wellbeing. Singing has been observed to have a positive impact upon people with Parkinson's, half of whom experience problems with their voice.[689] Parkinson's UK maintains a database of singing activities for people with Parkinson's.[693] Among these is Skylarks in Canterbury, about which the Sidney De Haan Research Centre has commissioned a short film.[694]

Inspired by the Mark Morris Dance Group's Dance for PD in Brooklyn, English National Ballet developed Dance for Parkinson's in 2010, with funding from Westminster City Council, PHF and West London CCG.[695] This programme draws upon a classical and contemporary repertoire to provide weekly classes for people with Parkinson's, their family, friends and carers at a charge of £5 per session. Since 2012, with the support of PHF, the model has been extended into areas covered by MDI (Liverpool), DanceEast (Ipswich), National Dance Company Wales and Oxford City Council. Mixed-methods evaluation has been carried out at the University of Roehampton over three years, from physiological, social, emotional and artistic perspectives.[696] As might be expected, participants' physical condition degenerated over the course of the study, but improvements were perceptible in coordination and fluency of movement. Participants felt their balance and gait to have improved, even if this was not measurable by researchers. Participants also appreciated the mental stimulus of the classes and experienced reductions in depression, anxiety and apathy compared with a control group.[697]

Between September 2011 and June 2012, a team led by Professor Clift undertook to study a weekly group-singing programme for people with COPD. This showed encouraging results in relation to improved lung function and quality of life.[698] In June 2017, a similar team published results of a trial involving 60 people with breathing difficulties attending ten-month community singing groups. This showed a significant improvement in symptoms, self-management of conditions and mental wellbeing.[699] Various groups have been set up around the country to encourage singing so as to improve breathing and wellbeing in people with COPD.[700] At the round table on Arts and Public Health, the Chair of Breathe Easy Dover, Lizzi Stephens, described how she had reduced her dependence on inhaled medication, including steroids, since joining a singing group.

Group singing and dance improve the voice and movement of people with Parkinson's Disease.

The British Lung Foundation has embraced the health and wellbeing benefits of singing for chronic lung conditions,[701] and we heard that some hospital provider trusts are looking at integrating singing into their care pathways for serious lung conditions. We suggest that the efficacy of such non-pharmacological interventions merits consideration when NICE reviews its guidance on COPD in the over 16s.[702]

A 2013 study showed a connection between singing – as a form of guided breathing – and heart rate.[703] A 2014 analysis of cystic fibrosis pointed to the beneficial impact of singing on respiratory function and psychological wellbeing.[704] Scottish Opera and Gartnavel General Hospital Cystic Fibrosis Service collaborated on Breath Cycle, funded by Wellcome and Creative Scotland, a pilot investigation into the impact of classical singing techniques on cystic fibrosis patients.[705] As a result of fortnightly lessons with an opera singer over 12 weeks, patients reported increased psychological wellbeing.[706]

Cancer affects one in three of us, approaching one in two, but survival rates are improving. Both music therapy (active engagement with music) and what is sometimes referred to as music medicine (listening to pre-recorded music) have been observed to diminish the physical and emotional suffering of cancer patients and the side effects of its treatment. A Cochrane Review identified 52 randomised and quasi-randomised controlled trials investigating the relationship between musical interventions and the physical and psychological effects of cancer.[707] This found that musical interventions were associated with modest reductions in heart rate, respiratory rate and blood pressure and modest to moderate reductions in fatigue; by far the largest physical effect was on pain reduction. Art therapy has been seen to relax cancer patients and make them feel better physically,[708] with technical satisfaction, aesthetic beauty and pleasure being implicated in the reduction of symptoms.[709] The evidence base for arts-based therapies in palliative care continues to expand.

A trilogy of *Lancet* articles published in 2014 examined the relationship between cancer and depression.[710] Analysing data from over 21,000 patients, major depression was found to be most prevalent among patients with lung cancer (13.1 percent) followed by gynaecological cancer (10.9 percent) and breast cancer (9.3 percent). The aforementioned Cochrane Review found that musical interventions may have a beneficial effect on anxiety in people with cancer and a moderately strong positive impact upon depression. In South Wales, Tenovus Cancer Care employs professional musicians to lead choirs for people affected by cancer.[711]

Another Cochrane Review explored the stress-reducing impact of music in coronary heart

Strokestra

Between May and October 2015, Strokestra, a pilot collaboration between the Royal Philharmonic Orchestra (RPO) and Hull Integrated Community Stroke Service (HICSS) within Humber NHS Trust was funded through a £48,000 grant from Hull Public Health.[690]

Over a fortnight, professional musicians led intensive music-making sessions with stroke survivors and their carers for two days, interspersed with one-day sessions led by HICSS staff who had been specially trained in musical leadership by the RPO.[691]

Strokestra sessions ranged from percussion to conducting, and culminated with a live performance at Hull City Hall. Evaluation of this pilot project, approved by the Humber NHS Trust Research and Development Department, was centred on individual progress, evaluated through Stroke Impact Scale scores and semi-structured interviews. Eighty-six percent of patients felt the sessions relieved their symptoms, citing improved sleep, reduced anxiety and fewer dizzy spells and epileptic episodes. The same proportion of patients indicated that the project conferred cognitive benefits, including improved concentration, focus and memory, and they felt that the project provided emotional benefits, citing increases in confidence, morale and a renewed sense of self. Added to this, 71 percent of patients achieved physical improvements, including walking, standing, upper arm strength and increased stamina, while 91 percent of patients reported social benefits, including enhanced communication skills and relationships. Each of the carers involved reported improvements in their own wellbeing, by virtue of respite from their role as a carer and better relationships with their relative.[692]

disease. This found that musical interventions had a modest beneficial effect on distress and brought about moderate reductions in anxiety, which were maximised if patients selected the music themselves. These effects were most pronounced for people who had experienced heart attacks.

Singing enhances lung function and quality of life in people with chronic respiratory disorders.

Several studies showed that listening to music reduced the heart and respiratory rates and systolic blood pressure, while two or more music sessions led to mild but consistent pain reduction.[712] In the management of cardiovascular disease, researchers have found that the tempo of music influences heart rate and blood pressure.[713]

Also in relation to distress and anxiety, two further Cochrane Reviews explored the impact of music upon patients awaiting surgery and patients being mechanically ventilated. The first of these acknowledged the possible physiological effects of pre-operative anxiety, including slower wound healing and increased risk of infection. It found that listening to pre-recorded music significantly diminished patients' anxiety, bringing about a small reduction in heart rate and diastolic blood pressure, and 'One large study found that music listening was more effective than a sedative in reducing preoperative anxiety and equally effective in reducing physiological responses'.[714] With mechanically ventilated patients, the second review found that listening to music diminished anxiety and respiratory rate and caused systolic blood pressure to be reduced, which suggested relaxation in an otherwise stressful situation.[724]

NHS England's Health as a Social Movement programme is working with Stockport Together across Greater Manchester to build on the successful People Powered Health programme. This entails co-production with people managing long-term conditions and seeks to improve emotional wellbeing through the arts.[725] At the round table on Commissioning, we learnt about a digital application being developed in Bath and North East Somerset called Rover, which integrates health and social care data. This will allow people to view their NHS records and receive test results. It will provide details of any long-term conditions and provision available in the community to help manage these. It could also keep track of any arts activities undertaken and potentially generate data about whether they enhanced outcomes.

The Reader

The Reader engages with 2,000 people in 400 groups in the North West and other regions of the UK, in workplaces, prisons, libraries, mental health wards, care homes, schools and local communities.

Group leaders facilitate the reading aloud of serious literature – poems, short stories and novels – and group discussion. Participants recognise in great literature experiences in their own lives, and, in sharing and discussing these with fellow-participants, they gain insight and mutual support.[715]

The Centre for Research into Reading, Literature and Society (CRILS) at the University of Liverpool is principal research partner of The Reader. Adopting an interdisciplinary, mixed-methods approach, researchers at CRILS have investigated the experience of shared reading in contexts such as prisons.[716] They have found that the act of reading aloud, in combination with the literature being read, creates a non-judgemental, compassionate space in which moments of reflection and realisation can occur.[717] CRILS has established the value of shared reading for mental health, particularly depression and dementia.[718] Researchers have also explored the benefits of literature for mental agility and emotional flexibility and found it to bridge the gap between a current unwell self and a past healthy self,[719] enabling integration of fragmented parts of the self into a functioning whole.[720] Research in the field of reading and neuroscience suggests that the reading of complex text and the neural processing of language can stimulate brain pathways and influence emotional networks and memory function.[721] CRILS research emphasises the potential for reading to bypass ingrained neural channels and find new paths.[722] Analysis of the Reader's Shared Reading Scheme, conducted by CRILS as part of the Cultural Value Project, showed an enhanced sense of purpose in life among participants.[723]

Listening to music and singing diminishes the physical and psychological effects of cancer and coronary heart disease.

7.4 Adult Healthcare Environments

Professor Jane Macnaughton at Durham University has noted that the increase in hospital-building around the millennium facilitated innovative design and the construction of dedicated display areas, providing a community cultural resource.[726] A more recent example is Southmead Hospital in Bristol, which opened in 2014. In this scheme, Willis Newson managed a £1.1m programme, involving professional artists working alongside the hospital community to enhance the physical care environment and the culture of care. This led to six substantial public art commissions integrated into the building and grounds, a recurring arts festival and a series of interventions to aid the transition from old to new hospitals.[727] Andrea Young, Chief Executive of North Bristol NHS Trust, who commissioned the work, has noted that 'The art at Southmead Hospital Bristol helps to create a more aesthetically pleasing environment, which is important for people's sense of wellbeing. There are special places where people can have a quiet moment for reflection; there are things to help you feel more cheerful and things to comfort you. The art is helping to make Southmead Hospital a better place to be for patients, visitors and staff'.[728] The relationship between Willis Newson and the trust continues, leading to new artistic commissions and an ongoing community arts room programme.[729]

A study published in 1984 found that post-operative patients who had a view of nature from their windows recovered more quickly and needed less pain relief than patients whose rooms faced on to a brick wall.[730] Informing and informed by the National Gardens Scheme research mentioned in chapter five, Horatio's Garden is a charity dedicated to providing restorative gardens in NHS spinal injuries unit in Glasgow, Salisbury and Stoke Mandeville.[731]

The £10m Kentish Town Health Centre, uniting health and art, was shortlisted for the Stirling Prize in 2009.[732] Housing a large GP practice and a wide range of community health services, the design was informed by community consultation and funded via charitable donations and ACE. The building has a large roof terrace, a formal garden off the main waiting room and several informal gardens, creating a pleasing environment for patients and staff.[733]

Since the mid-1990s, work has been underway to create Maggie's Centres at all the major British hospitals treating cancer. Named after Maggie Jencks and co-founded with her husband, the landscape designer and writer Charles, these caring centres have been built for healing on a human scale. Designed by renowned architects, including Zaha Hadid, Rem Koolhaas and Richard Rogers, and adorned with art, the centres have given rise to a new genre – the architecture of hope. The focus of the centres is psychosocial, helping those who use them to embrace life and live well.[734]

7.5 The Criminal Justice System

The prison population has more than doubled over the past two decades, and we have seen that marginalised people and those from the lower end of the social gradient are more likely to enter the criminal justice system. Through a combination of factors, the life expectancy of prison inmates is between 15 and 20 years lower than that of the general population.[735] In public health circles, it is acknowledged that 'Health inequalities experienced by people in contact with the criminal

justice system are well above the average experienced by the general population'.[736]

It is estimated that up to 90 percent of prisoners have mental health problems, including anger, anxiety, depression, insomnia and substance misuse, likely to be exacerbated by being in prison. Rates of self-harm and suicide in prisons in England and Wales are at an all-time high. Over 70 percent of prisoners have two or more diagnosable mental disorders and up to 7 percent of male prisoners and 14 percent of female prisoners have probable psychosis, 14 and 23 times the level in the general population.[737] This grim reality is reflected in several reports, from the *Five Year Forward View for Mental Health* to *Investing in Recovery*. DH's *Closing the Gap* set out plans to introduce a national liaison and diversion service, so that the mental health needs of prisoners could be identified sooner and the necessary support provided. *Next Steps on the Five Year Forward View* pointed to mental health provision for people in secure and detained settings being put in place during 2017.

Re-offending costs the Government between £9.5bn and £13bn per year. Much of the literature surrounding criminal justice and the arts focuses on desistance – the process of personal growth through which offenders may become non-offenders. This concept implies consideration of identity and selfhood over an extended period.[738] As Lord Ramsbotham put it at an Inquiry Meeting, the self-esteem that comes from taking part in arts activity is likely to strengthen desistance, as a stepping stone rather than an end in itself. The provision of opportunities to participate in arts activities in criminal justice settings has been shown to carry economic benefits.[739]

In the criminal justice system, arts participation aids self-reflection and empowerment, leading to better health and wellbeing.

The APPGAHW, in conjunction with the National Criminal Justice Arts Alliance (NCJAA), has looked at the role of the arts in improving health and wellbeing in prisons. At the round table on Arts, Health and Wellbeing in the Criminal Justice System, Head of Health in the Justice System for NHS England, Hong Tan, told us that the 'criminal justice system is all about addressing inequalities' and drew attention to the success of arts interventions in achieving constructive participation. He singled out the work of Geese Theatre Company with people with learning disabilities in a young offenders' institution (HMP Aylesbury).[740]

Also at the round table, a former prisoner, Arthur, set the scene:

> *If you are sent into prison, it is a truly remarkable and challenging experience. And ultimately you need some way of expressing that. I don't need to tell anyone that there's a crisis in terms of self-harm, in terms of violence. Ultimately, these are pockets of trapped individuals with limited skills in terms of coping mechanisms, in an environment where it's not socially acceptable perhaps to talk about their feelings. So expressing these things is really important. For me, my art became a way of externalising certain emotions, certain thoughts, almost stabilising them. So, once I got them out there onto a canvas, it felt like that took up less space in my head perhaps. And there was a physical distance between me and them, and that made it much more easy to manage them.*

In this way, the arts enable greater insight and expression among people facing otherwise unbearable crisis.

At the same event, Professor Sarah Colvin outlined three things that happen when prisoners engage in arts projects: their relationship with themselves changes; their relationship with others changes; their relationship with education changes. In the process, she corrected a common misapprehension: 'There's a lazy way of looking at the arts as a soft option or something fluffy. They're actually really hard. If anybody [...] has ever done theatre or has ever prepared for an exhibition or has ever prepared for a concert, it's severely nerve wracking. It tests your nerves' capacity. It tests your stamina. It absolutely tests your determination'. Professor Colvin described how the sense of achievement gained from creative accomplishment increased self-esteem and confidence that life's challenges could be met. Added to which, the collaborative aspect of participatory projects builds social skills, develops empathy and trust, encourages mutual support, emotional openness and self-reflection and enables interpretation of the thoughts of others.

A 2016 review of prison education, conducted by Dame Sally Coates, positioned education as the key to rehabilitation and laid responsibility upon Prison Governors for designing and delivering an appropriate curriculum. The review called for 'greater provision of high quality creative arts', to improve self-knowledge and confidence and ease the transition into formal learning.[741] It also stipulated that 'There should be no restriction on the use of education funding to support the creative arts'.[742] This route to education among people who may not have succeeded in conventional learning environments is relevant to our consideration of education as a determinant of health.

Where the arts are available through education in the prison regime, this is often limited to a six-week City and Guilds course. At the round table, the case was made that the arts should be available to all prisoners, not only woven into educational activities but also in leisure time as an alternative to passive forms of entertainment. Arguing for a more sustained approach than one-off courses permit, Arthur suggested that resources for self-improvement, such as paints and brushes, should be made available in cells. At the same time, more peer mentoring could be organised, with prisoners explaining to others the importance of engaging in creative activity.

Imprisoned by fascists during the Spanish Civil War, Arthur Koestler established a trust in his name in 1962, dedicated to encouraging creativity in prisons. The trust runs an awards scheme across more than 50 categories of artistic activity, offers mentoring and artistic feedback and holds exhibitions of the artwork of prisoners, annually in conjunction with the Southbank Centre and throughout the year in cities outside London.[743]

Women account for five percent of the prison population, but they are responsible for a quarter of self-harming incidents. Many of the women in the criminal justice system have experienced abuse and trauma, which manifest themselves in mental health problems and substance misuse.[744] Clean Break was set up in 1979 by two women in prison, with the intention of putting women's stories on stage and delivering theatre education in prison. Alumnae were recently involved in an all-female Shakespeare trilogy at the Donmar Warehouse. Clean Break creates an environment in which women can establish agency by building an emotional toolkit that can enable them to

Combat Stress

Combat Stress is the UK's leading veterans' mental health charity, providing free specialist multidisciplinary clinical treatment and welfare support to former soldiers aged 18 to 97.[745]

It is the only charity in the UK to have offered veterans access to art therapy since 2001. This forms the core of an Intensive Treatment Programme for PTSD, offered at residential centres in Ayrshire, Shropshire and Surrey. This works on the basis that traumatic memories are not stored in a coherent narrative format but dysfunctionally retained in the central nervous system and triggered by sensory, trauma-related cues. By contrast, art therapy is perceived as an insight-orientated psychological treatment that accesses non-verbal areas of the brain associated with emotions, imagery and bodily sensations. An adaptive form of art therapy has been developed in response to the specific needs of traumatised veterans. Informed by neuroscience, this model is mindful of military culture and shaped by a framework of short-stay admissions. Art therapy supports veterans who may respond to a non-verbal approach by connecting with the particular qualities inherent in art-making such as symbolic and sensory expression. In this way, veterans are able to connect with and express emotions that they may find difficult to put into words.

The art therapy groups are 75 minutes long and comprise free art making, in response to a theme, followed by a discussion. Post-session group reflection on what has been created promotes insight, incorporates adaptive information and aids the development of a meaningful narrative of trauma. Between 2012 and 2014, 87 percent of veterans who completed the programme saw a reduction in their PTSD symptoms and co-morbid anxiety and depression, anger and alcohol use, and this was maintained at their six-month follow-up.

manage their mental health and self-care and stimulate personal change and growth. At the round table, Eleanor, a student at Clean Break, overcame her nerves to relay powerfully her experience of self-exploration, through role-play and drama, in safe, non-judgemental space. Echoing the sense of disenfranchisement articulated by the writers of the Homeless Library in chapter five, Eleanor contrasted isolation and addiction to connection and bonding, and told of how this experience had given her the freedom to believe she had a 'right to a life again'.

Jessica Plant, manager of the NCJAA, noted at the round table that people's experience of the arts in prisons was contextualised in many studies held in the alliance's library.[746] While there is a need for further research, there is sufficient evidence from case studies and evaluations of a range of arts interventions to inform policy. Embedding the arts in programmes for education and health would add value, enhancing job prospects and improving health and wellbeing. As the first few weeks after release from prison are particularly vulnerable, there is scope for preventative arts programmes in the community.

7.6 Post-Traumatic Stress

The Government's mandate to the NHS subscribes to the Armed Forces Covenant, which requires that all those who have been physically or mentally injured while in military service are cared for in a way that reflects the nation's moral obligations to them.[747] Yet, 'Only half of veterans of the armed forces experiencing mental health problems like Post Traumatic Stress Disorder [PTSD] seek help from the NHS and those that do are rarely referred to the right specialist care'.[748] *Closing the Gap* committed to ensuring that provision was made available to service personnel and evaluation was strengthened. *Next Steps on the Five Year Forward View* announced the inception of Transition, Intervention and Liaison mental health services for veterans, which will be available in four areas of England from April 2017.

The NICE guidance for PTSD recommends that all sufferers are offered a 'course of trauma-focused psychological treatment (trauma-focused cognitive behavioural therapy or eye movement desensitisation and reprocessing)',[749] but the arts are not mentioned. The case study provided in this section examines the role of art therapy in overcoming post-traumatic stress. Group drumming has also been found to facilitate the sharing of powerful emotions in young men (aged 20 to 23) with traumatic military experience.[750] While the evidence base for use of the arts in the aftermath of trauma has yet to be fully established, there are some compelling practice examples.

Founded in 2009, Combat Veteran Players focuses on Shakespearian verse and the controlled breathing needed to deliver it. This award-winning company has performed full-length plays both nationally and internationally.[751] Foundation for Art and Creative Technology, in partnership with Liverpool Veterans Project HQ, deploys mainly collaborative visual and digital arts strategies as part of the Veterans in Practice programme, founded in 2012.[752] Danish Wounded Warriors, in association with the Royal Danish Ballet Foundation, draws upon the physical fitness and self-discipline required of both soldiers and ballet dancers to offer a Pilates-inflected programme designed to improve the motor control and functional movement of battle-worn bodies.[753]

The arts also have a role in conveying the horrors of war. *Give Me Your Love*, a two-hander staged by Ridiculusmus at Battersea Arts Centre, explored states of consciousness precipitated by post-traumatic stress and altered by recreational psychoactive drugs. *Five Soldiers* by Rosie Kaye Dance Company, inspired by serving and former soldiers, 'provides an intimate view of the training that prepares soldiers for the sheer physicality of combat, for the possibility of injury, and the impact conflict has on the bodies and minds of everyone it reaches'.[754]

At the round table on the Arts and Post-traumatic Stress, several people mentioned the immersive quality of war – the smells, sounds and feeling of danger – and the need to be immersed in another kind of environment upon leaving. The arts potentially provide another kind of immersion. Richard, a veteran, described how, for him, the 'logical, disciplined, military left brain had stopped communicating properly with the emotional, symbolic right brain'. He had found that this dissociation could be resolved by using the creativity of the right brain and the skills of the left brain, forcing the two halves to communicate with each other.

In the USA, 'policy recommendations have promoted the inclusion of creative arts therapies within healthcare teams across the military continuum from pre-deployment/active duty status to post-deployment reintegration and veteran status', which has contributed to the recognition and use of arts therapies in a military context and their funding by the National Endowment for the Arts (NEA).[755] At the round table, another veteran, Jason, sketched a world in which people were trained not to show weakness. An eloquent advocate of the arts as the 'notation of our soul, our humanity',[756] he spoke of the value of creativity in aiding veterans to express emotion and re-enter civilian life. Rather than subjecting soldiers to a psychological assessment or diagnosis, he advised offering workshops

Art therapy unlocks pathways to recovery from post-traumatic stress while participatory arts aid the transition from military to civilian life.

introducing creative approaches such as art, music and comedy to all those leaving military service. This is a proposal that we hope the MoD will consider.[757]

Of course, soldiers are not the only people to experience post-traumatic stress. In the previous chapter, we encountered children suffering as the victims of war, violence or abuse. A service user who contributed to the Inquiry described how, when recovering from post-traumatic stress, she 'found engagement in arts activities absolutely crucial, both in surviving the hospital environment and in integrating back into the community'. At the round table, we heard about Nigel Osborne's Bosnian Voices, which saw Liverpool Philharmonic giving voice to women raped during the Balkan conflict. At the same event, we also learnt about the work of the Mental Health Foundation with asylum-seeking women in Glasgow, using the arts to help overcome the trauma of migration and raise awareness of the women's plight via the libraries network.[758]

ACE, PHF and the Baring Foundation have championed a role for the arts in creating understanding, community cohesion and mutual acceptance between host communities and refugees while also improving the confidence and skills base of new arrivals.[759] This suggests a role for the arts within the UK-wide City of Sanctuary initiative.[760]

At the round table on the Arts, Health and Wellbeing in the Criminal Justice System, the Director of Music in Detention, John Speyer, distinguished between detention and the prison system. In detention, days are counted up rather than down. In both contexts, incarceration compromises autonomy and assaults the sense of self, but the arts 'nourish the spirit and help people get through that profound challenge'.

7.7 The Arts in Health Education

The House of Lords Select Committee on the Long-term Sustainability of the NHS has identified the 'absence of any comprehensive national long-term strategy to secure the appropriately skilled, well-trained and committed workforce that the health and care system will need over the next 10–15 years' as the 'biggest internal threat to the sustainability of the NHS', arguing that a 'radical reform of many training courses for medical recruits is desperately needed'.[761]

Literature reviews examining the use of arts-based approaches in healthcare education show growing scale and momentum.[762] At a round table, Dr Iona Heath – former GP and President of RCGP – regretted the fact that medicine has 'prioritised theory over practice, the disease over the experience of the patient and number over description' and argued 'that the arts can play a huge role in redressing this balance'. The arts and humanities can address deficits in patient care by, for instance, promoting patient-centred approaches and empathetic doctors and creating an intellectual culture within healthcare which values critical thinking and social engagement.

Between 2005 and 2009, serious failings by Mid Staffordshire NHS Foundation Trust caused hundreds of patients to undergo unnecessary suffering and, in some cases, avoidable deaths. The Inquiry into these failings, conducted by Sir Robert Francis QC, insisted on the priority of patients within a committed, compassionate and caring health service.[763] The values of commitment, compassion and care inform the Care Act and lie at the heart of arts and health work.

Care involves attending to the needs and experiences of others. Care, in the true sense of the term, is altruistic and empathetic; it involves patience, trust and encouragement, and it offers hope. Care is to be found in abundance within the NHS and social care, and the most successful arts projects in healthcare involve artists who care. Beyond facilitating sessions and imparting skills, this implies a sensitive and reflective practice which can be refined in response to human interactions.[764] At a discussion of the Care Act held by the Inquiry, Sir Robert expressed his belief that the arts had a role in delivering better healthcare.

NHS trusts and educational institutions have been re-examining how commitment, compassion and care can be nurtured and developed within education and training. At medical school, there is often a component addressing the social determinants of health, which provides scope for considering the evidence linking the arts with health and wellbeing.

Some of the research considering how and why the arts and humanities may be used in healthcare education has come from the field of medical humanities.[765] Medical humanities are typically rooted in departments of literature and medicine,

history or philosophy of medicine or medical ethics.[766] Themes explored within this discipline include the aesthetics and narratives of medicine and conceptualisations of health and illness. Academics in this field have drawn on the humanities to highlight some of the deficits within medicine and healthcare.

There is scope for medical humanities academics to be more aware of arts and health work and for more embodied approaches to be adopted in medical education.[767] The arts can make a powerful contribution to the education and development of healthcare professionals at undergraduate and postgraduate level, and to professional development training.

7.7.1

Undergraduate and Postgraduate Education

The examples of undergraduate and postgraduate training provided in this section are primarily taken from medical schools, because this is where most progress has been made, often at the instigation of an enthusiastic medical educator with a passion for the arts or humanities but not necessarily an academic background.

At Plymouth University Peninsula Schools of Medicine and Dentistry and Exeter School of Medicine, core and integrated medical humanities programmes are part of the medical curriculum, and specialist medical humanities academics are part of the faculty. A new curriculum at Bristol Medical School seeks to embed medical humanities in a similar way, and Dr Louise Younie, GP, has connected students with arts projects based at her surgery. There are many examples of universities that have both medical schools and medical humanities departments, which overlap or collaborate on optional courses for medical students. Some of the arts and humanities interventions in healthcare education seek to develop skills in doctors, while others aim to teach students about how arts can be used in healthcare, with patients or service users.[768] An example of the latter is provided by Creative and Therapeutic Activities in Health and Social Care, a unit offered as part of the Cambridge Technical Certificate in Health and Social Care.

In most arts-based programmes in medical schools, artists and arts organisations are invited in to provide expertise or deliver a specific aspect of a programme, with medical students sometimes being taken into cultural environments. At present, it is rare for arts-based activities within medical schools to involve deeper collaboration with artists or arts organisations. An exception to this is the work of theatre company Clod Ensemble, led by artist Dr Suzy Willson, who is an Honorary Senior Lecturer at Barts and the London School of Medicine and Dentistry, Queen Mary University of London.[769]

Since 2001, Clod Ensemble's Performing Medicine programme has delivered educational courses and workshops, using arts-based methods to train medical students and practising health professionals, as part of undergraduate medical curricula, professional development within NHS trusts and public events. Practical courses – delivered by associate artists from backgrounds including dance, theatre, voice coaching and sculpture – focus on a range of clinically applicable skills, such as non-verbal and verbal communication, spatial awareness, leadership and teamwork. Participatory approaches stimulate collaboration and critical thinking, with students encouraged to embody what they learn with a view to practising it. Performing Medicine delivers compulsory courses throughout the core curriculum at Barts and The London, courses focusing on long-term conditions and student wellbeing at King's College London (supported by GSTC) and courses for foundation-year doctors at Royal United Hospitals in Bath.

Another example of engagement with practising artists is provided by the work of Professor Roger Kneebone, Director of the Imperial College Centre for Engagement and Simulation Science. Professor Kneebone runs the UK's only Masters of Education (MEd) course in Surgical Education, which involves experts from the social sciences, humanities and crafts in the learning of surgeons. Underlying both teaching and research is the aim of developing shared insights beyond those of individual disciplines. So, for example, a group of future surgeons was taken to a pottery class at Central St Martins, which gave rise to a conversation about thin materials on the verge of collapse, both clay and blood vessels.[770]

In the Faculty of Life Sciences and Medicine at King's College London, Dr Richard Wingate has worked with textile maker Celia Pym to encourage students to explore the similarities between tailoring and dissection. The Anatomy of Value was part of a wider Crafts Council collaboration called Parallel Practices, which aimed to explore the mutual benefits of makers and medical or scientific academics working together, the results of which are finding their way into the undergraduate teaching of health and science students.[771]

There are also examples of workshops and courses that use the visual arts to enhance observational skills in trainee doctors. A three-month pilot course for trainee dermatologists in Manchester involved workshops focusing on single paintings in the collection of Salford Museum and Art Gallery. Discussions were centred on close scrutiny of the colour, texture, pattern and composition of artworks, and the development of descriptive languages was encouraged. Participants reported improvements in their observational skills that could be applicable to dermatology practice; the majority also believed their written and verbal descriptive skills had been enhanced.[772]

In 2012, Jane Cummings, the Chief Nursing Officer for England, and Viv Bennett, Director of Nursing at DH and Lead Nurse at PHE, supplemented Sir Robert's three Cs with competence, communication and courage.[773] At the Florence Nightingale Faculty of Nursing and Midwifery (FNFNM), King's College London, it is understood that the 'creative arts in nursing and midwifery education offers one route to explore, expand and enhance students' non-normative ethics and values that underpin the sustained delivery of person-centred compassionate care'.[774] The Culture of Care programme brought sustained arts interventions into the faculty, including photography, performance, musical composition and group singing. Student feedback indicated that the arts programme stimulated empathy and reflexivity.

Since the early 2000s, an undergraduate elective module in nursing and the arts has been offered to trainee nurses in FNFNM; more recently, a separate module has been offered to midwives, and both have proven very popular with students. Over the same period, Arts Care has been running the Arts in Health Education training and research development programme. This facilitates access to expert education and training in the role of the arts in healthcare for healthcare professionals, family and professional carers, nursing and medical staff and artists.

In many cases, the arts and humanities enter into the training of healthcare professionals on an optional basis with little or no assessment. This will need to be addressed if the arts are to gain a firmer foothold within health, and we hope that the General Medical Council (GMC) and medical royal colleges will recognise the importance of the arts in education and continuing professional development. This might be dovetailed with efforts to introduce social prescribing into the medical curriculum. Public health training – centred on a shared understanding of health and wellbeing, communication skills, work with peer groups and signposting to community resources – provides a potential bridge to creative approaches.[775] We hope to work with the RSPH, FPH and UK Public Health Register to ensure that the arts enter into public health training and professional development.

7.7.2

Improving Staff and Patient Wellbeing

The arts have a contribution to make to the committed, compassionate and caring health service envisaged in the Francis Inquiry, making them central to training and development.

With over 1.3 million staff, the NHS is one of the UK's largest employers. A review of health and wellbeing in the NHS, conducted by Dr Steven Boorman in 2009, found that NHS organisations which valued staff health and wellbeing had better outcomes, higher levels of patient satisfaction, better staff retention and lower sickness absence.[776] Within the NHS, some 10 million working days are lost to sick leave every year, costing £2.4bn – around £1 in every £40 of the total budget. The Boorman Review estimated that this could be cut by a third, equating to almost 15,000 full-time staff and saving £555m.

The Royal College of Physicians has made explicit the relationship between staff health and patient care.[777] The workforce strand of STPs will be crucial to influencing the public's health from a preventative perspective. In September 2015, NHS Chief Executive Simon Stevens announced a major drive to improve and support the health of healthcare staff, dealing with burnout and stress, diet, exercise and physical and mental health.[778] In February 2016, NHS England's Health as a Social Movement programme set out to work with 32 CCGs, five major acute NHS Trusts and their charities across London to address workplace health and wellbeing.[779]

Fifty-one percent of ambulance staff and 43 percent of mental healthcare staff cite work-related stress as the reason for their absence from work.[780] A study of emergency service workers in Canada found that attending cultural events during leisure time improved physical health. Cultural events included concerts, ballet, theatre and museums, and were found to be means of coping with stress.[781] This suggests that arts attendance may be particularly useful in

improving staff wellbeing, which then has an impact on patient wellbeing and outcomes. In addition to this, 'Art therapy-based interventions can bring much needed creativity to address work-stress and increase resilience and well-being'.[782]

Strategies to counter burnout have focused on improving the health and wellbeing of staff outside work. A £450m NHS initiative, operational from April 2016, seeks to promote healthy staff lifestyles.[783] None of the three pilot sites for this initiative has embraced the arts, but there would seem to be clear merits in doing so. A Taiwanese RCT looking at the effect on nursing students of listening to music twice a week for ten weeks found a statistically significant decrease in depression.[784] During the Inquiry, a case was made for out-of-hours reading groups and creative arts groups to be organised for staff.[785]

Self-care is increasingly seen as an essential part of daily professional practice, and it is beginning to feature in wellbeing-based strategies in medical schools. Within the workplace, self-care contributes to creating a caring environment. In turn, there is scope for artworks made by health and social care staff to be shared publicly.[786]

Since 2014, Performing Medicine has been collaborating with the Simulation and Interactive Learning Centre at Guy's and St Thomas' Trust to design and deliver courses for healthcare professionals, supported by GSTC. An outcome of this collaboration has been the creation of a new framework called Circle of Care, which helps healthcare professionals to think about, and practise the skills involved in, compassionate care.[787] This framework acknowledges the importance of self-care by healthcare professionals and the relationship between staff wellbeing, care between colleagues and the experiences and outcomes of patients.[788] The Circle of Care framework articulates skills which can help create a compassionate healthcare service. These are: self care; verbal and non-verbal communication; appreciation of the person; situational and spatial awareness; leadership; teamwork; decision-making; learning from success and error. Arts-based methodologies can help to develop these skills.[789]

In the social care sector, Equal Arts is in receipt of CCG funding to deliver artist-led staff training for creative care involving 30 care homes in partnership with the Tyne and Wear Care Alliance. The discussion in this section suggests that NHS trusts and social care providers might, as part of normal practice, encourage staff to engage with the arts and culture as a route to preserving their own health and wellbeing and that of their patients. The GMC might also acknowledge that self-awareness and self-care are crucial to high-quality care and should be prioritised as part of professional practice, to prevent burnout and improve patient outcomes, and that evidence-based arts methodologies can be used to teach these skills.

Arts engagement has a part to play in the self-care of health and social care professionals.

7.8 Health and Care as Routes for Arts Professionals

There are upwards of 3,600 arts therapists in the UK and a growing number of courses training arts therapists to work in specific ways with patients, such as music therapists working with lung health through singing.[790] Arts therapists are accredited by the HCPC and recognised as Allied Health Professionals (AHPs), and there is a growing call for AHPs to become involved in transforming health and care.[791] At present, funding constraints limit access to continuing professional development for arts therapists compared to their medical and AHP colleagues.

Artists who find their way to working in the field of health are not infrequently people who have rejected the competitive professional arts world. The artists of the Hospitals Arts Team that formed in Manchester in the 1970s, for example, describe how they found they wanted to practise their art for the community rather than the market.[792] At the same time, research shows that, 'whereas artists find solace in the production of music, the working conditions of forging a musical career are traumatic'.[793] The physical and mental rigours of the performing arts, combined with the precarious nature of performative work lead to anxiety and stress, and depression in professional performers is three times higher than in the general population.[794]

At the round table on Commissioning, Basil Wild made the point that high-quality arts and health provision requires trained and experienced practitioners with good awareness skills. John Killick, a poet and former teacher who took part in the round table on Arts and Dementia, also noted that practitioners needed proper training, support and standards. In terms of training, there is a need for courses and workshops that focus on the specific skills required of arts professionals working in healthcare. Educators will need to develop their understanding of how the ways of thinking and skills that can come from the arts can be employed in health and social care.

There are currently modules within applied theatre courses which consider how the arts can be applied in various settings, such as that at Queen Mary University of London and the Royal Central School of Speech and Drama. At the University of Wolverhampton, Professor Ross Prior – Principal Editor of the *Journal of Applied Arts and Health* – explores the pedagogical role of theatre in relation to health and wellbeing. Performing Medicine helps artists to apply their knowledge in healthcare education settings. Artis (mentioned in the previous chapter) recruits, trains and supports professional performing artists to work in the school environment.

The Bachelor of Music (BMus) course at Birmingham Conservatoire includes an introductory Community Engagement module which paves the way to a Further Community Engagement module. It also operates a postgraduate module called Music, Community and Wellbeing. All of these modules involve training students in workshop facilitation techniques and interactive performance skills and taking them into a range of community settings, including hospitals and care homes. The conservatoire partners with Music in Hospitals, whose musicians mentor students in these settings; Live Music Now, Lost Chord: Music for Dementia and Ex Cathedra Singing Medicine at Birmingham Children's Hospital are also involved, and the module teaching staff are experienced workshop leaders and interactive performance practitioners – in one case, a qualified music therapist.

Picking up where the Masters of Arts (MA) in Participatory and Community Arts at Goldsmiths left off, the MA in Inclusive Arts Practice at the University of Brighton is aimed at artists working in healthcare, education and the community.[795] A Masters in Arts and Health is being developed by Arts for Health at MMU, which already runs an MA module in Arts, Public Health and Wellbeing. At Loughborough University, an MA in Animation for Health and Wellbeing encourages students from a wide range of backgrounds to 'explore how animation can both facilitate and communicate models of health and wellbeing'.[796] Looking overseas, Arts in Medicine at the University of Florida offers a range of undergraduate and postgraduate courses to arts practitioners seeking to humanise the healthcare experience. A Masters course is available online and centred on training artists-in-residence to make their own art and encourage the creativity of others in environments for health and wellness.[797]

Healthcare and Design, hosted by Imperial College London and the RCA, comprises two overlapping Masters programmes respectively aimed at health and design professionals. Offered part-time over two years and building on the work of the HELIX Centre, the RCA course aims to 'equip students [...] with the tools and techniques to instigate and lead innovations in healthcare systems, services and environments'.[798] Two skills councils (Skills for Care and Creative and Cultural Skills) are paying attention to the arts in the training of artists and care workers.[799]

UK art schools and universities might offer health pathways as part of arts courses. Mentoring can also work well,[800] and apprenticeships in social care could include a creative element.[801] Across the arts and health field, artists are increasingly working freelance. More needs to be done to provide economic security for arts professionals venturing down a health route.

7.9 Public Engagement Platforms

Within the healthcare milieu, there is increasing interest in creating platforms that encourage dialogue, across disciplines and with the general public, about health, medicine and our bodies at all life stages. These involve a wide range of voices from healthcare, science and the arts in conversations, performances and workshops. An example of this way of working is provided by exhibitions on medical themes at the Wellcome Collection; another is the work of Operating Theatre, which uses drama to contemplate health and wellbeing.[802] Public engagement has a powerful role in advancing healthcare by sharing perspectives and ways of seeing, improving understanding of the social contexts in which healthcare takes place and creating respect for different areas of expertise and methods of research.

Medicine Unboxed is a non-profit organisation which holds an annual international event that is part conference, part festival, curated by Dr Sam

Within the NHS, around £1 in every £40 is spent on sick leave, including anxiety, depression and stress.

Gugliani and funded by Wellcome, Summerfield Trust and Gloucestershire Hospitals NHS Trust. The event brings together artists, scientists, writers, theologians, poets, patients, philosophers, musicians, politicians and doctors. In a contribution to the Inquiry, the organisation made a succinct statement which contains resonance for our work:

> *We contend that good medicine cannot be understood simply as a sound evidence base for the right technical decisions and interventions; it demands more from the practitioner, a wider kind of knowledge characterised by: empathy, morality, the recognition of human suffering and wisdom. These attributes are not always prioritised in the selection and training of healthcare professionals. Further, there is a hiatus of trust, understanding and expectation between medicine and society around the possibilities and limits of medicine. [...] We contend that arts and humanities can illuminate this perspective, bring us to debate and foster awe, wonder and perhaps humility.*

At Imperial College, Professor Kneebone leads a creative research group, made up of clinicians, scientists and artists, which coordinates arts-based public engagement projects. Aiming to examine medicine beyond the medical environment, events have included pop-up operating theatres involving audience members in the simulation of surgical procedures at more than 100 scientific and literary festivals. The Sick of the Fringe is a 'celebration of the body – its problems and potential'.[803] This series of events and performances in Edinburgh and London includes workshops, installations, performances and artists' talks that provoke engagement with the body. Clod Ensemble also presents talks, conversations, performances and workshops, exploring themes within medicine, healthcare and the arts and encouraging people to reimagine the place of medicine in our culture, now and in the future.

This kind of public engagement has flourished in recent years, partly as a result of work by Wellcome, which supports artists to engage the public with themes relevant to 21st century medicine, science and healthcare across the life course. This enables the exploration of particular issues and the facilitation of dialogue, as distinct from art improving health or wellbeing while possibly retaining elements of both. An example is provided by the Barometer of My Heart, supported by Wellcome and ACE, an artistic exploration of erectile dysfunction and impotence and the relationship between the former and heart disease.[804]

The territory covered in this chapter is broad. As before, we see that inequalities experienced in early life have a continuing effect when we reach maturity and that our position on the social gradient to a large extent determines our health and wellbeing in adulthood. Engagement in the arts has a central role to play in overturning predestined outcomes.

Position on the social gradient also influences the likelihood of an interaction with the criminal justice system and determines the extent to which we are equipped to deal with incarceration and trauma, but the arts can help make up deficits by enabling the expression of experience and emotion and assisting self-reflection.

Sophie McKeand, Artist Facilitator on Age Cymru's cARTrefu programme; delivering art residencies in care homes across Wales; Emral House care home, Wrexham

Photographer: Ticky Lowe

8 Older Adulthood

8 Older Adulthood

"I have always believed that arts need no other justification than their own intrinsic value, their capacity to lift the spirit and give us experiences of transcendental and inspirational power. And that remains true. But there are adjacent benefits that hold particular force in the lives of the elderly"

Baroness Bakewell, *Ageing Artfully*, 2009

In the developed world, people are living longer than ever before. Over the past two centuries, life expectancy has increased by two years every decade, meaning that half of people being born in the West can expect to reach 100.[805] If health and care remain unchanged, this will have a marked impact upon public spending.

Freed from the ties of work, people in older adulthood may enter a creative age.[806] Longitudinal research, as noted in chapter three, suggests an association between arts engagement and healthy life expectancy. This chapter considers the role of the arts in the lives of older adults. While remaining mindful of the barriers to participation, it explores the proposition that arts engagement may lead to longer lives better lived.[807]

8.1 Healthy Ageing

Older people in good health and full possession of their faculties are referred to as being in the Third Age, whereas older people whose health, mobility or mental acuity is compromised are said to be in the Fourth Age. Frailty denotes an accumulation of health deficits which increases the risk of adverse outcomes and the likelihood of hospital admission and long-term care.[808] The House of Lords Select Committee on the Long-term Sustainability of the NHS noted that:

> *Increased longevity of life was one of the triumphs of the 20th century. The challenge for today is to ensure that those extra years are healthy years. The health service in this country – in common with most of those in the developed world – was designed primarily to treat short-term episodes of ill health and today continues to operate around individual conditions and body parts. Consequently, it is less adapted for frail, elderly people with multiple health conditions.*[809]

NHS England recognises the imperative to adapt to the needs of frail elderly people and points to the deceleration in hospital admissions in vanguard areas.[810] We argue that the arts are of great value in preventing and postponing frailty.

A 2016 Foresight report responded to the opportunities and challenges of an ageing population to advocate not only significant adaptations to health and care systems but also working until later in life, appropriately designed housing and lifelong engagement with mentally stimulating activities.[811] Several of the specific policy areas the report identified for ensuring wellbeing across the lifecourse overlap with those covered in this report, including increased access to social networks and reduced loneliness; increased independence; reduced incidence of cognitive disorders such as dementia; increased health and wellbeing and reduced avoidable inequalities in health outcomes.

There is growing recognition that people beyond working age 'can be creative, productive, carers, lovers, citizens, consumers and enjoyers of what society has to offer'.[812] Yet, while many older people lead satisfying and fruitful lives, health in older age is determined by income and by current and previous experience.[813] Educational level predicts life expectancy, and disability-free life expectancy is unevenly distributed across the social gradient.[814] Older people living in deprived neighbourhoods are significantly more likely to experience mobility difficulties than those in less-deprived neighbourhoods,[815] with high-status people experiencing the vitality of people fifteen years younger at the bottom of the social gradient.[816] In turn, a lack of mobility exacerbates social isolation, has a negative impact upon health and diminishes participation in leisure activities.

Arts engagement is central to healthy ageing.

In Scotland, a 2007 plan for the ageing population included the ambition that older people should contribute to building thriving local economies, playing their part in the voluntary sector and fully participating in sport, culture and the arts.[817] A Scottish action plan on ageing for 2014–16 included a section dedicated to the arts and cultural activities. It acknowledged the benefits of the arts in improving and maintaining health and physical and mental wellbeing, and it advocated the promotion of local and national arts festivals and cultural activities to older people.[818]

The Welsh Government's *Strategy for Older People in Wales 2013–23* set out a vision for improving social, economic and environmental wellbeing as key components in building a good quality of life. Advocating lifelong learning and other activities, the strategy made mention of the arts and creative activities. Specifically, it promoted the 'participation of older people in the arts throughout the year', with the aim of enhancing the 'mental and emotional health and well-being of older people in Wales by enabling engagement with artistic and creative activity'.[819]

In Northern Ireland – where the number of people aged 70 plus was projected to increase by 74 percent in the twenty years from 2009 – the Office of the First Minister and Deputy First Minister published a crosscutting strategy for older people, entitled *Ageing in an Inclusive Society*, which addressed economic exclusion, health and wellbeing.[820] In response, Age NI took the lead on developing a national Positive Ageing strategy, which recommended that addressing the challenges of an ageing society should focus on maximising the positive contribution made by people in later life. However, this 2009 strategy omitted consideration of the arts.[821] The Northern Ireland Executive's Active Ageing Strategy for 2016–21 included the provision that older people

Silver Song Clubs

The charity Sing for Your Life offers participatory music activities to older people.[822]

Community singing takes place in its Silver Song Clubs, promoting healthy ageing under the slogan 'a song a day keeps the doctor away'. In 2012, an RCT was conducted to explore the effects of community singing. Five new singing groups were set up in East Kent, and volunteers aged over 60 were randomly assigned to one of these groups or to a non-singing group. Participants in the singing groups took part in a 12-week programme led by Sing for Your Life. Compared to the control group, three months into the project the singers reported significantly improved quality of life and lower anxiety and depression; after six months, these benefits had diminished but still exceeded those measured at the outset.[823]

In a large-scale survey of choral singers in England, Austria and Germany, the majority of participants endorsed the idea that singing enhanced their wellbeing.[824] It was found that singing involved focused attention and controlled breathing, which counteracted anxiety and stress; offered social support, helping to overcome isolation and loneliness; promoted learning as an antidote to cognitive decline; provided a regular commitment that discouraged inactivity; raised the spirits and made people happy.[825]

should have access to the cultural resources of society, but it made no recognition of the value of arts participation.[826]

In 2009, the Government published *Building a Society for All Ages*, which signalled an intention to enable older people to continue working beyond retirement age, collaborating with NESTA to address the health impediments to doing so; in the process, inclusive design standards were embraced but not the visual arts.[827] A report by the NEA finds that:

> *Design and visual arts play an important role in the well-being and quality of life for older people. The design of residential buildings for older people can affect the amount and quality of social interaction, physical activity, cognitive stimulation, and emotional well-being of residents. The landscaping, traffic flow, building materials, and design of activity hubs all contribute to the success or failure of a residential facility as a thriving community.*[828]

Between 12 January and 19 February 2017, the New Old exhibition at the Design Museum – curated by the Helen Hamlyn Professor of Design at the RCA and supported by the Helen Hamlyn Foundation – examined ways in which designers could help to meet the challenges of our rapidly ageing society. In the visual arts, the focus tends to be on youth, and even relatively successful artists become less visible as they age, yet the argument is made that both visibility and value could be enhanced through the arts.[829]

In the USA, the late Dr Gene Cohen led the Creativity and Ageing Study, supported by the NEA at George Washington University, which looked at the impact of weekly participatory arts programmes over two years. This involved 300 ethnically diverse participants (half of whom formed a control group) aged between 65 and 103 and dispersed across three states. Activities included painting, pottery, dance, music, poetry and drama. The study found 'true health promotion and disease prevention effects', including increases in self-reported health and wellbeing and reductions in medical appointments and requests for medication. At the same time, arts participation led to greater independence, 'reducing risk factors that drive the need for long-term care', including falls.[830] Dr Cohen later reviewed research suggesting that social, psychological, and neurobiological mechanisms were at play.[831]

Regular group singing can enhance morale and mental health-related quality of life and reduce loneliness, anxiety and depression in older people.

The Mental Health Foundation advises reading books and playing musical instruments as a way to preserve mental health in older age.[832] In chapter five, we saw that NICE recommends singing, arts, crafts and other creative group activities to safeguard mental health and wellbeing in older people.[833] The European project, Long Live Arts (2014–16) championed creative ageing for its individual, communal and societal benefits, particularly for older people experiencing poverty or isolation or in need of care.[834]

As people age, quality of life is 'largely determined by their ability to access needed resources and maintain autonomy, independence, and social relationships'.[835] During the round table on Music and Health, Dr Jane Povey, GP and Founding Director of Creative Inspiration Shropshire CIC, a social prescribing initiative, noted that 'We spend a lot of time in health and care propping people up, trying to keep them alive, trying to cure, but sometimes what we're really doing is extending the length of life without doing an awful lot about quality of life. My premise is that [...] we can grow and maintain individual wellbeing and resilience using the creative arts'.

In February 2017, Age UK published work on wellbeing in later life. Data gathered from more than 15,000 respondents was analysed against 40 wellbeing indicators drawn from the Understanding Society survey. This found that, of those older people experiencing the lowest wellbeing, 80 percent had not achieved a GCSE qualification, underlining the connection between educational level and wellbeing. Engagement in creative and cultural activities was found to make the highest contribution to overall wellbeing.[836] This suggests that, in seeking to improve quality of life for older people, frontline charities should include the arts in their strategies.

In chapter six, we saw that children who learn to play a musical instrument benefit from better aural processing and speech perception than their non-musical peers. A research team led by Professor Nina Kraus, Director of the Auditory Neuroscience Laboratory at Northwestern University in Illinois, has found that lifelong engagement with music improves the ability of older people to differentiate speech from background noise, which is a common difficulty, caused by the slowing of neural activity in the midbrain.[837] The team also found that, even in non-musical older adults, short-term auditory training increased the plasticity of the brain, aiding speech recognition in noisy environments, though the effects were only partially sustained after the training stopped.[838]

The What Works Centre for Wellbeing review of literature analysing the relationship between music, singing and wellbeing in healthy adults found that:

> *Regular group singing can enhance morale and mental health-related quality of life and reduce loneliness, anxiety and depression in older people compared with usual activities. Participatory singing can maintain a sense of wellbeing and is perceived as both acceptable and beneficial for older participants. Engagement in music activities can help older people to connect with their life experiences and with other people, and be more stimulated. Singing can maintain a sense of wellbeing in healthy older people.*[839]

A large-scale mixed-methods study funded by the Baring Foundation and conducted by Live Music Now between June 2015 and July 2016 looked at the impact of singing on older people in care homes.[840] This resulted in the establishment of a consortium, with academic research led by Professor Clift. A literature review found that 'research on group singing for older people shows convincingly that singing can be beneficial for psychological and social wellbeing'.[841] This suggested an overarching recommendation indicated by the project's title – A Choir in Every Care Home – which has been heeded in a programme endorsed by CQC.[842]

The Baring Foundation has conducted research into older people's theatre in the UK, shining a light on 25 initiatives and presenting 14 case studies.[843] Another Baring Foundation report documents a significant number of organisations, across the UK, dedicated to bringing the participatory arts to older people – in their own homes or through community organisations, hospitals, hospices, day centres or nursing homes – with many more organisations having a strand of work for older people as part of a larger remit.[844] A further report looks at the position of local authorities in securing a creative and healthy older age for their populations by exerting their combined responsibilities for the arts, public health and wellbeing, social inclusion, community cohesion and older people's services.[845] This is echoed by the LGA strategy for healthy ageing, which recognises social prescribing and the arts.[846]

To demonstrate the contribution of the arts to healthy ageing and beyond, a handful of examples is considered in this chapter, complementing the account of Age-Friendly Cities and Communities given in chapter five. This evidence suggests that local authorities, PHE and local directors of public health, the RSPH and the FPH should promote engagement in creative activity as a component of successful ageing.

8.2 Dance and Falls Prevention

People are likely to become more sedentary as they age, but dance provides a form of aerobic exercise that can be adapted to individual capabilities. Dance has physical health benefits, including improvements in balance, strength, gait, posture and reaction time. The alertness required for dancing increases mental acuity, while the social nature of dancing is an antidote to isolation and increases subjective wellbeing.[847]

Dancing strengthens balance and posture, sharpens mental acuity and reduces the likelihood of falls.

Equal Arts has been working across art forms in the North of England since the 1990s, particularly with older people experiencing long-term health conditions. Between January and May 2014, research conducted as part of the Cultural Value Project studied the Grand Gestures dance project run by Equal Arts. Seeking to identify the somatic properties of dance, the research focused on sensory awareness, connectedness and being in the moment. This found that, as a by-product of the creative process, dance stimulated an expanded sense of self and of community, providing a 'set of tools for enhancing everyday life and navigating the ageing process'.[848] Local dance projects to enhance the health and wellbeing of older people have been set up in many places.[849]

Ageing is generally accompanied by a decline in sensorimotor, cognitive and physical performance. Falls are the most significant cause of emergency hospital admission for older people and a major factor in people moving from their own homes into long-term care, estimated to cost the NHS £2.3bn per year.[850] Falls prevention strategies are calculated to reduce falls by 35 to 54 percent, but they are generally quite unappealing.[851] One hour

of dancing per week for six months by healthy older people has been shown to benefit cognitive, tactile and motor performance while proving engaging and popular.[852]

Dance to Health, a falls prevention exercise programme for older people (aged 60 to 95), is being piloted by Aesop in partnership with ACE NPOs specialising in dance in Cheshire, London and Oxfordshire, with funding from a range of sources.[853] Trained dance artists embed physiotherapy in regular, fun, sociable and creative dance. The programme is aimed at both primary and secondary prevention – in other words, at those who are at high risk of experiencing their first fall and those who have already had a fall. Evaluation has shown completion rates of 72 percent, which potentially represents better cost-effectiveness than NHS falls prevention exercises with much lower retention rates. In recognition of their physical and mental health benefits, Age UK supports dance classes for older people,[854] but demand outstrips supply.[855]

8.3 Combating Social Isolation

Age UK estimates that 1.2 million older people in the UK are chronically lonely.[856] The *Marmot Review* found that social participation increased healthy life expectancy. Social participation in older age is considered even more beneficial for health than giving up smoking.[857] By contrast, social isolation – defined as less than weekly contact with family, friends or neighbours – is estimated to affect more than two million people over 60 in the UK, with those on low incomes twice as likely to feel trapped and lonely than their more affluent counterparts. Isolation, which accounts for up to a third of GP visits, is associated with poor physical and mental health and significantly increases the risk of dementia.[860]

Engagement in arts activities helps to overcome social isolation, acting as a protective factor against dementia.

Arts engagement often involves social interaction, which helps to overcome loneliness. Ow Bist [How Are You?], a two-year project funded by PHF, aims to tackle isolation in rural communities in Shropshire. A pilot project (May–June 2016) offered a programme of art, craft and dance at a charge of £5 per session. Evaluation of the pilot showed creative strides being made by participants and new relationships being forged. An extension of the project began in September 2016.[861]

The Campaign to End Loneliness – led by a coalition of organisations including Age UK Oxfordshire, Independent Age, Sense, Manchester City Council and WRVS and funded by the Calouste Gulbenkian Foundation – has embraced arts strategies, partly for their role in creating social connections and empowering older people.[862] The Arts Council of Northern Ireland has implemented a programme called Not So Cut Off, which aims to alleviate both isolation and loneliness in older people through the arts.[863] On the strength of the evidence, the Jo Cox Commission on Loneliness, founded in 2017, might consider arts approaches when developing its work.[864]

Dancing in Time

Leeds has an ambition to be the best city in which to grow old, and it has its own Older People Forum.

In January 2015, Public Health Leeds commissioned Yorkshire Dance and the University of Leeds to investigate the feasibility of implementing a dance programme to improve the health and wellbeing of older adults (aged 60 to 85) living in the community.[858] The project considered factors known to contribute to falls, including fear of falling.

Contemporary dance is a low-impact physical activity open to all, regardless of physical condition. It offers the opportunity to interpret music, either individually or as part of a larger group, through movement which includes elements of aerobic exercise, balance activities, low-level resistance exercise and moves that enhance flexibility. During 2015, three dance courses were offered in Leeds over 10 consecutive weeks, each comprising twice-weekly sessions of 90 minutes, led by specially trained dance artists. There was an 85 percent adherence rate for those who took part in the project, compared to 40 percent for standard NHS falls prevention courses.

Researchers from the School of Biomedical Sciences at the University of Leeds used a variety of questionnaires and motor activities to examine the impact of participation on physical activity patterns, balance, fear of falling and mood. A group discussion with participants explored their perceptions of the ways in which the programme had affected them. This showed decreases in sedentary time and increases in physical activity, decreases in fear of falling and increases in happiness. Additional benefits attributed to the dance programme included reduction of pain, easing of joint stiffness, increased energy levels, better balance and coordination and feeling more relaxed. Dancing in Time thus moderated the physical and psychosocial risk factors for falls.[859]

Staying Well

In November 2014, the Staying Well project was set up across the area covered by Calderdale Metropolitan Borough Council, which is made up of semi-rural areas peppered with population centres containing diverse communities and areas of deprivation.[865]

The project seeks to reduce isolation and loneliness among older people and enable prevention and early intervention. It is hoped that this will diminish pressure on health and social care resources. Staying Well workers were initially placed within four community anchor organisations, taking responsibility for identifying isolated and lonely people and signposting them to appropriate community activities. A devolved micro-commissioning budget of £50,000 was allocated to each of the four community hubs, supporting local activity providers to increase provision and create new opportunities, tackling barriers to people accessing activities. Engagement with community groups and individuals enabled funding to be directed to meeting local needs. A wide range of art and craft activities was provided, including painting and drawing, music, singing and cinema at a charge of less than £5 per session.

Evaluation of the first 18 months of the project by the University of Lincoln showed almost half of the 779 participants to have a long-term condition and over a third to have two or more long-term conditions.[866] Among the 55 percent of participants drawn from deprived communities, there was a higher incidence of long-term health conditions, lower quality of life and greater isolation and loneliness. Three of the four hubs showed a reduction in loneliness over the initial period, with some participants also reporting improvements in their health.

Initially intended as a 12-month pilot project, with funding from Calderdale CCG matched by the NHS vanguard programme, the project has been extended three times. It has expanded in scope to become a universal adult service across the whole borough with funding from the council.

8.4
Museums on Prescription

An AHRC-funded research project (2014–17) led by Professor Helen Chatterjee at UCL is investigating the potential of museums on prescription as part of the wider social prescribing landscape for older adults.[867] Building on previous work with older adults,[868] ten weekly two-hour programmes are being offered to vulnerable or lonely older adults (65–94) across seven museums in central London and Kent. The sessions combine activities such as gallery talks and tours, discussions, museum object handling and collections-inspired creative activities. The research involves exploration of the value of cultural heritage in overcoming social isolation and of the relationship between touch and wellbeing mediated by cultural artefacts.[869] A range of qualitative analyses and quantitative scales is being used, including measurement of wellbeing and loneliness. Interim findings show a progressive increase in psychological wellbeing across sessions and some upward trend in social inclusion.

Museums and galleries contribute to increased psychological wellbeing and have a part to play in age- and dementia-friendly communities.

Dulwich Picture Gallery is located in the London Borough of Southwark, which has an unemployment rate of two and a half times the national average and a 30 percent minority ethnic population. Since 2005, the gallery has run the Good Times: Art for Older People programme, which accepts referrals from doctors' surgeries of frail, depressed or lonely people. A conscious effort has been made to engage older people from the surrounding area, particularly older men (who are less likely to engage in community activity than their female counterparts).[870] A broad programme is offered free of charge, comprising gallery tours and participatory arts workshops (visual art, drama and dance, in the gallery and in the surrounding community), with a consistent emphasis on the quality of activities. The programme offers a chance to socialise, and it adopts an intergenerational approach by engaging the carers of older people and young people from local schools. Evaluated by researchers at the Oxford Institute of Population Ageing, the programme has been found to have benefits ranging from mental stimulation to increased confidence and a positive outlook.[871]

A Museum Directory of SocialPrescribing and Wellbeing Activity in North West England has been published by HEE, showing a £3 return on every £1 invested.[872] In seeking to expand their range of visitors, more cultural organisations might make it part of their strategy to reach older people in their communities who are at risk of social isolation.[873]

8.5
Residential Care

More than 580,000 people over 65 live in residential care in England and Wales,[874] over 33,000 in Scotland[875] and around 15,000 in Northern Ireland.[876] Sense of meaning and purpose in life can diminish with age.[877] An estimated 40 percent of older people living in care homes are affected by depression, compared with 20 percent of older people living in the community.[878] The Royal College of Psychiatrists estimates that 85 percent of older people receive no NHS help for depression, and suicide rates are higher among older people than in the general population.[879] People with depression have a 50 percent higher risk of early death than their contemporaries without depression, which is comparable to the risk associated with smoking; in the over-65s, this risk jumps to 75 percent.[880]

The Commission on Residential Care, chaired by Rt Hon. Paul Burstow MP, placed an emphasis on 'self-determination, self-reliance, fun and community bonding among residents, employees and families' and made due recognition of the arts, suggesting the colocation of care homes with arts and adult education colleges.[881] In chapter four, we saw that CQC encourages care homes to provide meaningful activity. NICE states that people should be encouraged to take an active role in choosing and defining activities that are meaningful to them, which the guidance anticipates may include 'leisure activities such as reading, gardening, arts and crafts, conversation, and singing'.[882] A growing body of evidence and practical experience shows that engagement in the arts increases the wellbeing of healthy older adults in residential care.[883]

In England, 11 percent of care home provision is by local authorities. There is increasing recognition of the arts among the bodies representing both non-profit and for-profit care home providers (the NCF and the English Community Care Association). The Living Well through Activity in Care Homes toolkit, developed by the College of Occupational Therapists, includes the arts and crafts, music and singing in its list of suggestions to care home owners and managers.[884]

In its work with older people, the Baring Foundation has looked at good practice in the arts in care settings across the NCF. This yielded a report, C*reative Homes: How the arts can contribute to quality of life in residential care*, which found that 82 percent of NCF members encouraged some form of arts activity, brightening care home environments and their grounds and improving quality of life.[885] The participatory arts were seen to inspire residents and staff in care homes, helping to maintain physical health and flexibility as well as cognitive functioning and a sense of identity. Some examples of innovative participatory practice that we were told about as a result of the call for practice examples are mentioned here.

In 2012–13, the Wallace Collection was awarded funding from the National Institute of Adult Continuing Education and Community Learning Innovation Fund to develop a series of resource boxes for loan to care homes, with the aim of providing museum access to older people. Six themed loan boxes were created, containing reproduction images and objects, intended as a stimulus for discussion and appreciation. A booklet was written for each theme, and a tablet with relevant digital content was included so that trained care home staff and volunteers could deliver their own sessions with residents. Sometimes a visit was made to a local museum. Beginning in London, the project was extended elsewhere in southern England, engaging more than 350 participants. The project stimulated and revived interest in the arts, inspired new conversations, ignited memories and improved wellbeing. It also demonstrated a hunger for arts-based activities in care homes, and several of the partner organisations continue to use loan boxes as a popular part of their activity programmes.[886]

In April 2015, Age Cymru began delivering cARTrefu [reside], a two-year project which aimed to improve the wellbeing of care home residents through the participatory arts, jointly funded by the Baring Foundation and Arts Council of Wales. Four lead mentors were recruited from performing arts (dance, drama), music, visual arts and writing (poetry, prose) to oversee the work of a further four practitioners in each art form. The 16 artists delivered weekly two-hour participatory sessions over a period of eight weeks in up to 128 care homes, reaching almost 2,000 residents and making cARTrefu the largest project of its kind in Wales. The project is being independently evaluated by the Dementia Services Development Centre Wales at Bangor University, which aims to explore the impact of the residencies on all those involved. Interim evaluation suggested improvements in residents' wellbeing and the quality of care being provided by staff.[887]

Also in April 2015, Magic Me,[888] an arts charity mentioned by the Commission on Residential Care, began running a two-year programme of artists' residencies, in partnership with Anchor, England's largest non-profit care home provider, and four arts partners.[889] Funded by PHF and Wakefield and Tetley Trust with a contribution from Anchor, the focus was on high-quality artistic activity. At the Greenhive Care Home in Southwark, for example, Punchdrunk Enrichment used immersive design to transform a room into an English village square, complete with hedgerows, a post box and a pub. On a grassy area at the centre, a long white table was installed. Care home residents were invited to take a seat at the table and become part of the Greenhive Green Committee, engaging in weekly creative activities related to village life. Interim evaluation showed the project to have been popular with participants and carers alike, animating and personalising the care environment.[890] We support the proposal of artists' residencies in every care home made by Alice Thwaite from Equal Arts.[891]

In May 2016, CQC published a five-year strategy highlighting the importance of person-centred care.[892] CQC Chief Inspector of Adult Social Care, Andrea Sutcliffe, has pointed to the role of the arts in enabling people to live full and meaningful lives. She identified the best care homes to be 'flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live a full life'.[893] We hope that this positive view will lead to more examples of the arts benefiting social care being included in the CQC guidance. This would encourage care home providers to secure culturally stimulating environments for their residents and staff and incorporate the arts into care packages. In turn, an imaginative and holistic approach which impacts on the wellbeing of individuals should make care homes more attractive to commissioners.

Inspiring architecture makes an immense difference to the quality of life of people in residential care. There are many examples of well-designed residential care, such as homes provided by MHA, the Belong Village in Wigan and the Abbeyfield dementia care home in Winnersh. We would like to see care homes and villages that are comparable in the quality of their design to the Maggie's Centres mentioned in the previous chapter.

8.6
The Arts and Dementia

In 2015, an estimated 850,000 people in the UK were living with a form of dementia. The same number was thought to be undiagnosed. As the population ages, it is estimated that this figure will increase to over one million by 2021 and two million by 2051 (with a seven-fold increase in BAME communities compared to a two-fold increase in the general population).[894] Replicating the health inequalities that persist in society, higher educational levels and occupational attainment, as well as participation in the intellectual, social, physical and creative aspects of life, are associated with slower cognitive decline in older adults.[895] Diet, drinking, exercise and smoking also modify the risk of dementia. Older people who live in more deprived areas are more likely to experience an earlier onset of dementia and to die younger from it than those who live in more affluent areas.[896]

Arts participation in care homes helps to safeguard mental health, wellbeing and independence in older people.

While dementia is not confined to older adulthood and there are approximately 65,000 people under 65 living with dementia in the UK, onset is most common in older adulthood, with one in 14 people over the age of 65 developing it. It is the main cause of disability in later life, affecting an estimated 70 percent of care home residents. The rate of deaths with a mention of dementia has been steadily increasing to become one of the top five causes in the population and the main cause of death in women. In 83 percent of cases, dementia is present alongside, and often exacerbates, other health conditions (particularly circulatory and respiratory diseases), extending the length of hospital stays by up to seven times and accounting for a quarter of inpatients (3.2m bed days).[897] The annual cost of dementia to the UK is £26.3bn; this is expected to exceed £50bn over the next three decades. Two thirds of the cost of dementia is borne by affected families, and there are approaching 700,000 informal carers for people with dementia.

The *Five Year Forward View* advocated a 'consistent standard of support for patients newly diagnosed with dementia, supported by named clinicians or advisors, with proper care plans developed in partnership with patients and families; and the option of personal budgets, so that resources can be used in a way that works best for individual patients'.[898] The NICE quality standard for dementia independence and wellbeing included the recommendation that 'People with dementia are enabled, with the involvement of their carers, to take part in leisure activities during their day based on individual interest and choice'.[899] People with dementia can be challenged to take part in activities they might not have previously contemplated, with positive outcomes.

The arts have a part to play in many aspects of dementia, from delaying its onset and diminishing its severity to improving quality of life for people with dementia and their carers.[900] At one of our Inquiry meetings, Dr Sebastian Crutch – a clinical and research neuropsychologist working in the Dementia Research Centre at UCL's Institute of Neurology and on a Wellcome-funded project exploring dementia and the arts called Created Out of Mind[901] – pointed out that there are many different types of dementia and everyone will have a different journey, but creative activity has more flexibility to address that complexity than generic therapies or drugs.[902]

Chair of the APPG on Dementia, Baroness Greengross, has said of people with dementia that 'It is vital for their wellbeing that when given a diagnosis that their brain is degenerating, they should at the same time be directed to creative activity as cognitive rehabilitation'.[903] Resonate in the City of Westminster provides an example of person-centred pathway-based care for people with dementia. Group sessions in the community and one-to-one activities in people's homes are offered involving music, visual arts, poetry, dance and the performing arts. Funded by Central London, West London and Hammersmith & Fulham CCGs and a range of trusts and foundations including the City Bridge Trust, the programme follows people through the dementia care pathway from diagnosis onwards. This provides familiarity with people's life stories and capabilities, opening the way for people with dementia to benefit through the arts.[904] We urge NHS England to include the arts in personalised post-diagnostic support for people with dementia.

We are treating this conjunction between arts, health and wellbeing at greater length than other sections because dementia is a national challenge of outstanding importance, and there are considerable bodies of both practice and research in this field. We believe lessons learned in regard to dementia can have application in other fields.

8.6.1
Delaying Onset

If the onset of Alzheimer's disease (which accounts for 62 percent of dementias) could be delayed by five years, savings between 2020 and 2035 are estimated at £100bn.[905] For every person with dementia living at home rather than in residential care, savings of £941 per month (£11,296 per year) are made; if five percent of admissions could be delayed by a year, £55m would be saved.[906]

As already mentioned, research suggests that sustained later-life musical training enhances neural plasticity, potentially bolstering resistance to dementia.[907] A study of the Rhythm for Life project at the Royal College of Music probed this preventative effect and found a positive impact for older adults learning to play an instrument.[908]

Arts participation enhances brain function, improving resilience to dementia.

A longitudinal study of 469 people aged over 75, who showed no signs of dementia at the outset, found dancing in particular to be associated with a reduced risk of dementia.[909] This drew upon data from the Bronx Ageing Study and focused on the preventative rather than the palliative. A larger longitudinal study of 1,375 people in Sweden found that both participatory creative activity (including painting and drawing, classified as mental activity) and cultural attendance (understood as a social activity) had a protective effect against dementia.[910]

In March 2012, the Prime Minister launched a dementia challenge, advancing a moral, as well as economic, argument for innovative research in this area.[911] Gathering evidence of a positive effect of the arts upon people with dementia is difficult because the moment of onset is often uncertain and the condition worsens over time. Further research is needed into delaying onset and admission to residential care for people with dementia.

8.6.2
Cognitive Functioning

NICE and SCIE advocate that people with mild to moderate dementia 'should be given the opportunity to participate in a structured group cognitive stimulation programme'.[912] Dr Crutch advised us that, while cognitive stimulation therapy may make a statistically significant difference, creative activities make an existentially significant difference to the lives of people with dementia and their carers.

A 2014 study of post-retirement adults found that – as compared to a group engaged in art appreciation – participants who actively produced art over 10 weeks showed greater functional connectivity in the brain, which was related to stress reduction and psychological resilience.[913] In 2015, researchers at the University of Newcastle worked with BBC Two's *Trust Me, I'm a Doctor* to establish which activities boosted brain function. Healthy but fairly sedentary adults aged between 50 and 90 were randomly assigned to groups undertaking brisk walking, Sudoku or life drawing. In terms of enjoyment, the art classes were the most popular. When it came to cognitive functioning, all the groups showed improvements, but the clear winners were the art group. The combination of learning something new, developing psychomotor skills and staying physically and socially active (standing while drawing or painting and socialising with others in the group) was thought to account for the benefit observed.[914]

An RCT in Finland involved coaching the caregivers of people with early dementia to introduce listening to music or singing into their daily routines. This found that both listening to music and singing improved mood, orientation, remote episodic memory and, to a lesser extent, attention, executive function and general cognition. Singing also enhanced short-term and working memory in people with dementia.[915]

A 2016 review of research into community-based literary, performing and visual arts for people with dementia showed that 'arts-based activities had a positive impact on cognitive processes, in particular on attention, stimulation of memories, enhanced communication and engagement with creative activities'.[916] Yet, while arts attendance followed by art-making was found to improve episodic memory, the impact of such sessions on mood, confidence and social engagement were regarded as equally important.[917]

One approach that is often used for people with dementia is reminiscence, which focuses on the stimulation of memories. The National Museums of Liverpool has been running reminiscence programmes since 2000. The best known of these is House of Memories – started by Executive Director of Education and Visitors, Carol Rogers, and funded by DH – which began by offering dementia-awareness training programmes to health and social care workers. Toolkits have been

produced for developing reminiscence sessions in regional and national museums, on themes that encourage diverse participation, and the model has received national and international accolades.[918] However, remembering can be distressing and not all reminiscence programmes have been found helpful.[919]

8.6.3
Personhood and Quality of Life

The concept of personhood in dementia care rejects the idea that the mind is predominant in defining the self, in favour of the experiential and relational. At the round table on Music and Health, the musician Julian West eloquently articulated the value of experiencing creativity in the moment.

Reminiscence Arts & Dementia: Impact on Quality of Life (RADIQL)

Art Exchange's project Reminiscence Arts & Dementia: Impact on Quality of Life (RADIQL) is a 24-week structured psychosocial intervention, developed over 30 years, which combines a reminiscence-based approach with arts activities.

Between 2012 and 2015, GSTC funded an LSE study of RADIQL, working with people diagnosed with dementia in 12 care homes in Lambeth and Southwark.[920] Two specially trained artists encouraged the development of non-linear narratives from long-term memories, communicated through speech, drama, literature, song/utterances, art/craft, listening to/making music, handling objects/sensory materials/props, dancing to music or embodied through movement. A total of 35 people participated in the RADIQL programme of 300 sessions; six of the 12 care homes did not receive the intervention and thus formed a control group.

A report on the project by Royal Holloway University London (RHUL) notes that 'Reminiscence Arts recognises and values embodied and sensory memories as well as verbal or narrative recall. The arts activities extend reminiscence practices, which often rely on verbal discussion, by involving all the senses and enabling participants to communicate non-verbally through mark making and movement'.[921] A mixed-methods evaluation measured the quality of life, wellbeing and behaviours of participants, before, during and after the sessions and three weeks and three months later. Levels of wellbeing among RADIQL participants were seen to improve by 42 percent, and positive behaviour increased by 25 percent, discernible in the first 50 minutes of the activity, remaining for 30 minutes afterwards and steadily improving over the 24-week period of the study.

An assessment was also undertaken of the cost effectiveness of the programme, following methods consistent with the HM Treasury Green Book. This calculated the costs incurred in achieving improvements in behaviour (£5,754 for a one-point change), mood and engagement (£1,252 for a one-point change), paving the way for a comparison with the cost of care without these improvements or a monetisation of the improvements themselves.[922] A further evaluation determined that the project created a total of 2.271 Quality Adjusted Life Years (QALYs) for the 35 participants across 24 weeks; this means that, for every £1 spent on the RADIQL intervention, there is a return of £1.35 in QALYs. The benefits to quality of life outweigh the costs of the project on the accepted QALY measurement scale used by DH.

At the round table on Arts and Dementia, held jointly by the APPGAHW and the APPG on Dementia, the Director of Green Candle Dance Company, Fergus Early OBE, observed that artistic languages enabled communication. This salutogenic approach suggests that arts professionals are well placed to facilitate meaningful relationships in the here and now, providing a 'style of communication and self-expression that is particularly able to capitalize on the emotional and social capabilities of people with dementia'.[923] Here, the focus is on engaging the creative capacity of people with dementia, rather than treating symptoms or addressing disease aetiology.[924]

This approach is accompanied by calls for greater attention to be paid to subjective wellbeing, enabling arts encounters to be better tailored to participants, on the understanding that 'when people are allowed to *live with* dementia, rather than exclusively fight against it, the condition becomes a "manageable disability"'.[925] DH's 2009 national strategy for living well with dementia made passing reference to arts therapy.[926]

The arts have repeatedly been shown to energise and inspire people with dementia and their carers. A seminal programme at the Museum of Modern Art (MoMA) in New York City saw small groups of people with early Alzheimer's being invited to monthly educator-led tours of four or five artworks, each lasting up to an hour and a half.[927] Meet Me at MoMA focused on feelings rather than words and involved observation, description, interpretation and interaction. Evaluation showed an uplift in mood in both cared for and carers, as well as an increased interaction between them and with the rest of the group; the experience was assessed very positively by participants.[928] A UK equivalent is Meet Me at the Museum at the Pitt Rivers Museum, run by Oxford University Museums Partnership in collaboration with the Creative Dementia Arts Network, which offers monthly dementia-friendly access to the museum collections leading to co-produced exhibitions.[929]

Across art forms, creative activity improves quality of life for people with dementia and their carers.

Research validates this approach, with an access programme for people with dementia at the National Gallery of Australia demonstrating immediate value for participants.[930] In the UK, 12 people with mild to moderate dementia and their carers took part in two-hour exploratory and participatory sessions in either a traditional or a contemporary gallery once a week for eight weeks. Among several reported benefits, the cognitive capacities (attention and concentration) and quality of life of people with dementia were seen to improve; the carer burden was diminished, and the relationship between carer and cared for was enhanced. Irrespective of whether the gallery was traditional or contemporary, participants enjoyed the programme and the social engagement it facilitated.[931]

8.6.4
Music

A 2013 DH report on dementia in England made passing reference to the beneficial sensory aspects of arts engagement in general and music therapy in particular.[932] An RCT comparing standard care with music therapy over six weeks found that agitation increased in the first group and decreased in the second, leading to a diminution of medication in the group receiving music therapy.[933] NICE advises that people with all types and severities of dementia who also experience agitation may be offered 'therapeutic use of music and/or dancing'.[934]

Music in Mind is a creative music therapy initiative run by the Manchester Camerata chamber orchestra, which seeks to improve quality of life for people with dementia and enhance communication, relationships and physical mobility and improve care practice through music-making. Evaluation showed that 67 percent of participants experienced reduced levels of anxiety, frustration or anger and diminished use of outpatient servies and medication.[935]

Several quantitative and mixed-method studies have demonstrated a relationship between dementia and music.[936] An overview of some of this evidence, alongside examples of practice, is provided in Arts 4 Dementia's report, *Music Reawakening: Musicianship and access for early to mid stage dementia*.[937] Another useful overview of music and singing projects for people with dementia is provided by Age UK.[938] The What Works Centre for Wellbeing review of music and singing in people with dementia pointed to a role for music listening in enhancing wellbeing.[939]

Music for a While, a project led by Arts & Health South West in partnership with the Bournemouth Symphony Orchestra, provided music for people with dementia in three acute hospitals in Poole, Portsmouth and Winchester. The project was

funded by the Wessex Academic Health Science Network, and the University of Winchester conducted a research project at Winchester Hospital. Weekly two-hour music sessions – involving listening, singing, playing percussion instruments and occasional composition – shortened the length of stay (by 6.2 percent), reduced the number of falls (from 47 to 31) and decreased the use of antipsychotic drugs (by 4.26 percent during the intervention and by 27.7 percent on music days).[940] This suggests that arts strategies could be considered in government initiatives to reduce the use of antipsychotic medication.[941]

A psychosocial model of music in dementia has been developed, predicated on the 'accessibility of music for people at all stages of dementia, close links between music, personal identity and life events [and] the importance of relationship-building through music-making'.[942] The part of the brain responsible for storing emotional memory is unaffected by dementia, which means that the evocative effects of music endure throughout life. A musician described at a round table how 'Seemingly disengaged patients, as soon as we started with old war time standards, jumped up, were singing, they were bright-eyed, they were full of life'.[943]

Running since 1993 and managed by Wigmore Hall since 2009, Music for Life offers participatory music projects to people with dementia, from diagnosis to end of life, with a focus on late-stage dementia in care homes. Professional musicians work with professional care staff to deliver improvised music sessions over the course of eight weeks. The core aim of the project is to improve quality of life for people with dementia, with the secondary aim of empowering staff to take the project forward. Internal evaluation (Dementia Care Mapping) has suggested that Music for Life has a positive effect on communication; reduces signs of depression; increases involvement in activities and personal care; enhances appetite; improves mood; and amplifies interaction with others. External evaluation showed that the programme enhanced staff sensitivity to personhood and nurtured key skills for musicians working with people living with dementia.[944]

8.6.5
Singing

A Choir in Every Care Home found that 'Singing activity can positively engage people with dementia across a spectrum of severity from mild to late-stage'.[945] Singing is thought to stimulate several different areas of the brain and influence a feedback loop between the auditory and the sensory-motor systems. Behavioural and neuroimaging studies show that singing activates regions of the brain associated with working memory.[946] Added to this, group singing has been found to have a positive impact on the partners and carers of people with dementia.[947]

In 2003, Alzheimer's Society piloted Singing for the Brain in Newbury, Berkshire, combining singing and gesture in a social setting. Led by a specialist in speech and singing, the programme has been seen to aid communication by strengthening neural pathways to the vocal and breathing mechanisms. The relative complexity of the songs being practised stimulates cognition; the immersive nature of sessions contributes to stress reduction, and their social aspect increases confidence and encourages friendships.[948] Singing for the Brain has been the subject of a short film,[949] and the programme featured in a BBC Radio 4 documentary.[950]

As part of a project exploring the civic role of the arts supported by the Calouste Gulbenkian Foundation, community musician and storyteller Sal Tonge held a series of creative conversations around group singing with people with dementia in Shropshire. The film that resulted helps us to understand the ways in which artists 'animate the human infrastructure of society'.[951]

8.6.6
Dance

A Cochrane Review of evidence about dance movement therapy for people with dementia highlighted the connection between movement, thoughts and feelings. The review found that dance movement therapy delayed cognitive deterioration while reducing challenging behaviours, improving mood and enhancing quality of life.[952] Positing dance as a form of non-verbal communication, the review paraphrased literature speculating that movement might unlock embodied memories, allowing an expression of self that does not rely on cognition or speech. A systematic review of dance for people with dementia in care homes found evidence of improvements in fine motor skills, balance and gait, self-management and hope.[953] South West Yorkshire Partnership NHS Trust hosts the world's first centre of excellence for dance and dementia, where kinetic neuroscience research is looking at the impact of movement on the body.[954]

Committed to improving the health and wellbeing of older people through dance and movement, Green Candle Dance Company has developed programmes specifically for people with dementia. Remember to Dance has been offered free of charge to people with early- to mid-stage dementia and their carers, in the community and in the dementia unit of Mile End Hospital in East London.[955] The programme was the subject of a two-year evaluation by the Sidney De Haan Research Centre. This found that, in both community and hospital settings, Remember to Dance made a positive contribution to the quality of life and mental wellbeing of people in different stages of dementia.[956]

8.6.7
Visual Arts

The aesthetic preferences of people with Alzheimer's and frontotemporal dementia have been seen to remain constant even when they have no memory of specific artworks.[957] Research conducted at Dulwich Picture Gallery suggested that the episodic memory of people with dementia could be enhanced through aesthetic responses to visual art.[958] Added to this, various individual and social benefits were reported, including improved mood and cognitive capacities and a greater sense of inclusion.[959]

Supported by the Big Lottery Fund between July 2015 and May 2016, Drawing Life brought life drawing classes to people with dementia. Led by two art teachers and involving an experienced male life model, a total of 10 classes took place at Hastings Court, a residential care home in West Sussex. The main medium was charcoal, and completed artworks were selected for exhibition in public galleries.[960] In a submission to the Inquiry, one of the teachers involved in the project observed that 'The act of drawing is a kind of language for those who have lost some or all speech, and facilitates participants and carers to communicate in other ways. [...] The drawings reveal something fascinating about life and memory to both the participants themselves and others who view their work'. [956]

Canterbury district has the highest number of people with dementia in Kent. A 2015 study at the Beaney Museum and Gallery in Canterbury, involving 66 people with early stage dementia and their carers, was the first to compare the wellbeing impact of three activities: handling museum objects, viewing and discussing art and a social, non-art activity (refreshment break).[962] Using a rigorous crossover design and the Canterbury Wellbeing Scales, both the object handling and art viewing activities were shown to be statistically significant in increasing subjective wellbeing as compared to the social activity alone.[963] A further research study, using the same scale to examine the subjective wellbeing of 80 participants at the Tunbridge Wells Museum and Art Gallery, compared people with early- and middle-stage dementia who handled museum objects. Results showed a significant increase in wellbeing for both stages of dementia, with those at an earlier stage showing the most difference. This led the research team, headed by Professor Camic, to 'feel confident that for most people with early- to middle-stage dementia, handling museum objects in a supportive group environment increases subjective wellbeing and should be considered part of a health promotion strategy in dementia care'.[964]

The Dementia and Imagination project takes as its starting point that 'Observing art and making art seems to make a difference' in people with dementia.[965] Jointly funded by the AHRC and ESRC, this research programme is adopting a realist method to look at how and why art might improve life for people with dementia and their carers. At the same time, it is considering ways in which people with dementia might be better connected to their communities, and it has yielded an artists' handbook for research-informed approaches to visual arts programmes.[966]

8.6.8
Digital Arts

A 2012 Baring Foundation report called *Digital Arts and Older People* distinguished between digital technology being used as a tool (to research and disseminate creative practice) and as a medium (through which artwork is created).[967] It also pointed to the personalised and multi-sensory experiences digital technology could provide for people with dementia. A 2015 update presented case studies of the creative use of digital technology by older people including House of Memories and the following example.[968]

The Armchair Gallery – part of the Imagine project, delivered by a consortium in Nottingham including the local authority and funded by the Baring Foundation and ACE (2014–17) – worked with artists and digital technology to enable the viewing of artworks by older people with dementia whose circumstances do not allow for visits to collections. Participants included people in residential care homes and their own homes in isolated settings. The study was both formative (helping shape the programme) and summative (informing best practice and future arts interventions). An analysis of the Imagine study calculated an SROI of £1.63 for every £1 spent.[969] The results of this study may be used to inform the LGA's plans to transform social care through the use of technology.[970]

The Cardiff-based arts organisation Chapter offers dementia-friendly screenings of films without adverts or trailers and with slightly brighter than normal auditorium lighting.[971] The British Film Institute has a Dementia Services Development Centre.[972]

8.6.9 Performing Arts

The Elderflowers programme, operated by Edinburgh-based charity Hearts and Minds, offers performing arts activities to people with dementia in hospital care across Scotland.[973] Funding comes from a range of sources, with 10 percent from the Scottish Government. The aim is to improve quality of life for residents through verbal and non-verbal communication with a humorous edge.

The New Victoria Theatre in Newcastle-under-Lyme, Staffordshire, is particularly noted for its development of documentary theatre as a genre. A multidisciplinary study of the role of theatre in the lives of older people – established as a collaboration between Keele University and the New Vic – explored lived experience and representations of ageing within a particular cultural context. This found the performing arts challenged stereotypes about the capacity of older people for exploring their creativity and helped older people to adjust to transitions in their lives.[974] West Yorkshire Playhouse has issued a guide to dementia-friendly performances.[975]

At the Inquiry's round table on Arts and Dementia, Managing Director of Ladder to the Moon, Chris Gage, made the point that the arts should be considered as an opportunity to develop the workforce and wider organisational culture. *Inside Out of Mind* is a 90-minute play developed by Nottingham Lakeside Arts and Meeting Ground Theatre Company in association with the University of Nottingham. It depicts the experience of basic-grade health and social care support workers caring for older people with advanced dementia. Based on first-hand accounts and scripted by a professional writer–actress using verbatim dialogue, its aim is to alter the perceptions of healthcare professionals and reinforce recognition of the personhood of people with dementia. With Lottery funding from ACE and HEE, the play was toured to six cities in southern and central England between February and March 2016, and a recording of the play was subsequently screened at conferences and festivals. A diverse audience of almost 7,500 mainly working-age people saw the production as it travelled. Telephone interviews conducted a month after the tour demonstrated that the majority of those who saw the play discussed it with friends and colleagues and said it had improved the quality of dementia care they provided.[976]

8.6.10 Written and Spoken Word

While the use of a linguistic medium with people who are losing their words may seem counterintuitive, creative writing projects have generated good results. A collection of writings by eight people with dementia, with a foreword by Jo Brand, was published in 2014 under the title *Welcome to our World*. The book is full of personal reminiscences – of being evacuated from Ramsgate to Stafford during the war, and running classes for spies and murderers at Wormwood Scrubs. It provides an insight into the reality of living with dementia, with Rose writing that 'there are times when I really don't know what I'm doing: "*Why am I here, what's happening?*" But we've got to keep going'.[977]

Controlled analysis of TimeSlips – a group storytelling programme that encourages creative expression in people with dementia and their carers in care homes across 10 states in the USA – found participants to be more engaged and interactions between residents and staff to be more frequent and of better quality.[978] In the UK, the Storybox Project is an exercise in creative story-making which engages, enlivens and empowers people living with a dementia alongside the people that support them.[979] Originally funded as a pilot by Manchester City Council in 2010, the project was further developed with three years of funding from PHF and is now predominantly a commissioned project involving CCGs, public health teams and individual care homes.[980]

Poetry appeals to similar parts of the brain as song, and the case has been made that performed poetry escapes the definitional constraints of the written word to communicate through repetition, rhythm, syntax and movement experienced in the moment.[981] John Killick has pioneered a method of co-writing poetry with people with dementia, which 'has persistently emphasised the existence of selfhood, the ability to communicate in language, and to exercise creative choice even at relatively late stages of a dementia'.[982]

8.6.11 Community Festivals

Since 2012, Arts Care has run Here and Now, a seven-month annual festival across Northern Ireland which seeks to enhance the wellbeing and quality of life of people over the age of 60 through participation in a variety of arts including dance, music, drama, visual art, digital art, puppetry, poetry, filmmaking and photography. In association with more than 85 organisations, the festival prioritises people living with dementia, Parkinson's disease and respiratory conditions. The festival has led to new links between participants and healthcare staff and among neighbours in rural areas.[983]

All this evidence suggests that, in responding to the dementia challenge, PHE, health commissioners and local authorities will do well to promote the arts as community-based cognitive and emotional engagement. PHE could usefully inform all HWBs, GPs, diagnostic and memory services of the efficacy of the arts in improving brain function and enhancing communication and quality of life, so that, when people receive a diagnosis, they may be offered a referral to an arts organisation.

8.6.12 Dementia-Friendly Design

An estimated 25 per cent of people accessing acute hospital services have dementia. The busy hospital environment and disruption to routine can be unsettling, inducing confusion and anxiety, causing feelings of isolation and precipitating a decline in social and functional skills. In 2008, the King's Fund submitted a report to DH, outlining ways in which learning from the EHE programme could be integrated into the health service and proposing to improve the environment of care for people with dementia. As a result, the King's Fund was commissioned to oversee a programme fostering supportive design for people with dementia.

Research showed that an inability to differentiate between coloured, shiny and shadowed surfaces presented spatial challenges to people with dementia. As a result, modifications were made to dementia care environments in acute, community and mental health hospitals at 26 sites. Such dementia-friendly design was found to reduce falls, agitation and the need for antipsychotic medication; promote independence; improve nutrition, hydration and engagement in meaningful activity; encourage greater carer involvement; and improve staff morale, recruitment and retention. This led to cost savings and enhanced wellbeing among patients and staff, and these design recommendations were endorsed by the Royal College of Nursing.[984] The report arising from the King's Fund project specified a role for the arts in providing meaningful activity, enhancing familiarity and aiding way-finding and orientation.[985]

In October 2012, the Secretary of State for Health announced the creation of a £50m Dementia Friendly Environments Capital Investment and Pilot Scheme for 2013–14, for local authorities working with social care providers to improve design. In the same year, Dementia Services Development Centre in Stirling launched the Virtual Care Home – an interactive online resource showing how dementia-friendly design could work in care settings or at home.[986]

In March 2015, DH issued comprehensive design guidance which paid heed to the layout and sensory properties of health and social care environments intended to help people live well with dementia. This advised the provision of space for expressive activities, including music and singing. It also recommended the installation of artwork on the understanding that 'Artwork can support people with dementia live a life as close as possible to how they were living prior to the onset of dementia (e.g. eat, sleep, dress and do activities); objects of art can help overcome sensory, cognitive and physical impairments'.[987] Where possible, DH's dementia-friendly design guidance should be adopted by all NHS trusts and health and social care providers.

In 2015, Imperial College NHS Healthcare Trust developed a new patient-centred dementia strategy which aimed to provide more creative stimulation to inpatients. This led to the inception of Paper Birch Workshops, which are held on either a one-to-one basis at the bedside or in groups within communal areas. Workshops encourage communication through a selection of activities exploring the power of scents, handling craft materials, writing and engaging in sculpture and fine art. The sensory properties of materials are central to the workshops, particularly colour, intended to stimulate the occipital lobe, which is often affected by dementia. Workshops are designed to facilitate discussion and are focused on process rather than product, tailored to each participant's needs and preferences. There is recognition within the dementia team that the workshops have contributed to the wellbeing of patients and staff, humanising what can otherwise be a forbidding environment.[988]

The ageing population poses one of the greatest challenges to health and social care. This particularly applies to adults in the Fourth Age, with health inequalities having a profound impact upon disability-free life expectancy. Frail older adults place unsustainable demand on an already overloaded system, with faltering transitions between health and social care leading to extended, expensive hospital stays and accusatory headlines about 'bed blocking'. A Chief Executive of an NHS trust, consulted as part of the Inquiry, referred to the 'oceans of suffering behind closed doors' that lie behind these headlines.

Until the health inequalities in our society have been substantially eliminated, it will be a struggle to keep older people fit and active. A viable route for this is engagement in the arts. Numerous examples have been provided of the ways in which the arts can contribute to healthy ageing, from singing for general health to dance for falls prevention. We have also seen the protective effect of social participation and the ways in which the arts provide a nexus for meaningful social activity in both urban and rural locations. This leads us to the conclusion that every effort must be made to ensure that the current generation of older adults has access to the arts-based resources it needs.

While there is much debate about the types of arts activity that should be offered to people with dementia, there is widespread agreement as to their positive effects. People with dementia and their carers prefer ongoing programmes, rather than one-off experiences, but even one-off experiences have a positive impact. The website of Arts 4 Dementia provides a database of relevant creative activities, searchable by region,[989] and the Creative Dementia Arts Network connects people with dementia, carers, commissioners, artists, academics, representatives of arts and care organisations and others working in the field.[990] This kind of information would benefit from being made available in offline formats, for people with a dementia diagnosis who are not web-literate, accompanied by relevant, face-to-face advice.

Dawne Solomons, *Rocks*, produced during an art therapy session with Michèle Wood at Marie Curie Hospice, Hampstead

With thanks to Dawne's family

9 End of Life

9 End of Life

"We are mortal beings – fragile, finite creatures with some meaning attached to us. The arts tell us this truth very starkly and hold important questions for us against the hubris of science and ostensible progress"

Dr Sam Guglani, consultant oncologist

9.1 Dying Well: The Hospice Movement

Around 500,000 people die in England every year,[991] yet there remain taboo and embarrassment about death. Dr Iona Heath has written of how technical advances over the past century have meant that 'The whole discipline of medicine has colluded in the wider societal project of seeking technical solutions to the existential problems posed by distress, suffering and the finitude of life and the inevitability of ageing, loss and death. Sickness and death have gradually come to be regarded as failures of medicine, even by doctors themselves, rather than inevitable constituents of what it is to be human'.[992]

Death has provided abiding subject matter for artists through the ages. Artists and arts therapists working with people nearing the end of their lives in hospices, hospitals, care homes and the community encourage creative reflections on the finitude of life. At the round table on Palliative Care, Dying and Bereavement, music therapist Bob Heath observed that people reaching the end of their lives are often drawn to creativity, finding new ways to express themselves, overcome their fears and maybe discover new hope and peace. Fiona Hamilton, Director of the Orchard Foundation, noted that 'The desire to be creative and feel that life is meaningful can be vibrant until the end of life, in spite of physical constraints and mental challenges'. This chapter looks at the ways in which the arts enable us to explore the passage between life and death, to the benefit of the dying, their loved ones and carers.

In 1967, Cicely Saunders founded the modern hospice movement by opening St Christopher's Hospice in London as a place where the dying and their families could be cared for by a team dedicated to giving physical, psychological, social and spiritual support. Saunders believed that every person was unique and remained important until the last moment of their lives. She committed herself to enabling people to live well until the moment they died.

The great majority of deaths in England are preceded by a period of chronic illness. Palliative care, provided by hospices, relieves the pain, symptoms and physical and mental distress of disease. At the round table, Consultant in Palliative Care, Dr Viv Lucas, said that the role of doctors in this context is not to cure disease but to heal their patients. This implies 'addressing the subjective experience of human suffering and facilitating a process of inner change – not about the technological *doing to* of the disease-orientated model but of *being with*, bearing witness'. In this way, it is possible to die healed.

As the 2011 Arts for Health Manifesto put it, somewhat brutally, 'Magic bullets don't exist and we can't cheat death by painting'.[993] However, 'The fact that the arts move us physiologically, psychologically and emotionally' makes them 'important tools when dealing with common responses to a terminal illness such as depression, lack of meaning and direction, and fear of the future'.[994] Through the arts, we can transcend suffering and enable our own healing.[995]

The hospice movement acknowledges creative work to be a vital human activity and an integral part of lives lived to the full. This embraces the potential of creativity not only to make ill health more tolerable but also to enhance wellbeing. In hospices, creative activity is offered on an occasional or more sustained basis, as part of day care or as an inpatient activity.

A study of the impact of the arts on hospice staff showed that 'art-viewing and art-making enabled relational processes and supported personal insight. Several participants [...] reported a positive impact on wellbeing, creativity and improved communication as well as some lessening of work-stress, attributed at least partially to the process [of art-viewing and art-making]'.[996]

In the palliative care environment, researchers have found that music therapy reduces anxiety, pain, tiredness and drowsiness[997] and increases wellbeing.[998] Psychotherapist Dr Christine Mason describes how unconscious, unresolved issues may exacerbate, or even cause, pain, and how the arts can help in raising levels of awareness and overcoming alienation from ourselves.[999] Patient-directed art therapy in palliative care settings enables the expression of powerful, difficult emotions about dying, helping to relieve the psychological trauma of living with a terminal illness. Image-making is a form of communication that can enable new identities to be described and uncomfortable feelings left behind. People do not need experience to be able to benefit from this kind of psychological support; the process of making, the feelings aroused and the interaction with the therapist are what matter.[1000]

During terminal illness, arts participation provides an antidote to physical and psychological pain.

In a diary entry dated 1 April 2005, Chris Rawlence, a filmmaker, writer, librettist and hospice artist-in-residence, observed how, 'On several occasions, I've noticed that creative collaboration can have an analgesic effect. People who are dependent on high doses of morphine to alleviate pain may find that they don't need the drug for a few hours a week that they are absorbed creatively. Rather than simple distraction – or diversion – this seems to be the positive outcome of creative engagement'.[1001] John Lieser, a day services patient at the Prince and Princess of Wales Hospice in Glasgow, related how 'For the time I was sitting painting, I forgot all about my illness. It really took me to a new depth within myself. I could get lost in this painting and forgot about everything that felt bad to me at that time. It was then that I realised that other patients could maybe get the same benefit from it that I did. And they did'.[1002]

In 2008, the Director of Supportive Care (Nigel Hartley) and the Director of Psychosocial and Spiritual Care (Malcolm Payne) at St Christopher's Hospice co-edited a book in which they described how:

> *Palliative care brings to the arts the opportunity to interact with physical and mental deterioration, death, pain and loss. Arts practitioners in palliative care are present at a crucial transition in the lives of most families, shaped by powerful emotions and new personal relationships and social experiences for patients and their families. All this can bring inspiration and stimulation to artists, and generate important opportunities for new artistic expression.*[1003]

In return, the authors note that 'creative work permits patients to rehearse their personal reactions to their illness and impending death in a protected and sympathetic environment with others sharing similar experiences'.[1004] Creative activity helps patients come to terms with their own mortality.

St Christopher's is one of around 300 hospices in the UK, where end-of-life care is offered. Yet, only four percent of deaths take place in hospices,[1005] which remain on the fringes of the NHS system. This means that hospices have very limited reach into the surrounding community, and people being treated for terminal illnesses generally have little access to creative experiences.

9.2 Beyond the Hospice Movement

A majority of deaths in the general population (58 percent) occur in hospitals. At the round table on the Arts and Healthcare Environments, Director of Grampian Hospitals Art Trust, Sally Thompson, read out a letter from a woman whose husband had been diagnosed with terminal cancer:

> *To be given a terminal prognosis is devastating for both the patient and family. To take away your future, the opportunity to grow old and grey with your spouse and to watch your children grow and thrive. You lose your independence and your*

Dawne Solomons, An Art Therapy Journey

When my daughter suggested I try out art therapy I didn't know what to expect.

I had just had heart and lung surgery and was still in pain, and was having another round of chemotherapy. In other words, not in great shape really.

So I began art therapy. I never knew what I was going to draw so it was always a surprise to me when the pictures were finished, and then they were filed away and I forgot them.

I mostly talked during the sessions so the sketches were usually quickly finished and then my art therapist and I would always discuss them at the end of a session and what would emerge was often a surprise too. When we had a 'review' of the sketches I had made I was quite shocked and surprised to see them. I had forgotten what had prompted the drawings.

I have been in art therapy during three courses of chemotherapy, and I can see the progression, the journey if you like, starting with pain, then the struggle, the despair when it returned and I needed more chemotherapy, always the worry that it might return.

I have been able to release my feelings with the drawings, never knowing what would appear on the paper, but after each sketch, with my therapist's help, able to discern some hidden feeling, or discuss some real issue that often would only become apparent after the drawing was finished.

Art therapy isn't about being able to draw. Some are very quick sketches, others more involved.

I have some inner need to put my feelings on paper and I believe that it has helped me on an arduous and often impossible journey when I couldn't express myself in any other way.

Journal entry 15/01/05
I see the cancer as black with long slimy tendrils, and veiled by red.

I see needles piercing skin, turning it black and red.

Knives thrust deep. Huge splashes, torrents of red.

Journal entry 20/01/05
[...] drew a vicious-looking serrated knife, dripping blood – a big fist holding it – used charcoal. Very black.

It's about pain – to me – the cause of pain.

Journal entry 09/06/05
In Art Therapy – there seems to be a 'space' in my drawings – at the life class too – why? I seem to be deliberately leaving a part of the page blank – is it to do with the first surgery? Taking everything out and leaving a space? Is it the void in my life?

Journal entry 01/11/05
I try not to think about what's going on in my body – you can get so that every tiny twinge is a major catastrophe.

Journal entry 05/01/06
I did a huge violent drawing in Art Therapy.

It's how I felt.

How I've been feeling lately.

Maybe something is changing, but I need to deal with these feelings, not bury them.

Excerpted from Dawne Solomons, *An Art Therapy Journey*, published by Marie Curie Cancer Care in December 2007, based on art therapy with Michèle Wood at Marie Curie Hospice, Hampstead, begun in January 2005.

sense of self, your purpose and role in life. Yet in the midst of this suffering lies the Artroom. An oasis of positivity and fulfilment providing a different purpose. One of creativity and self-expression. It is a place where the self is rediscovered and allowed to flourish. A place where you feel valued and worth investing in. It's medicine for the soul and every bit as vital as drugs and chemotherapy. A life-fulfilling experience that has changed both our lives for the better.

Artroom is a shared studio environment for art and writing at the heart of two healthcare facilities run by Grampian Hospitals Art Trust (which also maintains a sizeable art collection). It is 'based on the understanding that everyone is creative and that doing art and writing can be surprising, meaningful, challenging, playful, absorbing, reflective and exciting – and offers participants the opportunity to be fully themselves'.[1006]

Live Music Now provides a regular programme of interactive music sessions for people with terminal conditions in hospitals. These have therapeutic benefits and enhance quality of life. In a King's Fund report on end-of-life care, discussed more fully in the next section, the role of hospital

Creative expression helps us to come to terms with human suffering and death.

porters was recognised.[1007] GSTC is working with Breathe Arts Health Research to train hospital porters to discuss the art collection in Guy's and St Thomas' hospitals with bereaved relatives, which makes demands on the resilience of porters.

Around a fifth of deaths from all causes occur at home; in deaths with dementia, this figure falls to less than a tenth, with 58 percent of deaths occurring in care homes.[1008] At the Inquiry round table, Academic Director of Digital Health Enterprise Zone Health and Wellbeing Centre, Allan Kellehear, pointed out that 95 percent of the experience of dying takes place outside healthcare environments. Nigel Hartley, now CEO of Earl Mountbatten Hospice on the Isle of Wight, made the point that artists were needed who could work with families and groups in the community, following people through the system and supporting them to experience the benefit of creativity.

At the round table, it was agreed that people would benefit from engaging with the arts much sooner than the final weeks and months of their lives. In the Compassionate City model mentioned in chapter five, cultural venues would be invited to articulate their contribution to dying and bereavement.

9.3 Environment Design

In 2005, NHS Estates published a consultation document, written by its Design Brief Working Group and intended for NHS trusts, entitled *A Place to Die with Dignity: Creating a supportive environment*.[1009] This considered how hospital design may have a positive impact upon death and dying for patients, their families, visitors and staff. Consultation revealed demand for a homely environment for the dying; grieving areas for the bereaved; appropriate religious and cultural spaces; and quiet spaces for staff. The document set out key issues that should be borne in mind by trusts, the strategic objectives they should aim to meet and the ways in which these may be integrated into design briefs.

In response to *A Place to Die with Dignity* and practical experience gained during the EHE programme, the King's Fund launched a pilot across eight projects in England and Scotland known as Enhancing Care at the End of Life (ECOL), which ran between 2006 and 2008. A parallel literature review highlighted the importance of rooms of a domestic scale, allowing private facilities for patients, overnight accommodation for family members and appropriate places for viewing the deceased.[1010] It also highlighted the importance of access to nature – whether directly or through the window – and the potentially soothing properties of colours and artworks. The focus of the consultative pilot projects was on mortuary viewing facilities, a bereavement suite, a visitors' room, palliative care rooms and patient rooms in a hospice. Among all the positive feedback these projects generated, a surprising amount of resistance was reported to changing preconceptions about appropriate environments for end-of-life care.[1011]

The literature review for ECOL observed that the connection between spirituality and end-of-life care was notable by its absence from discussions of environment. As physical failure becomes all too evident, the internal world of psyche, soul or spirit comes to the fore. Elaborating the spiritual side of palliative care, Mark Cobb, a senior chaplain and clinical director at Sheffield Teaching Hospitals NHS Foundation Trust, finds a link between the arts and the transcendent. He describes faith as a 'space between' external reality and ourselves, the realm of the abstract and

Environments for end-of-life care benefit from rooms of a domestic scale, overnight facilities for visitors, quiet spaces for family members and staff and soothing colours and artworks.

reflexive, which lies at the heart of both religion and art.[1012] Sacred spaces in hospitals and hospices provide respite from the medical, allowing stillness, reflection and contemplation, requiring 'artistic and spiritual architecture that provides a shelter for the spiritual aspects of humanity and yet remains open to the play of the spirit'.[1013] As we move towards death, a creative response is demanded, and Cobb suggests that 'Without the arts, the human psyche would stand naked in the face of personal extinction'.[1014]

In 2008, Professor Lord Darzi, at the Institute for Global Health Innovation, Imperial College London, published a review of NHS England in which end-of-life care formed one of eight key clinical areas.[1015] In the same year, the King's Fund pilot informed DH's End of Life Care Strategy, which emphasised the heightened importance of environment to the dying – specifically, the extent to which it provided private and gathering places, communicated care and lingered in the memory beyond the death of a loved one.[1016] The pilot also prompted DH to extend ECOL to 19 NHS trusts and a prison providing adult end-of-life care. Common to all projects was the aim of improving the patient and carer experience and an emphasis on consultation and engagement. Feedback from service users and visitors was overwhelmingly positive, and staff members reported increased learning in the face of persistent challenges. The final report for this project provides useful pointers for NHS trusts planning their end-of-life care, bereavement and mortuary facilities.[1017] We hope that NHS trusts will continue taking account of the King's Fund's recommendations for integrating the arts and design into end-of-life, bereavement and mortuary facilities.

Arts participation enables self-expression and provides a chance to take stock of life.

As an instance of good hospice architecture, all the rooms of Princess Alice in Esher have French doors that open onto a garden, courtyard or decking area. The overall design combines green space and openness with privacy and a sense of community. Similarly, a large terrace can be reached from all the bedrooms and communal rooms of Tŷ Gobaith, one of Hope House's children's hospices in North Wales. The bedrooms are painted in strong colours, and the centre has a music room and a multisensory room full of different stimuli.[1018]

Pioneers of the creative arts in palliative care encourage hospice patients to have a positive influence on environments through exhibiting their artwork.[1019] Lucinda Jarrett, Artistic Director of Rosetta Life – an artist-led organisation founded in 1997 – has argued that 'If a person is able to display their artwork on a hospice/hospital wall it enables him/her to hold some ownership of that space. The artist becomes a stakeholder in the institution because their artwork is displayed'.[1020]

Designers at HELIX are developing an end-of-life care toolkit for healthcare workers, aimed at improving the hospital experience for patients, friends, family and staff by encouraging better communication around treatment plans and emergency care. This design-centred approach includes technological innovation, and it is intended to have a community application in the future.

9.4 Finding Meaning in the Story of Life

At the round table, Dr Heath observed that, 'As all great writers demonstrate, finding meaning in the story of life is an act of creation'. The arts can meet the existential challenge of finding meaning in suffering, loss and death. The arts have the capacity to make sense of the apparent randomness and – at times – meaninglessness of life, bringing order and a new way of living. Professor Fiona Sampson, a poet who spent a dozen years encouraging writing and reading in health and social care settings, described at the round table on the Arts and Healthcare Environments how poetry 'speaks indirectly, tells at a slant'. It acts as a counterpoint to institutional jargon and case-note paraphrase to express experience in personal terms.

There's a game I play inside my head
Pretending that I am already dead
Just to be here to see
Those I've left behind me
Friends and lovers weeping
While I lie here sleeping
Some will never recall
I was ever here at all
And others will laugh out of hand
Or say I was a good kind man
While thinking deep inside
I was base, low and snide.
Who in this darkness
Who will hear my plea?
Who will remember me as me?

Paul, blind cancer patient at Greenwich and Bexley Cottage Hospice, 2005 [1021]

Artist Virginia Hearth has noted that 'The arts offer us a way of making sense of the world and help us to define who we are and who we have been'.[1022] The arts can provide access to deeper and more nuanced thoughts and feelings than we commonly experience. They contain the potential for 'self-actualisation and self-realisation'.[1023] They can foster creativity and fresh experiences, bring new understandings and insights and offer the 'potential for pleasure, transcendence and beauty'.[1024] Participation in the arts can be cathartic, enabling the dying and their relatives to deal with transitions, giving people confidence to talk to others about illness or dying. At the same time, the arts may disturb us, and 'neither powerful arts products nor therapeutic effects are gained solely with ease and enjoyment'.[1025] This places the onus on facilitators of end-of-life creativity to channel difficult emotions into the creative process.

In a collection of essays published as *Dying, Bereavement and the Creative Arts*, Gillie Bolton – who played an early role in the British Association for Medical Humanities – described how 'Involvement in artistic processes can offer primary support in the rewriting of a hopeful, helpful life-towards-death narrative'.[1026] She outlined how such creative processes offer insights into ourselves and our place in the world, enabling us to reflect on memories, hopes and fears. Through metaphor, characterisation and plot, the creation of literary and dramatic works draws upon emotional and psychological depths. It is this use of the imagination, Bolton argued, which distinguishes humans from animals, increasing cognitive, psychological and spiritual insight into the otherwise inexpressible while diminishing stress and anxiety.

Artistic activity generates a legacy that can be left behind for our loved ones.

9.5 Legacy

Creative arts projects often yield something of value which can be left behind, and loved ones treasure the artwork of those they have lost. Even where creative activity has been undertaken on an individual basis, the act of giving creates relationships. Lynn Harmer, an artist at St Christopher's, has recounted the story of Michael, a middle-aged man who was admitted to the hospice as an inpatient, suffering with acute back pain in the later stages of a terminal illness. Although he had not painted since school, Michael was keen to experiment with colour and technique, and he seemed to forget about his symptoms while he painted. Michael's 10-year-old son, Joe, was having difficulty visiting his father, and the nursing staff asked if he would like to be involved in his father's creative activities. This prospect provided Joe with the impetus he needed to visit the hospice, and father and son spent time together moulding baby elephants from clay, laughing and teasing each other as they worked. When Lynn took the clay elephants away to be fired, she left Michael and Joe painting together. After a sudden deterioration, Michael died a few days later, and Lynn ensured that the baby elephants were passed to Joe as a lasting memory of time spent with his father.[1027]

9.6 Finding Voice

Dame Barbara Monroe has lamented that 'one of the tragic consequences of our death-denying culture is that just when people most need social support, the world often retreats from them in embarrassment, anxiety and dismay, creating a kind of social death long before physical demise occurs'.[1028] Jarrett has argued that 'For patients who are facing death, the process of disappearing from a cultural arena is one of increasing powerlessness. Finding voice enables people to choose whether to regain their role in their social and cultural arena. [...] The creative arts clearly have a large role to play in enabling people to find a shape to hold their individual stories'.[1029] Facilitating artists to work in palliative care settings, Rosetta Life works on the basis that everyone holds the potential for creative exploration and enables the dying to find and express the stories that matter to them.[1030]

The experience of death and dying is difficult to put into words. Art therapist in palliative care

Creative expression lends a voice to the voiceless.

Michèle Wood has explained that 'Many factors including social status, educational levels, and ethnic backgrounds influence the patient's comfort in expressing and addressing their emotional responses to illness with health professionals'.[1031] However:

> *An important aspect of art therapy is that it provides an opportunity to express emotions that may feel unacceptable to the patient. The patient may have stifled feelings of anger, envy, and sadness for fear of upsetting their family or staff. In art therapy, pounding clay, pouring paint, and scribbling violently on paper gives the patient permission to express strong feelings, and the presence of the therapist ensures the patient is not left alone with their distress. Art therapy also allows for the development and expression of more positive feelings such as tenderness, hope, or beauty.*[1032]

The non-verbal nature of certain creative activity helps end-of-life care services to engage with communities in which different languages are spoken and provides a 'welcome tool for patients negotiating their experiences of illness and treatment in a language and cultural setting that is not their own'.[1033]

Memories and experiences are often retained as images whose non-verbal expression needs no interpretation. Rather than retreating into therapeutic models and professionalised languages, Hartley asserts that 'the art is the therapy'.[1034] Through the process of creative activity, meanings may be released that have not yet surfaced into the conscious mind. Metaphor and imagery can invoke all the senses and express the experience of dying in ways that transform perception.

Art can have a powerful effect in easing grief, helping those who have lost their loved ones to find solace in their bereavement.

Patients at the end of their lives are often allotted a passive status, poked and prodded with medical instruments. As art therapist Samantha Dobbs has observed, 'The issue of control is often present and powerful. In palliative care or after a particularly lengthy period of medical treatment, clients often feel that they have no control over their illness, their treatment, the progress and life in general. They may also have lack of control over bodily functions'.[1035] The issue of control is also important for others caught up in the maelstrom of terminal illness, and Jarrett has recounted how:

> *At a personal level, families who may feel that they cannot cope with the management of a disease that is overtaking the person they love may manage to take control of their daily lives by becoming involved in a creative project. Sorting out the photos, editing a manuscript, viewing rough cuts of a film quickly becomes a family process and in this way carers are more able to get more involved in aspects of the management of the lives of those who are seriously ill.*[1036]

Creative activity can increase a sense of control and self-determination, with mastery of materials and ideas forming part of the creative process.

9.7 Bereavement

In late 2010, the Scottish Government Health Directorates funded a study of the socio-economic cost of bereavement in Scotland as part of work to inform national policy on bereavement and care practice. Analysis of data from the Scottish Longitudinal Study found that the loss of a spouse made early demise of the surviving spouse more likely and led to extended hospital stays, translating into a recurring annual cost for NHS Scotland of around £20m.[1037] Analysis of UK-wide data from the British Household Panel Survey also suggested that the bereaved were significantly less likely than their contemporaries to be employed in the year of bereavement and two years after.

At the round table, Dr Simon Opher pointed out that bereavement was a normal part of life, which he increasingly saw being pathologised, leading to regular trips to the doctor and the prescription of anti-depressants and sleeping pills. The Scottish study identified costs of bereavement-related consultations in primary care at around £2.2m annually, and suggested that the actual figure was likely to be much higher.

People seek bereavement support because they feel stuck and isolated in their grieving. The symptoms of grieving – emotional pain, loss of sleep, appetite and energy – can often feel like an illness, but giving expression to grief can help to articulate loss and redefine the person left behind.[1038] Dr Opher described grief as a pattern of circular thoughts that deprive survivors of peace and lead to anxiety and depression. Art, he argued, is a healer of bereavement, and he told of patients being released from circular thoughts after a few brief hours of immersion in art.

The process of creating something new after the death of a loved one can be part of fashioning a new life. Exploratory personal writing, for example, can function as an alternative or adjunct to psychotherapy. At the round table, Jane Moss – a writer and creative writing tutor who works in bereavement support – explained that writing could be used in a number of ways, including keeping a journal, penning unsent letters, describing personal belongings and resolving unfinished conversations. Writing can be a valuable means of self-help, with the page as a listening friend, available any time of the day or night, hearing whatever the writer wants to say. The results of this can be powerful, and include people being able to return to work and adjust more effectively after their loss, acquiring skills for their own self-care which will serve them through the rest of their life.

In children and young people, creative activity helps to facilitate conversation about terminal illness and death.

9.8 Children and Adolescents

In the UK, one in 20 children has lost a parent. At the round table, Professor Baroness Finlay described mismanaged bereavement in young people as a public health disaster. A team of palliative care social workers in East Berkshire provides an innovative example of the arts helping young people to deal with parental illness or death. The team enlisted an advocate and pioneer of participatory video and set up an action research project with young people (aged seven to 15), putting their voice, experience and expertise at the centre of a collaborative inquiry. Nine young people participated in seven weekly sessions, choosing which themes to cover, whether to appear in front of the camera or behind it and whether to accept or reject footage. Within a safe, therapeutic environment, participants engaged in group activities, including drawing and painting sessions, and conveyed their perspectives on camera, with a view to sharing the video with their parents, teachers and members of the public. One of the young people involved in the project – which became known as No, You *Don't* Know How We Feel – related how 'Before, I couldn't actually say that my dad had cancer, in case people might laugh – but now I can, and they don't'.[1039]

Life can end at any age, and every year an estimated 12,500 parents in the UK experience the loss of a child.[1040] At the round table, independent producer Anna Ledgard observed that, in intensive care wards, the voices of children are often least heard. She identified a role for art in providing an 'other space' in which terminally ill children could articulate what was happening to them and how it felt. She relayed the story of a 15-year-old boy, saying that 'Death is simply a door in the room that we have not yet noticed, and we won't until our eyes adjust to the dark'.

Surviving the Loss of Your World was established by two bereaved mothers in North London in 2007. Over 12 weeks in autumn 2014, six members of the group came together with artist Sofie Layton as part of a research and development programme called REST. The group explored different creative processes – including drawing, embossing, screen-printing, sewing and audio recording – to capture experiences and the essence and memories of lost children. One participant commented that a shared process of embroidery was 'rather similar to grief itself – slow – and allowing us to talk, bond, weep, laugh as we progressed our ideas and produced something that reflected our children'.[1041] The project culminated in a public presentation of the installations made during the workshops. Qualitative evaluation reported the value of the project to participating mothers and to stimulating a public conversation about childhood death.[1042]

9.9 A Public Conversation About Death

DH's End of Life Care Strategy identified the need for a better public conversation about death and dying, so as to change perceptions and allay fears.[1043] The National Council for Palliative Care, founded in 1991, serves England, Wales and Northern Ireland. In 2009, it established a coalition of 32,000 members across England and Wales, known as Dying Matters, to 'help people talk more openly about dying, death and

bereavement, and to make plans for the end of life'.[1044]

Hartley and Payne have observed that hospices 'demonstrate how the arts can help people deal with distress and difficulty [...]. People who experience the arts in this setting at this moment in their life experience may come to understand how they may participate in the arts more actively to better strengthen their resilience in dealing with future life experiences'.[1045] An example of this approach in action is provided by the Schools Project, run by St Christopher's, which brings end-of-life patients and their carers together with children around the age of 10.[1046] The aim of this project is to educate young people about death and dying through the eyes of those going through the process, thereby reducing anxiety about death. In one version of this programme, children visited the hospice together with their teachers and parents, after which the hospice arts team worked with the children in their school over two successive weekdays, facilitating the creation of art, music and writing on the theme of the journey. The project concluded with a return visit to the hospice, during which the children read out their poems, sang songs and talked about their experiences, to the appreciation of patients. The words of the children testify to this encounter helping them to overcome their fear of death.

The arts can open up a public conversation about illness and death.

Dr Sandra Bertman, author of *Grief and the Healing Arts,* uses the arts and humanities to educate the general public and care staff about death. She has elsewhere identified a synergy between aesthetic and therapeutic approaches, whereby 'the arts invite us into the world of human suffering and bereavement in a manner different from but no less penetrating than clinical analysis'.[1047] By being instructive and challenging, Dr Bertman argues, the arts enable us better to inhabit our own suffering and that of others. The Dying Matters coalition might consider the role of the arts in stimulating a public conversation about death.

9.10 Training and Professional Development

A survey of more than 500 GPs conducted by the King's Fund in 2009 found that three quarters acknowledged they had a role in helping patients approaching death, while almost half said they would appreciate help with this.[1048] A survey of more than 900 nurses conducted the following year found that 69 percent felt they did not know how to broach the subject of death, with 72 percent citing lack of training.[1049] In 2014, a report jointly published by the Royal College of Physicians and Marie Curie Cancer Care looked at the results of an audit of 131 NHS trusts comprising 150 hospital facilities.[1050] This found that mandatory training in care of the dying had only been required for doctors in 19 percent of trusts and for nurses in 28 percent, despite national recommendations that this be provided.

The training of healthcare professionals should prepare them to deal intellectually and emotionally with issues of mortality.[1051] The House of Lords Access to Palliative Care Bill, which is passing through Parliament at the time of writing, contains a section on education and training which requires all health and social care providers to understand the importance of pain control and palliative care.[1052]

At the round table, nurse and psychotherapist Olwen Minford invoked evidence that integrating arts-based approaches in the training of healthcare professionals can build empathy, compassion and communication skills, and pointed to visual arts training in galleries being used in more than 50 US universities. At the same event, Dr Heath proposed that, in the care of the dying, healthcare professionals needed five forms of literacy: medical, physical, emotional, moral and cultural. As cultural literacy is undervalued in medical education, young doctors are deprived of a potent resource for making sense of both life and death.

Professional development is also necessary for artists who undertake this work. Artists working in palliative care need to have sensitivity, knowledge, skills and conviction, as well as an ability to understand and deal with a variety of experiences. There is a need for training and professional development as well as new paradigms for research and evaluation developed by artists working in this highly specialised field. At present, we lack a central organisation for artists, arts therapists and arts services working in palliative care. In 2016, an International Community of Practice for End of Life Care was initiated in Canterbury, bringing together academics, researchers, clinicians, practitioners, policy makers and service users. This provides a nexus through which the arts in end-of-life care can be discussed more fully.

DH's End of Life Care Strategy for adults at the end of life identified the following features of a good death: 'being treated as an individual, with dignity and respect; being without pain and other symptoms; being in familiar surroundings; and being in the company of close family and/or friends'.[1053] The strategy acknowledged that this was not the experience for many, and it proposed a system-wide approach to caring for patients and their loved ones. Yet it did not mention the arts. The NHS England End of Life Care strategy made provision for palliative care,[1054] but neither this strategy nor related sector-specific guides, such as that for care homes, made reference to the arts.[1055] We hope that DH and NHS England will revisit their strategies on end-of-life care, taking full account of the benefits of arts engagement.

At its best, end-of-life care helps people to approach death as well as possible. In the UK, there is little awareness of the availability of end-of-life care and even less recognition of the role of the arts within this. Care of the dying needs to be recognised as one of the core purposes of the medical profession. At the same time, more has to be done to reconcile the physical, psychological, social and spiritual aspects of death, and the arts have an essential part to play in this. The training and professional development of many health and care staff, as well as of more artists, should enable them to gain understanding of the creative relationship that there can be between the arts and dying. Easing the relentless pressures on health and care staff would assist consideration of healing.

Further evidence is needed as to the financial savings achievable through the arts in end-of-life care and bereavement, particularly through reduction in GP visits, prescriptions and hospital admissions. Such research might be combined with a study of arts practices and processes, using qualitative, creative methods such as filmmaking, all with a view to persuading commissioners of the benefits of arts engagement at the end of life. It is, of course, self-evident that sensitive human contact alleviates suffering. The arts can provide such contact.

Claudia Phipps, R*ipples*,
Rosie Maternity Hospital,
Cambridge University Hospitals

Managed by Addenbrooke's Arts
Photographer: Gilbert Park

10

Recommendations and Next Steps

10 Recommendations and Next Steps

We hope we have demonstrated in this report that the arts can make an invaluable contribution to a healthy and health-creating society. They offer a potential resource that should be embraced in health and social care systems which are under great pressure and in need of fresh thinking and cost-effective methods. Policy should work towards creative activity being part of all our lives.

The process of the Inquiry – in particular the exchanges of ideas and experience at round tables of service users, health and social care professionals, artists and arts professionals, funders, academics, people in local government, policy-makers and parliamentarians – has generated energy and commitment. We will continue to enlist the help of those who are willing and able to join forces to shape a shared vision for change and bring that change into being.

In this report, we have made a series of suggestions aimed at improving practice, research and funding. Here, we make ten specific recommendations as catalysts for the change of thinking and practice that can open the way for the potential of the arts in health to be realised.

1) We recommend that leaders from within the arts, health and social care sectors, together with service users and academics, establish a strategic centre, at national level, to support the advance of good practice, promote collaboration, coordinate and disseminate research and inform policy and delivery. We appeal to philanthropic funders to support this endeavour. We hope that the centre will also have the support of Arts Council England, NHS England and Public Health England as well as the Local Government Association and other representative bodies.

Sustained and systematic work is needed to fill the extensive gaps in arts and health provision. Better coordinated research and evaluation will demonstrate more powerfully the effectiveness and value for money of arts-based approaches to health and wellbeing. The investment of funders will be more productive if made as part of a coherent strategy. If personal stories are more widely shared, they will do more to stimulate public interest and demand.

This is why we would like to see a range of partners establish a national strategic centre to coordinate leadership in the field, working to promote collaboration at all levels in the arts, health and social care sectors. We do not propose a physical building but rather a gathering of networks, spanning practice, peer support, research, funding, communication, policy and international liaison. The aim of the centre would be to support local delivery and co-production; provide for shared learning and skills development; identify gaps in the evidence base and help to fill them; encourage coordinated approaches to funding; enhance the training of arts and health professionals; and secure greater awareness of the benefits of the arts for a healthy and health-creating society.

If this recommendation finds favour with the field and if so desired, the All-Party Parliamentary Group on Arts, Health and Wellbeing stands ready to assist with the formation of the centre, opening discussions with the bodies that might be involved and facilitating initial meetings.

While this initiative would be independent of government, we hope that the Government would support the project.

2) We recommend that the Secretaries of State for Culture, Media and Sport, Health, Education and Communities and Local Government develop and lead a cross-governmental strategy to support the delivery of health and wellbeing through the arts and culture.

We will seek to persuade ministers that they can improve the effectiveness and value for money of services to support health and wellbeing and widen access to the arts if they work together to develop a cross-governmental strategy for the arts in health. It would recognise that the arts can help meet the major challenges facing health and social care. The national centre would provide expertise and capacity to support the design and implementation of the cross-governmental strategy. The strategy could be developed within the existing systems of the NHS, local authorities, Public Health England and Arts Council England, with joint targets and shared resources. It would develop approaches already initiated by the What Works Centre for Wellbeing. We suggest that our Government looks at international comparators such as Australia, Finland, Norway and Sweden, where national strategies have already been put in place.

3) We recommend that, at board or strategic level, in NHS England, Public Health England and each clinical commissioning group, NHS trust, local authority and health and wellbeing board, an individual is designated to take responsibility for the pursuitof institutional policy for arts, health and wellbeing.

The evidence is there that the arts can help meet major challenges facing health and social care including ageing, long-term conditions, mental health and loneliness. We ask that all relevant institutions should ensure that a commitment to the arts, health and wellbeing becomes integral to organisational policy. A dedicated individual would ensure that each organisation attaches appropriate importance to matters relating to the arts, health and wellbeing. The national centre would help to get the message out and support those making decisions at every level to realise the opportunities provided by the arts. The national centre would mobilise effective local leadership and networking to support public bodies in maximising local opportunities. Public bodies must be ready to seize these opportunities and to collaborate in doing so. The Government's objective of increasing access to the arts for all will also be powerfully advanced if health and social care providers are willing to work with arts and cultural organisations.

4) We recommend that those responsible for NHS New Models of Care and Sustainability and Transformation Partnerships ensure that arts and cultural organisations are involved in the delivery of health and wellbeing at regional and local level.

There are already exemplars of effective partnership working, as shown in our case studies of Gloucestershire and Greater Manchester. Devolution of decision-making and budgets provides an opportunity for better engagement of the arts and culture in improving health and wellbeing on a local and regional basis. Partnerships with local health providers will enable arts and cultural providers to make their contribution to meeting major challenges in health and social care. Greater Manchester is the first of the city regions with a directly elected metro mayor to have made the arts and culture integral to its health and wellbeing strategy. We hope others will make a similar commitment.

5) We recommend that Arts Council England supports arts and cultural organisations in making health and wellbeing outcomes integral to their work and identifies health and wellbeing as a priority in its 10-year strategy for 2020–2030.

Arts and cultural organisations will need to develop their knowledge and skills to enable them to make their full contribution to the development of a healthy and health-creating society. Many organisations would benefit from support in developing the skills to bid for health and social care funding and to work in partnership with others in the voluntary and community sector. Working with Arts Council England and the National Council for Voluntary Organisations to build on their recent Cultural Commissioning Programme, the national centre could identify and coordinate means for providing this support.

6) We recommend that NHS England and the Social Prescribing Network support clinical commissioning groups, NHS provider trusts and local authorities to incorporate arts on prescription into their commissioning plans and to redesign care pathways where appropriate.

Developments in social prescribing offer models for arts and cultural organisations to engage with the process of creating a healthy society. Arts-on-prescription activities help people to overcome physical and psychological pain, playing a vital role in the recovery and maintenance of health. Group creative activities in the community also help to overcome social isolation in people of all ages. As our case studies show, such initiatives improve health and wellbeing outcomes and save money. Steps need to be taken within the health service to ensure that these improvements and savings are realised. Just as is happening in the health and social care sectors, infrastructure and leadership will need to be developed in the community sector. Organisations delivering arts on prescription can become part of the Social Prescribing Network so that they are included in any future databases of activity. As in the wider arts and health landscape, gaps in provision will have to be filled.

7) We recommend that Healthwatch, the Patients Association and other representative organisations, along with arts and cultural providers, work with patients and service users to advocate the health and wellbeing benefits of arts engagement to health and social care professionals and the wider public.

The benefits of the arts for health and wellbeing are still not widely recognised. Practitioners and patients need to raise the profile of this work and encourage public demand for it. The many people who have already experienced these often transformational benefits are the best witnesses. We hope that arts and cultural organisations and those representing patients will help them tell their stories and make them heard. We will press for the voice of patients to be heard more clearly in service design, research and evaluation.

8) We recommend that the education of clinicians, public health specialists and other health and care professionals includes accredited modules on the evidence base and practical use of the arts for health and wellbeing outcomes. We also recommend that arts education institutions initiate undergraduate and postgraduate courses

and professional development modules dedicated to the contribution of the arts to health and wellbeing.

Education must underpin culture change. Undergraduate and postgraduate courses and professional development for arts and health professionals and for artists, producers and facilitators exist in some places, but provision needs to be more coherent and widespread. We will challenge Health Education England, the Academy of Royal Medical Colleges, the General Medical Council and others responsible for the training and continuing professional development of health and care professionals to recognise the need to introduce into curricula a stronger arts and humanities dimension. We will also encourage art schools and universities to play their part in raising awareness of the opportunities for artists in health and social care.

9) **We recommend that Research Councils UK and individual research councils consider an interdisciplinary, cross-council research funding initiative in the area of participatory arts, health and wellbeing, and that other research-funding bodies express willingness to contribute resources to advancement of the arts, health and wellbeing evidence base. We recommend that commissioners of large-scale, long-term health surveys include questions about the impacts of arts engagement on health and wellbeing.**

We know already that the arts can help keep us well, aid our recovery from illness and support longer lives better lived. But there are gaps in the evidence base in areas such as prevention, management of long-term conditions and delaying dementia onset and admission into residential care. We need more evidence of sustained benefits in larger population groups over time.

10) **We recommend that the National Institute for Health and Care Excellence regularly examines evidence as to the efficacy of the arts in benefiting health, and, where the evidence justifies it, includes in its guidance the use of the arts in healthcare.**

We have been encouraged by the receptiveness of many organisations to whom we are making our recommendations, including the National Institute for Health and Care Excellence. Wider endorsement and dissemination of the developing evidence base is needed. We urge arts and health researchers to register as stakeholders with the National Institute for Health and Care Excellence and bring relevant evidence to the attention of reviewers.

The All-Party Parliamentary Group on Arts, Health and Wellbeing has developed policy briefings in collaboration with the Association of Directors of Public Health, Local Government Association, National Council for Voluntary Organisations, Social Care Institute for Excellence and What Works Centre for Wellbeing. Arts Council England and Public Health England have provided advice and have agreed to help with their dissemination. This is the first step in a strategy to ensure that all health and social care professionals are informed of the benefits of arts-based approaches to health and wellbeing and supported in adopting them. We are very pleased that the Arts and Humanities Research Council has made an award to our researcher, Dr Rebecca Gordon-Nesbitt at King's College London, to support the dissemination of evidence and innovative practice presented in this report and to continue working with us on advocacy of these recommendations for a year after publication.

We will continue to work with those who have been our partners in the Inquiry thus far. We will seek opportunities to increase understanding of the benefits of the arts for health and wellbeing, not only with ministers and in parliament but also among the health and social care professions and others across the country. We will develop our work with the Royal Society for Public Health to identify priorities for future research and curriculum reform. We will follow with close interest the pioneering work supported in London by the Guy's and St Thomas' Charity. With the National Alliance for Arts, Health and Wellbeing, we will carry our message to the regions. We are very fortunate that Paul Hamlyn Foundation and Wellcome have provided us with funding to enable us to mount a programme of events around the country over the next twelve months. We hope to engage local MPs and councillors, among many others, at these events.

The Inquiry process has brought together many people with diverse views and experiences, including those who have experienced the benefits of the arts for their own health and wellbeing. Their stories can help to convince others, and we ask all those who believe in the value of the arts for health and wellbeing to join forces with us and speak up. In this way, we will increase the tempo and volume of public discussion of the arts, health and wellbeing. We will welcome comments and suggestions from all who believe, as we do, that the arts offer an essential opportunity for the improvement of the health and wellbeing of the nation, and we will work with all who share our mission.

Parkinson's Dance Class, Pavilion Dance South West

Acknowledgements

The members of the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW) are listed below. They include the former and current officers of the Group: Baroness Andrews OBE, Rt Hon. Frank Dobson, Rt Hon. Lord Howarth of Newport CBE, Rt Hon. Fiona Mactaggart MP, Jason McCartney MP, Sarah Newton MP, Chris Ruane MP, Maggie Throup MP, Rt Hon. Ed Vaizey MP and Dr Sarah Wollaston MP. Our thanks to Rt Hon. Professor Paul Burstow, formerly MP for Sutton and Cheam, who was a founding Co-Chair of the APPGAHW and has continued to support the work of the Inquiry as Chair of the Advisory Group. Other parliamentary colleagues, listed below, have contributed their time chairing and attending meetings and offering their knowledge and thoughts.

The National Alliance for Arts, Health and Wellbeing provides the secretariat to the APPGAHW in the person of Alexandra Coulter, Director of Arts & Health South West. We are extremely grateful to Alex for managing the Inquiry and to the Board of Arts & Health South West for their support.

The Inquiry has benefited greatly from a collaboration with King's College London, which has employed and supported our researcher, Dr Rebecca Gordon-Nesbitt, and administered the call for practice examples. Especial thanks to Deborah Bull, Ruth Hogarth, Katherine Bond and Professor Anne Marie Rafferty. We are deeply indebted to Rebecca for her extensive research and for drafting this report.

The Royal Society for Public Health Special Interest Group on Arts, Health and Wellbeing has provided much valued guidance on the research, specifically through the involvement of Professor Paul Camic, Professor of Psychology and Public Health at Canterbury Christ Church University. Guy's and St Thomas' Charity has been our practice partner for the Inquiry, and Nicola Crane, Programme Director and Head of Arts, has given us much valued advice and support. Our Advisory Group – the members of which are listed below – has provided expert oversight of this report as it has progressed.

The Inquiry would not have been possible without generous funding from Wellcome and Paul Hamlyn Foundation, and we would particularly like to thank both organisations for their thoughtful engagement in the process. Additional research funding has been provided by the Arts and Humanities Research Council.

We express our very warm thanks to the more than 300 people from all parts of the country who have taken part in round tables and meetings in the Houses of Parliament. We would particularly like to acknowledge those who have been so generous in telling us of their own personal experiences of how the arts have benefited their health and wellbeing.

Members of the All-Party Parliamentary Group on Arts, Health and Wellbeing

Debbie Abrahams MP
Baroness Andrews OBE
Luciana Berger MP
Lord Berkeley of Knighton
Lord Bichard KCB
Lord Crathorne KCVO
Lord Crisp KCB
Thangam Debbonaire MP
Rt Hon. Frank Dobson
Baroness Finlay of Llandaff
Helen Goodman MP
Baroness Greengross OBE
Kelvin Hopkins MP
Rt Hon. Lord Howarth of Newport CBE
Rt Hon. Lord Hunt of Kings Heath OBE
Baroness Jolly
Rt Hon. David Lammy MP
Lord Layard
Baroness Lister of Burtersett CBE
Lord Lupton CBE
Jason McCartney MP
Baroness McIntosh of Hudnall
Rt Hon. Fiona Mactaggart MP
Baroness Masham of Ilton DL
Baroness Meacher
Baroness Morgan of Ely
Rt Hon. Nicky Morgan MP
Rt Hon. Baroness Morris of Yardley
Baroness Neuberger DBE
Sarah Newton MP
John Nicolson MP
Dr Matthew Offord MP
Lord Ramsbotham GCB CBE
Lord Ribeiro CBE
Chris Ruane MP
Rt Hon. Lord Smith of Finsbury
Rt Hon. Lord Stunnell OBE
Maggie Throup MP
Rt Hon. Ed Vaizey MP
Rt Hon. Lord West of Spithead GCB DSC
Dr Sarah Wollaston MP
Baroness Young of Hornsey OBE

Advisory Group

Katherine Bond, Director, Cultural Institute, King's College London
Paul Bristow, Director, Strategic Partnerships, Arts Council England
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Nicola Crane, Programme Director and Head of Arts, Guy's and St Thomas' Charity
Professor Geoffrey Crossick, Distinguished Professor of the Humanities at the School of Advanced Studies, University of London
Professor Norma Daykin, Professor of Arts and Health, University of Winchester
Professor Paul Dieppe, Emeritus Professor of Health and Wellbeing, Exeter University
Nick Ewbank, Director, Ewbank Associates
Martin Green, Chief Executive, Care England
Jessica Harris, Cultural Commissioning Programme Manager, National Council for Voluntary Organisations
Dr Iona Heath, Former President of the Royal College of General Practitioners
Damian Hebron, Director, London Arts in Health Forum
Ruth Hogarth, Director, Cultural Partnerships & Enquiry, King's College London
Dr Val Huet, Chief Executive, British Association of Art Therapists
Professor Jane Macnaughton, Professor of Medical Humanities, University of Durham
Dr Simon Opher MBE, GP Lead for Cultural Commissioning and Social Prescribing, Gloucestershire
Professor Richard Parish CBE, Professor of Health Development, University of Chester; Board Member, Public Health England
Heema Shukla, Public Health Consultant, Faculty of Public Health
Jane Steele, Head of Research, Paul Hamlyn Foundation
Professor Anne Marie Rafferty, Professor of Nursing Policy, King's College London
Alison Raw, Professional Advisor for Allied Health Professions, Department of Health
Dr Justin Varney, National Lead Adult Health and Wellbeing, Public Health England
Dr Nic Vogelpoel, Insight and Analysis, Wellcome

Presenters at Round Tables

July 2014: The Care Act and the Francis Inquiry

Chair: **Rt Hon. Lord Howarth of Newport**
Sir Robert Francis QC, leader of public inquiry into Mid Staffordshire NHS Foundation Trust; board member CQC; President of the Patients Association
Dr Ellen Storm, Paediatrician and winner of Hippocrates Prize for Poetry 2014
Nicola Crane, Programme Director and Head of Arts, Guy's and St Thomas' Charity
Dr Suzy Willson, Artistic Director, Clod Ensemble

November 2014: The Care Act and Commissioning Arts and Culture for Wellbeing
Joint event with the All-Party Parliamentary Group on Wellbeing Economics

Chair: **Rt Hon. Paul Burstow MP**
Valerie Little, Independent Consultant in Public Health and formerly Director of Public Health, Dudley
Steven Michael, Chief Executive of South West Yorkshire NHS Foundation Trust
John Nawrockyi, Director of Health and Adult Social Care at the Royal Borough of Greenwich
Dr Justin Varney, National Lead for Adult Health and Wellbeing, Public Health England

February 2015: Music and Health

Chair: **Lord Berkeley of Knighton**
Evan Dawson, Director, Live Music Now
Professor Norma Daykin, Professor of Arts and Health, University of Winchester
Phil Hallett, Chief Executive, Coda Music Trust
Julian Lloyd Webber, Patron, Live Music Now
Gillian Moore, Head of Classical Music, Southbank Centre
Professor Helen Odell-Miller, Professor of Music Therapy, Anglia Ruskin University
Dr Jane Povey, GP and Director of Creative Inspiration CIC, Deputy Medical Director for Primary Care, Faculty of Medical Leadership and Management
Dr Simon Proctor, Head of Music Services, Nordoff Robbins
Ian Ritchie, Artistic Director, the Musical Brain
Chika Robertson, Director of Mind Music Spirit
Paul Robertson, Director of Mind Music Spirit
Ian Stoutzker CBE, Co-founder with Yehudi Menuhin of Live Music Now
Gillian Stunnell, Music Therapist
Professor Michael Trimble, Emeritus Professor of Behavioural Neurology, National Hospital Queen Square, London

Dr Trish Vella-Burrows, Deputy Director, Sidney De Haan Research Centre, Canterbury Christ Church University
Julian West, Oboist and Creative Music Leader

July 2015: Dementia and the Arts Joint event with the All-Party Parliamentary Group on Dementia

Chairs: **Baroness Jolly** and **Baroness Greengross**
Dr Alice Ashby, Acting Consultant Liaison Psychiatry, West London Mental Health NHS Trust
Professor Dawn Brooker, Director of Association for Dementia Studies, University of Worcester
Paul Cann, Director of Age UK Oxfordshire
Richard Coaten, Dance Movement Psychotherapist, South West Yorkshire Partnership NHS Trust
Professor Paul Camic, Professor of Psychology and Public Health, Canterbury Christ Church University
Dr Sebastian Crutch, Professorial Research Associate, Dementia Research Centre, UCL
Peter Dunlop, Expert Patient
Fergus Early OBE, Director of Green Candle Dance Company
Veronica Franklin Gould, Director of Arts 4 Dementia
Chris Gage, Director of Ladder to the Moon
John Killick, Poet
Keith Oliver, Expert Patient
Al-La Park, Assistant Professorial Research Fellow, London School of Economics and Political Science
Maria Parsons, Director of the Creative Dementia Arts Network
Professor Justine Schneider, Professor of Mental Health and Social Care, University of Nottingham
David Slater, Director of Entelechy Arts
Belinda Sosinowicz, RADIQL project manager
Robin Sweeney, Dementia Friendly Communities, Alzheimer's Society
Kate Whitaker, Music for Life project manager, Wigmore Hall
Gillian Wolfe CBE, Former Director of Learning and Public Affairs, Dulwich Picture Gallery; Learning, Arts and Heritage Consultant

November 2015: The Arts and Palliative Care, Dying and Bereavement

Chair: **Baroness Finlay of Llandaff**, Professor of Palliative Medicine, University of Cardiff and Chair of the National Council for Palliative Care
Dr Sam Guglani, Consultant Clinical Oncologist, Cheltenham General Hospital
Fiona Hamilton, Writer and Director of Orchard Foundation
Nigel Hartley, Director of Supportive Care at the St Christopher's Group, London
Bob Heath, Music Therapist
Dr Iona Heath, Former President of the Royal College of General Practitioners
Jane Lings, Music Therapist
Professor Allan Kellehear, 50th Anniversary Professor (End of Life Care), University of Bradford
Anna Ledgard, Arts Producer and Researcher
Dr Viv Lucas, Medical Director, Garden Hospice, Letchworth
Olwen Minford, Nurse, Trainer and Psychotherapist
Jane Moss, Writer and Creative Writing Tutor
Dr Simon Opher MBE, GP Lead for Cultural Commissioning and Social Prescribing, Gloucestershire
Kate Organ, Arts Adviser, The Baring Foundation
Dallas Pounds, CEO Royal Trinity Hospice
Christopher Rawlence, Co-Creative Director, Rosetta Life
Michèle Wood, Senior Art Therapist, Marie Curie Hospice, Hampstead

December 2015: The Arts and Post-Traumatic Stress

Chair: **Rt Hon. Lord West of Spithead**
Jason Bell, Veteran, Veterans in Practice, Foundation for Art and Creative Technology
Jojo Bowman, Artist, Danish Wounded Warriors
Nicky Clarke MBE, Chair of Trustees, Military Wives Choirs Foundation
Kevin Dyer, Writer, Farnham Maltings
Colette Ferguson, Participant, Farnham Maltings
Emily Gee, Veterans in Practice, Foundation for Art and Creative Technology
Shaun Johnson, Veteran, Combat Veteran Players
Rosie Kay, Artist, Rosie Kay Dance
Professor Peter Kinderman, President-Elect of the British Psychological Society
Jessie Lee, Artist, Danish Wounded Warriors
Janice Lobban, Senior Art Therapist, Combat Stress
Jaclyn McLoughlin, Founder and Director, Combat Veteran Players
Lis Murphy, Creative Director, Music Action International
Professor Nigel Osborne MBE, Composer and formerly Reid Professor of Music at the University of Edinburgh
John Ryan, Co-Founder Lift the Lid Productions, Home Front
Maya Twardzicki, Public Health Lead, Home Front

February 2016: Museums and Health Organised with the help of the National Alliance for Museums, Health and Wellbeing

Chair: **Lord Lupton**, former Chair of Trustees of Dulwich Picture Gallery; Trustee, British Museum
David Anderson, Director General, Amgueddfa Cymru – National Museum Wales
Professor Paul Camic, Professor of Psychology and Public Health, Canterbury Christ Church University

Professor Helen Chatterjee, Professor of Biology, UCL School of Life and Medical Sciences; Head of Research and Teaching, UCL Public and Cultural Engagement
Jane Grimshaw, Director of Nursing, Trafford Hospital
Sharon Heal, Director, Museums Association
Hilary Jennings, Director of the Happy Museum Project
Joanna Jones, Director, Canterbury Museums
Anne Kearton, Occupational Therapist, Trafford Hospital
Victoria Northwood, Head of Archives and Museum, Museum of the Mind
Dr Mark O'Neill, Director of Research and Policy, Glasgow Life
Laura Phillips, Head of Community Partnerships, British Museum
Helen Shearn, Head of Arts Strategy, South London and Maudsley NHS Foundation Trust
Jason Spruce, Expert Patient
Esmé Ward, Head of Learning and Engagement at the Whitworth and Manchester Museum, part of Manchester University
Gillian Wolfe CBE, Former Director of Learning and Public Affairs, Dulwich Picture Gallery; Learning, Arts and Heritage Consultant

March 2016: Arts and Health Policy and Devolution

Chair: **Baroness Morgan of Ely**
Dr Jenny Elliot, Chief Executive of Arts Care Northern Ireland
Professor Andrew Davies, Former Member of the Welsh Assembly; Chair of the Abertawe Bro Morgannwg University Health Board
Alan Higgins, Director of Public Health, Oldham Council
Sally Lewis, Portfolio Manager, Engagement and Participation, Arts Council of Wales
Maggie Maxwell, Head of Equalities, Diversity and Inclusion (EDI), Creative Scotland
Clive Parkinson, Director of Arts for Health, Manchester Metropolitan University
Jackie Sands, Health Improvement and Public Health, NHS Greater Glasgow and Clyde
Professor Carol Tannerhill, Director, Glasgow Centre for Population Health
Prue Thimbleby, Arts in Health Coordinator, Abertawe Bro Morgannwg University Health Board

April 2016: Arts, Health and Wellbeing and Commissioning

Chair: **Lord Bichard**
Paul Bristow, Director, Strategic Partnerships, Arts Council England
Jane Davis, Chief Executive, The Reader
Rob Elkington, Director, Arts Connect
Yvonne Farquharson, Managing Director, Breathe Arts Health Research
Jules Ford, Cultural Commissioning Programme Manager, Gloucestershire Clinical Commissioning Group
Emma Hanson, Head of Strategic Commissioning for Social Care, Health and Wellbeing, Kent County Council
Jessica Harris, Manager, Cultural Commissioning Programme, National Council for Voluntary Organisations
Sue McKie, Health Improvement Principal, Public Health, Wolverhampton City Council
Dr Cliff Richards, Chair, Halton Clinical Commissioning Group
Alice Thwaite, Director, Equal Arts
Basil Wild, Commissioner and Contracts Officer for Mental Health, Bath and North East Somerset Council
Martin Wilson, Director, Tin Arts

May 2016: Arts on Prescription

Chair: **Rt Hon. Lord Howarth of Newport**
Dr Hilary Bungay, Anglia Ruskin University
Professor Helen Chatterjee, Professor of Biology, UCL School of Life and Medical Sciences; Head of Research and Teaching, UCL Public and Cultural Engagement
Gavin Clayton, Director, Arts & Minds
Bernadette Conlon, Director, Start in Salford
Philippa Forsey, Manager, Creative Wellbeing Programme, Creativity Works
Thrisha Halder, Director, Artlift
Gaye Jackson, Programme Manager, Health Education England North West
Anita Jensen, PhD student, University of Nottingham
Tom Ling, Senior Research Lead, RAND Europe
Carolina Magdalene Maier MF, Spokesperson for Health and Quality of Life, Alternative Party, Denmark
Diane O'Neill, Founder and Group Leader of Changing Creations
Dr Simon Opher MBE, GP Lead for Cultural Commissioning and Social Prescribing, Gloucestershire
Sharon Paulger, Director, Arts for Health, Milton Keynes
Dr Marie Polley, Senior Lecturer, University of Westminster
Dr Gillian Rice, GP and Chair of Artlift
Lucien Paul Stanfield FRSPH, Chief Executive, Claremont Project
Janet Stevens, Participant, Start in Salford
Dr Theo Stickley, Academic Lead for Public Engagement and Associate Professor of Mental Health, University of Nottingham
Lucy Wells, Inclusive Arts Manager, Bromley by Bow Centre
Dr Kerry Wilson, Head of Research, Institute of Cultural Capital, Liverpool

May 2016: Young People, Mental Health and the Arts, followed by showing of film about The Alchemy Project

Chair: **Baroness Meacher**
Susan Blishen, Advisor, Big Lottery
Mark Brown, Writer and social media activist
Carly Annable Coop, Project Director, The Alchemy Project
Catarina Dias, Founder, Silent Secret
Beth Elliott, Director, Bethlem Gallery
Dr Lauren Gavaghan, Senior Registrar in Psychiatry, South London and Maudsley NHS Foundation Trust
Catherine Hearn, Director, Helix Arts
Will Lang, Artist, Helix Arts
Dr Amelia Oldfield, Professor of Music Therapy, Anglia Ruskin University; Senior Music Therapist, Cambridge and Peterborough NHS Foundation Trust.
Jessica Plant, Project Manager, National Alliance for Arts in Criminal Justice
Stephen Sandford, Strategic Lead and Professional Head of Arts Therapies, East London NHS Foundation Trust
John Sayers, former patient of South London and Maudsley NHS Foundation Trust and a Bethlem Gallery artist.
Naomi Shoba, Head of Youth Arts, Ovalhouse
Sam Walker, Samantics

June 2016: Arts and Healthcare Environments, followed by an event at St Thomas' Hospital as part of Creativity and Wellbeing Week

Chair: **Lord Crisp**
Gilly Angell, Expert Patient, University College Hospital Cancer Centre
Sir Quentin Blake, Artist
Paul Brooks, Associate Director of Patient Experience and Facilities Management, Derby Teaching Hospitals
Clare Devine, Executive Director Architecture, Built Environment and Design, Design Council Cabe
Guy Eades, Director of Healing Arts, St Mary's Hospital, Isle of Wight
Susan Francis, Programme Director, Architects for Health
Professor Fiona Sampson, Poet and Professor of Poetry at the University of Roehampton
Dr Sue Stuart-Smith, Psychiatrist and Psychotherapist
Sally Thompson, Director Grampian Hospitals Arts Trust
Chris Tipping, Artist
Laura Waters, Arts Programme Manager, Derby Teaching Hospitals
Paul Williams, Stanton Williams Architects
Jane Willis, Director of Willis Newson

July 2016: Arts and Public Health

Chair: **Baroness Young of Hornsey**
Shona Arora, National Workforce Development Lead, Public Health England
Amal Azzudin, Community Development Facilitator, Mental Health Foundation
Lois Blackburn, Artist, arthur+martha
Sheryll Catto, Co-Director, ActionSpace
Dr Nayreen Daruwalla, Programme Director for Prevention of Violence against Women and Children, SNEHA, Mumbai
Philip Davenport, Artist, arthur+martha
Connie Junghans, Public Health Commissioner, Westminster City Council
Thompson Hall, Artist, ActionSpace
Tim Harrison, Creative Director, SICK! Festival
Louisa Newman, Public Health Workforce Development Manager, Public Health England South West
Professor David Osrin, Professor of Global Health, UCL
Deborah Munt, Representative for Yorkshire and the Humber; Chair, National Alliance for Arts, Health and Wellbeing
Eva Okwonga, Peer Support Advisory Board Member for Mind; Music Workshop Leader at Music In Mind
Professor Richard Parish CBE, Professor of Health Development, University of Chester; Board Member, Public Health England
Lizzi Stephens, Chair of the Dover Breatheasy Group, musician and leader of singing for health groups
Catherine Swann, Deputy Director of Health and Wellbeing (Healthy People) Public Health England
Jennifer Wood, Arts Officer, The Royal Borough of Kensington and Chelsea

November 2016: Arts, Health and Wellbeing in the Criminal Justice System, organised with the help of the National Criminal Justice Arts Alliance, following a visit to the Koestler Trust Exhibition 'We Are All Human' at the Royal Festival Hall

Chair: **Baroness Young of Hornsey**
Graham Beck, Governor, HMP Kirkham
Alli Black, HMP Kirkham
Eleonor Byrne, Clean Break Graduate
Dr Laura Caulfield, Assistant Dean, College of Liberal Arts, Bath Spa University
Sarah Colvin, Schröder Professor, University of Cambridge
Alison Frater, Chair of the National Criminal Justice Arts Alliance
Arthur Mactaggart, Artist
Femi Martin, Spoken word poet and writer
Lucy Perman, Clean Break Theatre Company
Debbie Samuel, Engagement Worker, London Community Rehabilitation Company
John Speyer, Director, Music in Detention
Hong Tan, Head of Health in the Justice System, NHS England London
Richard Ward, Learning and Skills Team, National Offender Management Service
Andy Watson, Artistic Director, Geese Theatre Company
Gillian Wolfe CBE, Former Director of Learning and Public Affairs, Dulwich Picture Gallery, Learning, Arts and Heritage Consultant

January 2017: Place, Environment and Community

Guest Chair: **Sunand Prasad**
Rachel Adam, Project Director (bait), Woodhorn Charitable Trust
Jacqui Bunce, Associate Director of East and North Hertfordshire Clinical Commissioning Group
Jane Duncan, Architect and President of the Royal Institute of British Architects
Melissa Hardwick, Director, Kentish Town Improvement Fund
Teva Hesse, Director, London Branch, C F Møller
Raheel Mohamed, Founder and Director of Maslaha
Professor Jeremy Myerson, Helen Hamlyn Chair of Design, Royal College of Art
Lenny Naar, Design Strategist, HELIX Centre, Imperial College London
Andrew Simpson, Planner and Development Manager and Advisor to Royal Institute of British Architects on healthcare design
Sandra Stancliffe, Head of Education and Inclusion, Historic England

March 2017: Funding for Arts, Health and Wellbeing

Chair: **Rt Hon. Lord Howarth of Newport**
Sally Bacon OBE, Executive Director, Clore Duffield Foundation
Bill Boa, Director of Finance, Cambridge University Hospitals NHS Foundation Trust
Elaine Burke, Arts and Health Specialist
Nicola Crane, Programme Director and Head of Arts, Guy's and St Thomas' Charity
Jane Davis, Chief Executive, The Reader
Liz Ellis, Policy Adviser Communities and Diversity, Heritage Lottery Fund
Daniel Gerring, Partner, Travers Smith
Rama Gheerawo, Director of the Helen Hamlyn Centre at the Royal College of Art
Lady Helen Hamlyn, Philanthropist
Rachel Hillman, Head of Engaging Science, Wellcome
Mary Hutton, Accountable Officer Gloucestershire Clinical Commissioning Group
Janet Morrison, Chair, The Baring Foundation
Mags Patten, Director of Policy and Communications, Arts Council England
Jon Siddall, Director of Funding, Guy's and St Thomas' Charity

Participants in other Inquiry Meetings

Gabrielle Allen, Visual Arts Development Manager, Guy's and St Thomas' Charity
Professor Mark Baker, Director of the Centre for Guidelines, National Institute for Health and Care Excellence
Sir Peter Bazalgette, former Chair of Arts Council England
Dr Sam Bennett, Head of Integrated Personal Commissioning, NHS England
Professor Dame Carol Black, Principal, Newnham College Cambridge
Dr Jo Black, Consultant Perinatal Psychiatrist, Devon Partnership NHS Trust; Associate National Clinical Director for Perinatal Mental Health, NHS England.
Steve Chalke, Founder, Oasis
Dr Simon Chaplin, Director of Culture and Society, Wellcome
Shirley Cramer, Chief Executive, Royal Society for Public Health
Chris Day, Director of Engagement, Strategy & Intelligence, Care Quality Commission
Dr Michael Dixon GP, National Clinical Champion for Social Prescribing, NHS England
Dr Caroline Ellis-Hill, Senior Lecturer in Qualitative Research, Bournemouth University
Dr David Fearnley, Medical Director Mersey Care NHS Foundation Trust and Associate National Clinical Director for Secure Mental Health
Harriet Finney, Director, Creative Industries Federation
Dr Andrew Furber, President of the Association of Directors of Public Health
Susie Hall, Head of Arts, Great Ormond Street Hospital
Professor Susan Hallam, Emerita Professor of Education and Music Psychology, UCL Institute of Education
Darren Henley, Chief Executive, Arts Council England
Nancy Hey, Director, What Works Centre for Wellbeing
Poppy Jaman, Chief Executive of Mental Health First Aid England
Tim Joss, Chief Executive, Aesop
Faiza Khan, Director of Communications and Policy, Paul Hamlyn Foundation
Ian Leete, Senior Adviser Culture, Tourism and Sport, Local Government Association
Dr David McDaid, Associate Professorial Research Fellow in Health Policy and Health Economics, London School of Economics and Political Science
Ewen McKinnon, National Wellbeing and Civil Society Policy and Analysis, Cabinet Office

Lily Makurah, Deputy National Lead, Mental Health and Wellbeing, Public Health England
Professor Sir Michael Marmot, Director of the Institute of Health Equity, UCL
Dr Alan Maryon-Davis, Public Health doctor, writer and broadcaster
Eilish McGuinness, Director of Operations, Heritage Lottery Fund
John Middleton, President, Faculty of Public Health
Peter Morton, Head of News, Public Health England
Catherine Mottram, Social Researcher, Evidence and Analysis Unit, Department for Culture, Media and Sport
Clive Niall, Artist Teacher
Paul Ogden, Public Health Lead, Local Government Association
Matthew Pearce, Senior Programme Manager, Gloucestershire Clinical Commissioning Group
Rosa Vaquero, Communications Lead, Guy's and St Thomas' Charity
Duncan Selbie, Chief Executive, Public Health England
Sir Nicholas Serota, Chair, Arts Council England
Moira Sinclair, Director, Paul Hamlyn Foundation
Anu Singh, Director of Public and Patient Participation and Insight, NHS England
Oliver Stannard, Marketing and Communications Manager, King's College London
Duncan Stephenson, Director of Communications, Royal Society for Public Health
Bev Taylor, Volunteering and Development Manager, NHS England
Gillian Taylor, PR Consultant
Professor Bryan Stoten, former Chair of UK Public Health Register
Dr Matthew Taylor, Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust and Clinical Senior Lecturer in Bipolar Disorder, King's College London
Robert Webster, Chief Executive South West Yorkshire Partnership NHS Foundation Trust
Katee Woods, Coordinator, Creativity and Wellbeing Week
Peter Wyman, **CBE DL**, Chair, Care Quality Commission

Inquiry Partners And Funders

Guy's and St Thomas' Charity
Guy's and St Thomas' Charity is an independent, place-based foundation. It works in partnership with Guy's and St Thomas' NHS Foundation Trust and others to tackle the major health challenges affecting people living in diverse and deprived urban areas, concentrating its efforts on the London boroughs of Lambeth and Southwark. One of the ways in which the Charity drives change is by working with, and connecting, artists, clinicians and others to bring fresh, creative thinking to health challenges. The Charity also has one of the largest fine arts and heritage collections belonging to a health charity, with over 4,500 items. Over the next decade, the Charity aims to both broaden its reach and narrow its focus. It will address its resources to complex challenges, such as reducing childhood obesity and improving the health and care of people with multiple long-term conditions.

King's College London
King's College London is an interdisciplinary, research-led university and part of King's Health Partners, one of the largest Academic Health Science Centres in the UK. Over recent years, King's has built on its extensive partnerships across the cultural sector to explore the potential of arts engagement in both research and education. Innovative collaborations bring together academics, students, patients, carers and healthcare professionals across all disciplines to trial and test new approaches to health and healthcare and provide new learning opportunities for healthcare professionals.

The National Alliance for Arts, Health and Wellbeing
The National Alliance for Arts, Health and Wellbeing is a consortium of regional organisations which aims to provide a clear, focused voice to articulate the role creativity can play in health and wellbeing. Supported since 2012 by Arts Council England, the Alliance seeks to act as a hub for information and research on arts and health work in England and further afield and to advocate on behalf of this work. The Alliance encourages the use of the arts by health and social care providers, and strives to raise standards in this sector by supporting artists, clinicians and patients through sharing knowledge, modelling good practice and bringing people together.

The Royal Society for Public Health
The Royal Society for Public Health is an independent health education charity, dedicated to protecting and promoting the public's health and wellbeing. It is the world's longest-established public health body, and it has over 6,000 members drawn from the public health community both in the UK and internationally. The Society's operations include an Ofqual-recognised awarding organisation, a training and development arm and health and wellbeing accreditation. It also produces a wide variety of public health conferences; the publishing division includes the internationally renowned journal *Public Health*, and policy and campaigns to promote better health and wellbeing are being developed. The Society's vision is that everyone should have the opportunity to optimise their health and wellbeing.

Paul Hamlyn Foundation
Established in 1987, Paul Hamlyn Foundation is one of the largest independent grant-making foundations in the UK. Its long-term mission is to help people overcome disadvantage and lack of opportunity, so that they can realise their potential and enjoy fulfilling and creative lives. The Foundation has a particular interest in supporting young people and a strong belief in the importance of the arts. Its enduring values draw on the beliefs and instincts of founder, Paul Hamlyn, with social justice as the golden thread that links all its work.

Wellcome
Wellcome exists to improve health for everyone by helping great ideas to thrive. It is a global charitable foundation, both politically and financially independent. The Trust supports scientists and researchers, takes on big problems, fuels imaginations and sparks debate.

Betty, Nottingham Carnival Imagine, City Arts

Photographer: Kate Duncan

Abbreviations

ACE	Arts Council England
ADASS	Association of Directors of Adult Social Services
ADHD	Attention Deficit Hyperactivity Disorder
AHRC	Arts and Humanities Research Council
AHP	Allied Health Professional
AM	Assembly Member
APPG	All-Party Parliamentary Group
APPGAHW	All-Party Parliamentary Group on Arts, Health and Wellbeing
ASD	Autism Spectrum Disorder
BAME	Black Asian and Minority Ethnic
BBC	British Broadcasting Corporation
BCS70	British Cohort Study 1970
BREEAM	British Research Establishment Environmental Assessment Method
BUPA	British United Provident Association
CABE	Commission for Architecture and the Built Environment
CAMHS	Children's and Adolescents' Mental Health Services
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CHWA	Culture, Health and Wellbeing Alliance
CIC	Community Interest Company
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CRILS	Centre for Research into Reading, Literature and Society
DCLG	Department for Communities and Local Government
DCMS	Department for Culture, Media and Sport
DfE	Department for Education
DH	Department of Health
ECOL	Enhancing Care at the End of Life
EHE	Enhancing the Healing Environment
ESRC	Economic and Social Research Council
FNFNM	Florence Nightingale Faculty of Nursing and Midwifery
FPH	Faculty of Public Health
GP	General Practitioner
GMC	General Medical Council
GSTC	Guy's and St Thomas' Charity
GVCSA	Gloucestershire Voluntary Community Sector Alliance
HCPC	Health and Care Professions Council
HEE	Health Education England
HELIX	Healthcare Innovation Exchange
HiAP	Health in All Policy
HLF	Heritage Lottery Fund
HICSS	Hull Integrated Community Stroke Service
HWB	Health and Wellbeing Board
IAPT	Improving Access to Psychological Therapies
IoD	Institute of Directors
JSNA	Joint Strategic Needs Assessment
KCC	Kent County Council
LGA	Local Government Association
LSE	London School of Economics and Political Science
MHA	Methodist Homes Association
MHFA	Mental Health First Aid
MMU	Manchester Metropolitan University
MoD	Ministry of Defence
MoJ	Ministry of Justice
MoMA	Museum of Modern Art
MP	Member of Parliament
NAAHW	National Alliance for Arts, Health and Wellbeing
NAMHW	National Alliance for Museums, Health and Wellbeing
NCF	National Care Forum
NCJAA	National Criminal Justice Arts Alliance
NCVO	National Council for Voluntary Organisations
NEA	National Endowment for the Arts (USA)
NEF	New Economics Foundation
NESTA	National Endowment for Science Technology and the Arts (UK)
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NPO	National Portfolio Organisation
OFSTED	Office for Standards in Education, Children's Services and Skills
ONS	Office for National Statistics
PD	Parkinson's Disease
PHE	Public Health England
PHF	Paul Hamlyn Foundation
PTSD	Post-Traumatic Stress Disorder
QALY	Quality Adjusted Life Years
RCA	Royal College of Art
RCGP	Royal College of General Practitioners
RCT	Randomised Controlled Trial
RIBA	Royal Institute of British Architects
RoI	Return on Investment
RPO	Royal Philharmonic Orchestra
RSPH	Royal Society for Public Health
SCIE	Social Care Institute for Excellence
SEN	Special Educational Needs
SIB	Social Impact Bond
SLaM	South London and Maudsley NHS Foundation Trust
SRoI	Social Return on Investment
STP	Sustainability and Transformation Partnership or Plan
TLAP	Think Local Act Personal
TUC	Trades Union Congress
UCL	University College London
VCSE	Voluntary, Community and Social Enterprise
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scale
WHO	World Health Organization

A glossary of health terms is available on the website of the National Alliance for Museums, Health and Wellbeing.

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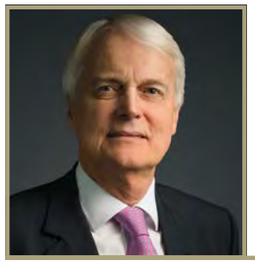
"As we grow to appreciate the social determinants and cultural contexts of health and wellbeing, it seems self-evident that the arts, broadly defined, will play an increasingly important role, eliding the boundary between the medical, social and cultural spheres. But, if we are to mobilise resource and effort effectively, we need to move beyond broad definitions and presumptions of efficacy and take a robust, critical and evidence-based approach to the interaction between arts and health. As an organisation that seeks to improve health for everyone, Wellcome is pleased to have been a supporter of the research which has informed this review."
Dr Simon Chaplin, Director of Culture and Society, Wellcome

"As a dancer, I enjoyed the physical benefits of artistic practice; later on, working in community settings, I saw the psychological and social benefits that participation in arts and cultural activities brings. I'm very proud that King's has played a role in this Inquiry, advancing the conversation about art's potential to contribute to health and wellbeing throughout the various stages of our lives."
Deborah Bull, Assistant Principal, King's College London



"This is clearly a first class collation of evidence which provides powerful support for the importance of seeing as one the health and wellbeing of the individual, and of the vital role the arts can play in supporting both throughout our lives. The contribution the arts can make in this regard has been recognised since the time of Hippocrates but appears to have received less prominence in recent times. It could be argued that the huge advances in medicine in the last century have been at the cost of our forgetting the needs of our minds and bodies for the stimulation and nutrition offered by the creative arts. I would like to think that this report might result in a reversal of this trend."
Sir Robert Francis QC

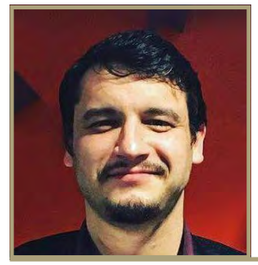
"We know, through everyday examples from across the country, that the arts and creativity are making an important contribution to helping people stay well for longer, and live a better quality of life. These approaches support both the NHS and communities to meet the very real challenges of improving population health. I welcome this thought-provoking report; it is a significant milestone in making the case for the benefits of the arts in improving and sustaining good health and wellbeing."
Anu Singh, Director of Patient and Public Participation and Insight, NHS England

"Having used artists to deliver care in GP surgeries for the last 17 years, I strongly believe that healthcare professionals need to take account of an ever-growing range of evidence which supports the premise that arts and culture can seriously improve people's health. Some of the improvement in patients' health has been astounding."
Dr Simon Opher, GP Lead for Cultural Commissioning and Social Prescribing, Gloucestershire

"Our wellbeing is vital to our health, to our sense of who we are and to our self worth and effectiveness. The arts play a vital role in creating and supporting feelings of wellbeing. Exploring our creativity offers myriad ways to connect, move, give, learn and notice – the five ways to wellbeing."
Alice Wiseman, Director of Public Health, Gateshead

"The detail and breadth of Creative Health *does justice to the exciting field of arts and health. Understanding the arts as 'everyday human creativity', it shows how working with that can bring something new across the life course. Engaging with arts and health means engaging with artists who think differently, are more ambitious, have high expectations of people. This report establishes a platform, and a challenge, to realise more of the enormous potential in the contribution of the arts to a different way of thinking about, and acting on, wellbeing."*
Alan Higgins, Director of Public Health, Oldham

"This excellent report highlights the important role that arts and culture can play in the lives of people who receive care and support. Access to arts and culture is vital to maintaining a sense of identity, and it clearly improves people's quality of life. Care services that have embraced the arts and culture as an essential part of delivering holistic support are highly regarded by people who use services and their families, and there are also many benefits to the staff who work in care."
Professor Martin Green, Chief Executive Care England; Independent Dementia Champion, Department of Health



"At a time of immense emotional stress and pressure, the critical analysis skills that I had been developing making art and the thought of my work kept me going, giving me the weapons to fight my own demons. I have noticed over time a marked increase in my own ability to rationally deal with the trials and tribulations of day-to-day existence and particularly in monitoring, regulating and adjusting my own behaviour and my emotions."
Jason Bell, Veteran, Veterans in Practice, Foundation for Art and Creative Technology

"Art allowed my soul and spirit to be nurtured and fly as my physical and mental being collapsed with cancer. Art reminded me who I was before cancer, a conversational lifeline to the possibility of life post cancer. Art manifested hope, beauty and ultimately the sublime in the darkest moments of treatment hell."
Gilly Angell, Patient Representative, Board, University College Hospital

"This is a fascinating report of interest to all who are looking for better ways of measuring the success of policies."
Lord O'Donnell

"It has been heart-warming to hear about many examples in our system where, through involvement in the arts, people have been able to develop their talents and live fuller lives, taking more control of their health and wellbeing. We believe that the arts and cultural sector has a major part to play in the transformation of health and care in Gloucestershire."
Mary Hutton, Accountable Officer, NHS Gloucestershire Clinical Commissioning Group and Lead for Gloucestershire Sustainability and Transformation Partnership

You can download the full report here:
www.artshealthandwellbeing.org.uk

To contact the All-Party Parliamentary Group on Arts, Health and Wellbeing, please email Alexandra Coulter: **coultera@parliament.uk**

More information about our work can be found here:
www.artshealthandwellbeing.org.uk

You can view submissions to the Inquiry's call for practice examples here:
www.artshealthandwellbeing.org.uk

The All-Party Parliamentary Group on Arts, Health and Wellbeing has developed policy briefings in collaboration with the Association of Directors of Public Health, Local Government Association, National Council for Voluntary Organisations, Social Care Institute for Excellence and What Works Centre for Wellbeing. Arts Council England and Public Health England have provided advice and have agreed to help with their dissemination.

You can download the policy briefings here:
www.artshealthandwellbeing.org.uk

Designed by Steers McGillan Eves

National Alliance for Arts, Health and Wellbeing

King's College London

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The All-Party Parliamentary Group on Arts, Health and Wellbeing and the National Centre for Creative Health

Creative Health Review

How Policy Can Embrace Creative Health

National Centre for Creative Health

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We have a huge mix of experience, knowledge, and commitment on this panel, and whilst I do think what we are trying to engage with is challenging, because it is so complex, with this panel, and the already existing evidence we will be able to rise to the challenge.

Baroness Lola Young of Hornsey OBE

When people hear the word health, they often think about health services. Healthcare, while vitally important, only accounts for around 10-20% of health outcomes. Creative health provides an evidence-based approach to prevention at every point on a pathway, at every stage of the life course and in many different settings. The evidence set out in this review is irrefutable and needs to be considered as part of the mainstream approach to health and care. Creative health is in addition to traditional medicine and offers opportunities for improving outcomes as well as reducing costs.

Alice Wiseman

Creative health should be a central part of every strategy for improving the health and wellbeing of the nation. The evidence and the good practice across the country demonstrate the potential impact we could have through creativity. Perhaps now the time is right for us to implement a national strategy, delivered through the infrastructure of integrated care systems, backed by local government and local arts organisations. Here in West Yorkshire we share that ambition and stand ready to deliver jobs in the creative industries, and better outcomes for our citizens.

Rob Webster CBE

The NHS sees millions of people every day that live with complex long term conditions. Whilst modern medicine remains essential for transforming health, we are increasingly seeing the amazing opportunities for the arts and culture, sport and nature to work alongside the health system in delivering improvements in health and wellbeing. As human beings we all need, connection to our communities, purpose and activity in our lives to sustain our health and it is exciting to see the progress that has been made in developing approaches to creative health. Today's report represents a further leap forward in making creative health an integrated part of our lives.

James Sanderson

The role that creative activity can play in the health and wellbeing of the whole population is no longer just an interesting idea. There is growing evidence that it works and there are an increasing number of examples of strong and positive links between health and education practitioners and creative activities. We are, however, a long way from this being a universally available service. This report will be both a valuable guide and a record of good practice at a pivotal time for this area of activity.

Rt Hon. Baroness Estelle Morris of Yardley

Modern medical interventions have achieved so much but they have little or no impact on the social determinants of our health. There is growing scientific evidence that social interventions, in particular ones that draw on the innate creativity of people and their communities, are effective for individuals and can also reduce the financial and workload challenges facing the NHS. This report shines a light on what creative health interventions are currently achieving and on their great potential for the future. I urge all those committed to improving the health of our nation to make the time to read it.

Professor Martin Marshall CBE

For me it saved my life. Arts gave me that access to see the world differently and for the world to see me differently. When I was living on the streets I had a camera and instead of having a stigma attached to me as a homeless dude, they saw you as a photographer. You were given that up-step. That's what empowers people, that's what picks people up, that's what gives them good wellbeing and resilience.
David Tovey

Having been in the mental health system for nearly 40 years it took an art class to save then transform my life. Creativity is the cornerstone to many health conditions, but for mental health it is a panacea in ways that traditional medicines/treatments do not always reach. Creativity is a universal language; it has no barriers as to who can use it. What else offers such multiplicity in a country that is so diverse? I wish creativity was the first offer of support (in mental health) before medication, to allow people to find themselves in a more holistic, organic way.
Debs Teale

Art is good at sparking the stuff that is causing this joy inducing, pain reducing rush of endorphins. Creativity does something mysterious to the brain, where it helps us reduce the experience of our pain.
Surfing Sofas

To be creative is an existential need; it is important that people can easily access opportunities to be creative in ways that are meaningful to them. Creative health helps to safeguard and stabilise mental health and wellbeing, and co-creativity can strengthen the relational elements of care through mutually beneficial interpersonal connections.
Mah Rana

I am a young female artist, researcher, mental-health facilitator, and change-maker. After benefitting from using creativity to enhance my own mental wellbeing, I am now passionate and driven to use this lived experience to embed Creative Health within service provision more broadly and for all. Being a part of this advisory function has re-affirmed to me the potential of Creative Health for everyone, independent of their background or life-stage. It has encouraged more than a network for research purposes but rather a community of people able to openly share collective experience and advocate for change.
Gemma O'Brien

Photography became a hobby when life was starting all over. I soon realised after a day out with a friend how much photography gave me snaps of freedom. Now I'm looking at the world through a different lens, and the world looks back at me differently. I am also a proud member of East Marsh United, Creative Writing Group. Quills of East Marsh. With all my struggles with dyslexia and mental health, I never thought I could be settled. Three years later, it's my safe place. Photography & Creative writing, is my medication.
Kelly McLaughlin

Penpol painting and shock, ArtsLab Project (FEAST)
©Penpol Primary School, photographer Steve Tanner

December 2023

The All-Party Parliamentary Group on Arts, Health and Wellbeing and the National Centre for Creative Health

Creative Health Review

How Policy Can Embrace Creative Health

Cover Images
Illustrations by David Shrigley

Fresh Arts Festival,
North Bristol NHS Trust
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Contents

Foreword

It's a pleasure to write a Foreword to this Review, which has been a labour of love for all concerned – even if it has been hard work for many.

The origin of the project lies in a commitment I made, somewhat impulsively, in the Chamber of the House of Lords in March 2022. We were debating the Health and Care Bill and I had tabled amendments that would have required the new Integrated Care Boards of the NHS to include creative health approaches as they fulfilled their duties. The creative health proposition is simply the expression of the ancient wisdom that the exercise of the creative imagination is beneficial to our health and wellbeing. This can apply to everyone in society. There was support around the House, but when I proposed that the Government should undertake a review of the potential benefits of creative health the Minister declined. I therefore said that the National Centre for Creative Health (NCCH) and the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPG) would conduct our own review and make recommendations to Ministers.

Among the recommendations made in the earlier *Creative Health* report of the All-Party Group in 2017 was that Ministers should develop a cross-governmental strategy for creative health. While this was initially welcomed by DCMS, DHSC – no doubt all but overwhelmed by day to day pressures – had been less responsive. The National Academy of Social Prescribing was established, which was extremely welcome and useful, but a fuller vision of creative health was lacking in the Department and was scarcely to be found in other government departments. This was in contrast to the Government of Wales, where the integration of creative health with policies across government has proceeded admirably.

The Chair of the APPG, Tracey Crouch MP, and I therefore invited an expert and very distinguished group of Commissioners to carry out the review. The Commissioners have been advised by a panel of people with lived experience who have spoken with authority and powerfully about how creative health has benefited them, their families and their communities. The Commissioners also learned from the discussions at a series of online roundtables, each devoted to one of the main themes that we identified as essential to the review.

Our recommendations are made to government as a whole, as well as to Metropolitan Mayors who have freedom, in varying degrees, to integrate policy as needed. The recommendations are few, straightforward and commonsensical. Creative health can help people to stay well, recover better and enjoy an improved quality of life throughout the life course. It can help communities, especially where there is disadvantage, to thrive. Our recommendations are not just affordable; if implemented, they will, as we demonstrate, save public expenditure and help us to become a more

Creative health can help people to stay well, recover better and enjoy an improved quality of life throughout the life course. It can help communities, especially where there is disadvantage, to thrive.

productive as well as a healthier and fairer society. Some of what we ask for is already underway. What is needed, to gain the full benefit, is an integrated strategy across government. That is why we commend this review to the Prime Minister as well as to individual Secretaries of State in relevant departments and their agencies. We ask for a coordinated drive across Whitehall.

There should be no differential response by the political parties to the analysis and recommendations in this report. Everyone is agreed that the NHS is in crisis and that far greater emphasis is needed on preventative strategies. Everyone is agreed on the urgent need to tackle the epidemic of mental ill health and the challenge of health inequalities as well as the failure of economic productivity and therefore of growth and improvement of living standards. This report is therefore timely. Creative health, of course, is not a cure-all but it has a significant part to play within a proper twenty-first century system of healthcare and in tackling pressing problems that any government must confront. As the members of the All-Party Group and the thousands of practitioners in the Culture, Health and Wellbeing Alliance have argued for years, it is a dereliction by government to neglect collectively the opportunity provided by creative health. We look forward to the responses of the Government and the opposition parties.

The NCCH provided the review's secretariat, and I thank Alex Coulter, Chief Executive, Alexis Butt, General Manager, and, supremely, Hannah Waterson, our research and policy lead, who drafted the report. I thank the Commissioners most warmly for agreeing to take on this substantial task and for the wisdom they have offered. I thank our lived experience panel and all who have participated in our discussions and responded to our call for contributions. I thank my fellow trustees of the NCCH for their continuing interest and advice. And I thank our funders – the Oak Foundation, Paul Hamlyn Foundation, The Baring Foundation, Arts Council England and the Arts and Humanities Research Council– for making our work possible and for their lively interest in its progress.

Rt Hon. Lord Howarth of Newport
Chair, National Centre for Creative Health,
and Co-Chair, All-Party Parliamentary Group
on Arts, Health and Wellbeing

Statement on Lived Experience

Lived experience offers the authentic voice of service users, powerfully demonstrating the real-life impact of creative health, and the frustrations and dangers that arise when services and support are unavailable or inaccessible. It is vital that such expertise is central to the development and expansion of the creative health sector, in service design and delivery, in research, in policymaking and in systems change.

Lived experience offers a unique and integral perspective, central to understanding the value and potential solutions of creative health. It demands collaborative and supportive involvement to uncover the realities of this work which cannot be accessed through quantitative data or textbooks, only through trusting relationships.

Ensuring lived experience informs our approach at all levels will result in more effective and sustainable services, representative of the needs of those who will use them. Creative health offers a different way to approach health and social care, to overcome some of the challenges we currently face - for example in mental health, health inequalities, social care, end of life care and education. The incorporation of lived experience expertise is fundamental if we are to fully maximise the potential of creative health.

Hence, it has been essential for voices of lived experience to be fully embedded across this Review. Roundtables have included the stories and perspectives of a diverse range of experiences related to the key themes, and reflected how people have used creative health in their own lives to improve health and wellbeing.

Throughout the Review, a panel of lived experience experts helped to guide the development of recommendations to government. We ask the Government to help us to create the conditions for creative health to flourish - to facilitate the establishment of sustainable partnerships across whole systems, including health, local government, schools, VCSE and creative and cultural providers, and fully incorporating lived experience expertise. This will include challenging hierarchies, and giving lived experience perspectives equal weight and power. We recommend that the Government, too, be guided by lived experience in the development of a cross-departmental Creative Health Strategy. Co-producing guidance in collaboration with lived experience expertise is integral to ensuring the inclusion of lived experience in all policies.

Our Definition of Creative Health

We define creative health as creative approaches and activities which have benefits for our health and wellbeing. Activities can include visual and performing arts, crafts, film, literature, cooking and creative activities in nature, such as gardening; approaches may involve creative and innovative ways to approach health and care services, co-production, education and workforce development. Creative health can be applied in homes, communities, cultural institutions and heritage sites, and healthcare settings. Creative health can contribute to the prevention of ill health, promotion of healthy behaviours, management of long term conditions, and treatment and recovery across the life course.

Executive Summary

Key messages

- Creative health is fundamental to a healthy and prosperous society, and its benefits should be available and accessible to all.
- Creative health should form an integral part of a 21st-century health and social care system – one that is holistic, person-centred, and which focuses on reducing inequalities and supporting people to live well for longer.
- Creating the conditions for creative health to flourish requires a joined-up, whole system approach incorporating health systems, local authorities, schools, and the cultural and VCSE sectors.

Why creative health?

Creativity is fundamental for our health and wellbeing, and supports us to live well for longer. An ever-strengthening body of research tells us that engaging with creativity and culture improves mental health and wellbeing and can be used in the prevention, treatment, management and recovery of physical health conditions. Throughout this report, we provide a plethora of examples of creative health in action across the life course from perinatal care, as part of the school day, in the workplace and into old age and end of life care.

The benefits of creativity can be felt in our everyday lives, whether this be through playing or listening to music in our own homes, as a member of a craft class or singing group or through attendance at cultural events or performances. It is therefore important that the opportunity to engage in these activities is available to all.

The mechanisms through which creativity impacts health and wellbeing are diverse and complex (and set out in more detail in the body of the report). Creative activity can provide meaning and purpose. It can support people to explore, regulate and express emotion, and develop resilience and self-confidence. Creative activities such as dance or gardening have a range of physical health benefits. Some creative activities may offer all these benefits at the same time. Creative health encourages social connection, mitigating the effects of loneliness or isolation that we know can be so detrimental to health and wellbeing. We must therefore be able to link people at risk of loneliness to appropriate creative opportunities.

Creative health is also used effectively as a targeted intervention to support people living with specific health conditions including dementia, chronic obstructive pulmonary disease (COPD), brain injuries, chronic pain and long covid. It forms part of a holistic and person-centred approach, which helps people to achieve the health and wellbeing outcomes most important to them, providing people with a sense of control over their own care and improving quality of life, particularly in relation to long term conditions. Creative health should be embedded into relevant care pathways, and routinely offered to patients as a non-medical option.

Creativity and culture are central to placemaking and regeneration, supporting communities to identify and articulate their strengths and needs and co-design effective solutions. Creative health improves wellbeing at community level, building social capital and social cohesion and through improving the environments in which people live, grow, work and age, interacting with the social determinants of health to address health inequalities. We believe creativity should itself be considered a determinant of health and that place-based approaches that facilitate equitable access to creative and cultural opportunities are essential to maintaining individual and community health and wellbeing.

Where creative health is supported and implemented across a system, the benefits to individuals, communities and the systems themselves are clear. In this report, we show that creativity is not just a nice to have, but central to supporting people to live well, and in the creation of healthier, happier and economically flourishing communities.

Embedding creative health into health, social care and wider systems is vital to ensure that its benefits are available equitably. Doing so will also help systems to meet the increasing demands put upon them. Creative health can reduce pressure on health and social care services both by preventing the onset of ill health and by supporting the management of long term conditions, offering patients effective, non-clinical approaches that reduce reliance on healthcare services and result in cost savings, as well as improving quality of life.

Why now?

We are facing a crisis in health and social care. The joint impacts of the pandemic and the cost of living have placed systems under huge pressures, with hospital waiting times at record highs and capacity in social care dangerously low. The population is ageing, and more people are living with multiple long term conditions. These pressures are unlikely to ease, but creative health can assist in addressing them. The prevalence of mental ill health in children and young people is worryingly high, and mental health conditions are causing more adults than ever to be unable to work. Health inequalities are among the worst in Europe and the gap is widening, with life expectancy falling in some of the poorest areas of the country. These issues should be addressed as a matter of social justice, but there are also broader implications for the economy, through increased costs to the health and welfare system and a loss of productivity.

In order to create a healthier, happier and economically flourishing society, a new approach to health and social care is necessary. A health and social care system that is fit for the 21st century should be health-creating, and not just illness-focussed. It should be preventative, addressing the social determinants of health, which account for such a large proportion of ill health, and person-centred, prioritising the holistic needs of people and patients.

Creative health can play a vital role in such an approach. In this report we set out the evidence and examples of best practice, to demonstrate how creative health can be implemented to help tackle the significant challenges we currently face, ultimately supporting government to meet widely shared goals. We have identified key policy areas where creative health can make a real difference.

- Mental health and wellbeing
- Health inequalities
- The education system
- Social care
- End of life care and bereavement

These are not standalone issues, and addressing these challenges will require an integrated approach across government and society. For example, embedding creativity into the school day improves mental health and wellbeing as well as educational outcomes, and can reduce inequalities. In the long term, this will result in a healthy and skilled workforce, with the creative skills to feed back into the creative industries or creative health sectors.

There are common levers across the themes such as the importance of early intervention and acting on the social determinants of health to prevent ill health; ensuring that the benefits of creative health are available to all through equitable access to creative opportunities; and a focus on person-centred approaches which foster a sense of purpose and social connection.

We also make an economic case for creative health. A single creative health intervention can have multiple outcomes, manifesting over the short, medium and long term. Such interventions have been found to result in cost savings through reductions in the use of healthcare services, and where the wider social value is taken into account, creative health interventions consistently offer good value for money. More broadly, creative health will enhance the economy by reducing the avoidable costs to the NHS related to preventable illness, reducing the pressure on health and social care systems by supporting people to self-manage their health conditions, and enabling people with long term conditions to return to or remain in work, contributing to economic productivity. A healthier, happier population will be more productive.

Creative health is intrinsically linked to the creative industries. A thriving creative and cultural sector across all areas of the country will improve health and wellbeing and reduce inequalities, whilst creative health offers new opportunities for employment, skills and training for creatives.

Integrating creative health into a whole system approach to health and social care

Creative health is by its nature cross-sectoral. It both requires and facilitates whole system, joined-up approaches to health and wellbeing. Effective and sustainable partnerships must be established between local authorities, healthcare systems and the cultural and VCSE (Voluntary, Community and Social Enterprise) sectors. Co-operation is also required between policymakers, funders, commissioners, and providers in order to create the conditions for creative health to flourish.

Where such collaborative, cross-sectoral approaches have been put into practice, there has been a demonstrable impact on health outcomes and key system targets. This has been achieved nationally in Wales, through a pioneering partnership between Arts Council Wales and the Welsh NHS Confederation, which places an arts and health coordinator in each health board. Evaluation showed positive impacts in relation to prevention, mitigation, treatment and recovery and benefits to patients, the wider population and to the system, at relatively low cost.

In England, forward-thinking Integrated Care Systems (ICSs) such as Creative Health Hubs in West Yorkshire and Gloucestershire have incorporated creative health into their Joint Forward Plans and established supporting infrastructure and funding and commissioning models that facilitate the sustainable development and expansion of community-based creative health initiatives. They have also collated consistent data to demonstrate the long term impact on health outcomes, on the system and on inequalities. In local authorities, there is an increasing recognition of the role for creative health, with strategies emerging from culture and public health departments.

Devolution offers further opportunities to integrate creative health across a combined authority region, in a way that mobilises existing assets and meets local priorities. Work has already been undertaken in the combined authorities of Greater Manchester and Greater London towards dedicated creative health strategies, which align with local priorities such as health inequalities.

In West Yorkshire, close collaboration between the ICS and the combined authority ensures that the creative health strategies are coherent with regional ambitions in relation to the creative economy. In addition to making recommendations to the Government, we therefore also propose that all current and future Metro Mayors consider how their devolved powers in areas such as skills, employment and transport can support creative health to thrive in their region, in doing so improving both population health and economic prosperity.

These examples demonstrate what can be achieved through a whole system approach to creative health, and present a compelling case for further integration of creative health across all combined authorities, ICSs and local authorities, in a way that best meets local need. These pockets of best practice are not yet the norm, and there is more that can be done at national level to embolden systems to incorporate creative health into their approach.

Our vision for creative health

Our ambition is for creative health to be integral to health, social care and wider systems, including education. Creativity will be recognised by the general public, healthcare professionals and policymakers as a resource to support health and wellbeing across the life course, and its benefits will be accessible to all.

Central to this vision will be the development of person-centred and community-led approaches, informed by lived experience, which will mobilise existing creative, cultural and community assets in order to best meet local need and reduce inequalities.

A sustainable and supportive infrastructure for creative health, including opportunities for training and development, will further the expansion of the creative health workforce, whose skills and expertise can be integrated into health and social care systems to complement existing provision, and reduce pressures on the system.

Creative health will be fundamental to a 21st-century approach to health and social care, contributing to better outcomes for individuals, communities, public services and systems.

Existing policy drivers

Creative health is consistent with the direction of travel in recent policy towards a more integrated and person-centred approach to health and social care. ICSs bring together NHS, local authorities and other partners to deliver health-related services with the aim of improving population health and reducing inequalities. This should provide a framework through which creative health providers could be better integrated as strategic partners. Recent developments in primary care indicate a shift towards greater integration of community and neighbourhood services, as part of a wider focus on personalised care within the NHS. Social prescribing, a pillar of personalised care, recognises the need to address the social determinants of health and respond with non-medical approaches, and is an important route through which people can be connected to creative health. Beyond healthcare, the levelling up agenda includes specific targets in relation to health and wellbeing, whilst the Office for Health Improvement and Disparities (OHID) takes a cross-governmental approach to focus on prevention and reducing health inequalities, through addressing the social determinants of health. The Department of Culture, Media and Sport (DCMS), with Arts Council England (ACE), has taken steps to redistribute funding for the arts and culture to historically underfunded areas and has supported creative health through the work of its arm's length bodies. ACE has embedded creative health into its delivery plan through the Creative Health and Wellbeing plan, and the impact of creativity on health and wellbeing has been further acknowledged in the Creative Industries Sector Vision, which commits to enhancing direct links between the creative industries and the health service.

Despite these positives, there remain barriers to the widespread implementation of creative health. While we recognise the constraints on public expenditure, it remains unfortunately the case that investment in prevention has been limited, and resources for public health have been cut. Public funding for the arts decreased by 21% between 2009/10 and 2019/20, and opportunities for pupils to engage in creativity as part of the school curriculum have been increasingly limited. Sufficient funding is not available to meet the objectives of the levelling up agenda or proposed reforms in social care. The creative health workforce struggles to operate with the limitations of short term, project-based funding, and life as a creative health practitioner can be economically precarious.

We propose that a strategic and joined-up approach to creative health from national government, which establishes a shared language and outcomes framework across departments, will help to remove these barriers, and, in creating the conditions for creative health to thrive, will maximise its potential to improve population health and productivity.

Our ask to the Government

Creative health has benefits for individuals, communities and public services, and will ultimately support the Government to achieve its targets across key policy areas. These targets may fall under the remit of different government departments. In summarising the evidence and providing examples of best practice throughout this Review, we highlight how each relevant department can harness the advantages of creative health, and we ask that they identify levers through which they can validate and incentivise the implementation of creative health on the ground.

The benefits of creative health are amplified by coherent, cross-sectoral support. The development of a sustainable creative health infrastructure will improve health outcomes, reduce health inequalities and improve productivity in the long term. This is not the responsibility of a single government department, but requires a whole system approach - not only health in all policies, but creative health in all policies. We therefore ask for a cross-departmental approach, facilitating cross-sectoral working at all levels of the system, modelled by national policy.

Drawing on the evidence gathered throughout the Review, and with the valued input of our lived experience panel and commissioners, we have developed a set of recommendations that will support the Government to maximise the potential of creative health, with a dedicated cross-departmental Creative Health Strategy at the centre.

Recommendations

Cross-governmental recommendations

1 – We recommend the development of a cross-departmental Creative Health Strategy

By recognising creative health as a vital component of a preventative and person-centred approach to health and wellbeing, the Government can support the mobilisation of creative, cultural and community assets to improve the health of the population, reduce pressures on the health and social care system, reduce inequalities and support an economically prosperous society.

We recommend the Strategy be affirmed and driven by the Prime Minister, co-ordinated by the Cabinet Office and supported through ministerial commitment to ensure the integration of creative health across all relevant policies. Such an approach will facilitate the establishment of sustainable cross-sectoral partnerships across regions and systems, modelled by national policy.

2 – The long term value of investing in creative health must be recognised and appropriate resource should be allocated by HM Treasury to support the Creative Health Strategy

A strengthening evidence-base demonstrates the economic incentive to invest in creative health as a long term strategy to improve health, wellbeing and productivity. The Treasury has an essential role to play in supporting the cross-departmental Creative Health Strategy by recognising the value of investing in the approach and allocating resource. Whilst much of what we propose in this Review can be achieved by rethinking the way systems work in relation to creative health, without the need for legislative change or a large amount of investment, creative health should be properly resourced. Investment in a sustainable supporting infrastructure, which allows creative health to thrive, will yield significant returns on investment.

In order to capture the full social impact of creative health, HM Treasury could consider a wider range of methodologies and definitions of value in its approach to policy appraisal.

A shared outcomes model is one route that could be used to support the implementation of creative health. This has already been applied effectively in a pilot of Green Social Prescribing.

3 – Lived experience experts should be integral to the development of the Creative Health Strategy.

This is vital to guarantee that the strategy best responds to the needs of those it is intended to benefit. Guidance on the co-creation of policy should be developed alongside lived experience experts to ensure the inclusion of authentic lived experience voices across all policies and programmes.

Departmental levers

There are actions that fall within the remit of specific departments that will support a Creative Health Strategy. There are also areas where a collaborative approach across one or more departments will maximise the benefits. Here we outline how individual departments can support the creative health agenda and set out how doing so can help to meet key ambitions. We point to areas where cross-departmental collaboration should be pursued.

Department of Health and Social Care (DHSC) can support and encourage Integrated Care Systems to incorporate creative health into their strategies and commissioning processes for health, social care and public health. A dedicated creative health plan will contribute to ICS targets to improve health outcomes and address health inequalities, and will support the development of sustainable partnerships across their system, including with the cultural and VCSE sectors, as part of a joined-up, place-based approach to population health. Strategic support from the ICS will also embolden local authorities and NHS trusts to incorporate creative health into their approaches.

The Office of Health Improvement and Disparities (OHID) can reinforce the role of creative health as a tool for improving the health of the public and reducing health inequalities. Directors of Public Health and ICS colleagues should be expected to include creative health in their local strategies, and incorporate their local creative and cultural assets in their approach to population health.

Creative health supports the health and wellbeing of people who access social care, and enables people to live independently for longer. DHSC and the Department for Levelling Up, Housing and Communities (DLUHC), working with local authorities, can help to embed creative health as a core offer across the social care sector. Recognition of the value of creative activity in Care Quality Commission (CQC) assessment frameworks will encourage its provision across all care settings.

Department for Culture, Media and Sport (DCMS) can build on the commitment to health and wellbeing demonstrated by its arm's length bodies (e.g. Arts Council England's Creative Health and Wellbeing Plan; Historic England's Wellbeing and Heritage Strategy) by supporting the further development of the creative health infrastructure and the link between the creative industries and health and social care. This should include working closely with HM Treasury and DHSC to establish sustainable funding models, and coherent approaches to measuring health outcomes and the wider value of creative health. Health and wellbeing outcomes (including the intangible and long term outcomes that creative health generates) can be incorporated into assessments of the value of culture and heritage.

This review makes clear the link between access to creativity and culture and health and wellbeing, and the potential to reduce health inequalities by ensuring everyone is able to access these opportunities. DCMS should see creative health as a crucial means to improve access to the arts and culture for people for whom that opportunity remains all too limited.

Department for Levelling Up, Housing and Communities (DLUHC) – Creative health should be an integral part of the levelling up agenda. Creative health can help to improve healthy life expectancy, address health inequalities and foster pride in place, leading to an increase in productivity. DLUHC can empower local authorities to encourage and facilitate community and place-based creative health approaches, working closely with DHSC to facilitate integration with health towards this goal. Given the health benefits of engaging in creative and cultural activities evidenced in this Review, ensuring such opportunities are available and accessible to all is vital to reducing health inequalities. Building on recent changes in funding allocations to prioritise culturally underfunded areas, DLUHC and DCMS should ensure a coherent approach that addresses geographical disparities in investment in arts, culture and heritage, and inequalities in creative opportunities.

There are opportunities to embed equitable access to community, cultural, creative and natural assets into the National Planning Framework and local planning decisions.

Department for Education (DfE) can promote and enable the provision of creative opportunities for all pupils, across the curriculum. This will not only ensure that all children have the opportunity to develop creative skills and the transferable life skills which are associated with a creative education, but also that the UK's creative industry sector continues to flourish. DfE and DCMS can work together to ensure equitable and inclusive opportunities to access creativity for all school pupils. Links between schools and local cultural organisations could be further reinforced, particularly in areas where pupils may face barriers to accessing such opportunities outside of school.

Incorporating creative health into guidance on promoting children and young people's mental health and wellbeing will support whole school approaches to mental health. This will ensure young people are equipped with an understanding of the link between creative activity and health and wellbeing, and can develop the skills to employ this across their life course.

Opportunities to gain skills and qualifications in creative health should be available in higher and further education as part of medical and healthcare training, and creative arts courses. Investment in higher education creative courses will ensure a thriving creative and creative health workforce for the future.

Department for Environment, Food and Rural Affairs (DEFRA) has realised the benefit of cross-departmental coordination through the Green Social Prescribing programme and, with Natural England, can build on this further to support

initiatives that bring together natural, creative and cultural assets and activities, which we show in this Review to be beneficial for health, wellbeing and promoting connection with the environment. There are opportunities to strengthen the cooperation between DEFRA, DCMS and DHSC in relation to social prescribing and creative health.

Department for Work and Pensions (DWP) should recognise creative health activity as part of skills development and preparation for employment. It can remove barriers to the full and meaningful involvement of people with lived experience in decision-making and service co-design by supporting their fair remuneration without impact on benefits.

Ministry of Justice (MoJ) can do more to ensure access to creative health for those in the criminal justice system, as a means to address the high prevalence of poor mental health as well as to support the development of skills, and improve educational and employment outcomes.

The Department for Science, Innovation & Technology (DSIT) via UK Research and Innovation (UKRI) has invested in multi-disciplinary research programmes that have helped to advance the evidence base for creative health. Continued support from UKRI, National Institute for Health and Care Research (NIHR) and other research funders will facilitate the further development of innovative solutions and models of implementation. In particular, attention should be given to the development of methodologies which can adequately measure and articulate the economic value of investing in creative health.

Further opportunities

The above recommendations suggest where government departments may work cooperatively to amplify the potential impact of creative health. This is not exhaustive, and as the Creative Health Strategy is developed we anticipate new opportunities for cross-departmental collaboration may arise. We propose a collaborative output from the Strategy could be:

A cross-departmental campaign to raise public awareness of creative health, and promote equitable access to creative health opportunities. DHSC, OHID and DCMS would be ideally placed to lead a campaign to raise awareness of the benefits of creative health, targeting healthcare professionals and the general public.

Recommendations for combined authorities

Metro Mayors and combined authorities should embrace creative health, as they use local knowledge, skills and devolved powers to improve health, wellbeing and economic prosperity for their populations.

This Review has recommended support for creative health at national policy level to help improve health outcomes and reduce inequalities. Strong regional, local and community leadership is also necessary for creative health to fulfil its potential.

Devolution provides opportunities for combined authorities to draw on creative health to improve health and wellbeing in their areas, leading to wider benefits in the long term. Creative health can align with combined authority priorities in relation to cultural policy, creative industries, skills development and economic productivity. We recommend that Metro Mayors consider how their devolved powers can support creative health in their region and work in partnership with ICS leaders in their combined authorities to deliver coherent strategies, and develop sustainable creative health infrastructure at scale, making best use of local assets.

We recommend that Metro Mayors and the Local Government Association should be represented in the development of the national Creative Health Strategy.

01 Introduction to Creative Health

Stroke Odysseys, Rosetta Life
© Foteini Christofilopoulou

Creativity is not an additional extra, it is essential for being well and staying well

Mah Rana, Co-Director, Lived Experience Network, Leadership and Strategy Roundtable

1.1 What is Creative Health?

We define creative health as creative approaches and activities which have benefits for our health and wellbeing. Activities can include visual and performing arts, crafts, film, literature, cooking and creative activities in nature, such as gardening; approaches may involve creative and innovative ways to approach health and care services, co-production, education and workforce development. Creative health can be applied in homes, communities, cultural institutions and heritage sites or healthcare settings. It can contribute to prevention of ill health, promotion of healthy behaviours, management of long term conditions, and treatment and recovery across the life course.

We consider health in its holistic sense, as a state of complete physical, mental and social wellbeing. Wellbeing, according to the World Health Organisation (WHO) definition, encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose. Creative health is proven to have benefits for physical and mental health conditions, as well as improving general wellbeing and reducing loneliness and isolation in individuals. It also acts as a vital component of place and community-based approaches to population health, interacting with the social determinants of health and influencing the environments in which people live, grow, work, and age.

Creative health offers a different approach to health and wellbeing - one that mobilises creative, cultural and community assets to support people to live well for longer. Embedding creative health across health, social care and wider systems has benefits for individuals, communities and public services, ultimately leading to a healthier population and more prosperous society.

Who is creative health for?

Creative health applies across the life course, including during the early years, in schools, to support working-age adults and as an important component of healthy ageing. This review also considers the role of creative health in end of life care and bereavement.

Creative health should be available and accessible to everyone. However, there are disparities in engagement with culture both geographically and across a socioeconomic gradient, and some people and communities face barriers to access. To ensure creative health does not reinforce health inequalities it is vital that these barriers are overcome. This will be explored in more detail in Section 3.2, Health Inequalities. There can be a perception that engagement in arts and culture is an elite activity. The benefits of creative health can be experienced by engaging or participating in a whole range of creative activity, from crafting activities, cooking or gardening in one's own home, to community-based participatory visual or performing arts, or attendance at cultural events or festivals. The most innovative approaches often

In communities

Primary Prevention

Creative health can:

Build social capital, social cohesion and improve wellbeing

Influence and interact with the social determinants of health to improve the conditions in which people live, grow, work and age

Ensure equitable access to creative opportunities for all

In healthcare pathways

Secondary and Tertiary Prevention

Creative health can prevent, manage or treat specific conditions:

- Singing for breathing programmes ease symptoms of COPD, asthma and long-covid
- Dance and movement can prevent falls and support people to recover from stroke and brain injury
- Gardening can modify risk factors for conditions such as cancer, cardiovascular disease and musculoskeletal conditions
- Music-making can slow cognitive decline, and improve wellbeing for people living with dementia

Creative health is a holistic and person-centred approach:

By prioritising what matters most to individuals, creative health can improve the quality of life for people living with complex or long term conditions.

Creative health activities provide a sense of meaning and purpose that can empower people to self-manage their conditions.

For example, creative health activities have been shown to increase the ability to self-manage chronic pain, resulting in improved wellbeing and reductions in the use of high-strength painkillers.

For individuals

Across the life course

Creative health supports individual health and wellbeing across the life course:

Creative health helps to provide every child with the best start in life, promoting parent-child bonding, facilitating engagement with perinatal services and supporting parental mental health.

Creative engagement in schools equips children with life skills such as confidence, resilience and teamwork, improves future outcomes and supports mental health and wellbeing.

Into adulthood, creative health supports mental health and wellbeing. Creative engagement can prevent or relieve symptoms of common mental health conditions such as depression and anxiety. Arts therapies can alleviate symptoms of severe mental illness.

Group-based creative activities increase social connection and reduce loneliness and isolation, with benefits to health and wellbeing.

In care homes, creative engagement improves health and wellbeing of residents and can reduce the need for medication. It can also improve the health and wellbeing of the workforce.

> *There are so many ways we can nurture and grow creative health, it has to be part of our toolkit. The NHS has a role to play in this, working with partner organisations and local communities for the benefit of people as well as health and care services"*
>
> *Tracey Bleakley, Chief Executive of NHS Norfolk and Waveney Integrated Care Board, participant in Leadership and Strategy Roundtable*

arise from grassroots activity, reflecting the cultural practices of different communities. This can help to instil a sense of ownership of a creative initiative, reduce stigma, improve knowledge and awareness, build social and organisational connections and promote health.

People can experience creative health independently in their homes, schools and communities, but they may also be directed to creative and cultural activities and opportunities as part of a targeted intervention to address a specific health or social issue. This could take place in a healthcare setting, or patients may be directed to a community-based activity via social prescribing. Creative health may also be used as part of community-based or place-based activities linked to placemaking, regeneration or community-building. Many examples will be provided throughout this report. In acute healthcare settings, hospital arts programmes both improve the environments in which patients receive care and provide participatory creative activities. These services are also increasingly broadening their remit to support the health and wellbeing of the NHS workforce through creative health. Cultural and heritage institutions may offer health and wellbeing programmes, ranging from dementia-friendly sessions in museums, heritage and wellbeing sessions, mindfulness workshops in gallery spaces, and social events to combat loneliness and isolation[1,2].

Who benefits from creative health?

Creativity is an important resource for health and wellbeing. It can benefit:

- Individuals - through everyday cultural engagement and creativity, or as part of a targeted intervention to address a specific health issue
- Communities - using creativity, culture and heritage to improve the conditions in which people live and to build social connection
- Healthcare professionals, as an additional component of their professional toolkit
- Health, social care and wider systems to help them meet their targets and provide a better service
- Policymakers, as a means to tackle some of the pressing challenges we currently face

How does creative health work?

Creative health contributes to the prevention, treatment, management and recovery of disease. It can directly impact the health and wellbeing outcomes of individuals, and also works as part of community and place-based population health approaches, which address the causes of ill health.

Whether engagement is participatory or as an audience member, access to creativity is important for our health and wellbeing. After public consultation on the topic 'What matters to you?' engagement in the arts and culture has been included in the Office for National Statistics Measure of National Wellbeing, and longitudinal studies using population data have observed the association between creative and cultural engagement and health benefits over time[3,4].

That creativity has a powerful impact on our physical, mental and emotional wellbeing is well understood by the 9.4m people who are thought to participate regularly in 'non-formalised' arts activities, otherwise referred to as 'everyday creativity' which take place in their own homes or in voluntary and amateur groups. A major motivation for their participation is enjoyment and wellbeing, leading to improved mental health[5].

In times of crisis, people turn to creativity as a means to support their health and wellbeing. This was highlighted during the pandemic when people drew on creativity to express their fears and hopes and process feelings of grief.

Research carried out over the lockdown period, using population data, confirmed that people used the arts to cope with emotions[7] and support their mental health[8], and that time spent on creative hobbies was associated with increases in life satisfaction and decreases in symptoms of depression and anxiety[9].

During the pandemic, creative activities were devised and adapted to support the most vulnerable to stay connected and engaged during prolonged periods of isolation. New partnerships were established between health and social care, community organisations and creative practitioners. The model of cross-sectoral partnership working, based on trust, that emerged from this period can be carried forward to maximise the potential of creative health beyond the pandemic[10].

The benefits of creative health are far-reaching, and can not only support people through a health crisis, but can help to mitigate or prevent such a crisis, through improving both individual and community-level health and resilience. Below we outline some of the ways in which creative health operates, and the benefits it can therefore bring to individuals, communities and systems.

Creative health and major health conditions

Whilst we do not claim that creative health is a panacea, we know that creative activities can improve physical symptoms and quality of life for patients affected by some of the most prevalent health conditions. Where creative health has been incorporated into care pathways, we have also seen a reduction in the burden on the NHS, as patients have become empowered to self-manage their conditions, leading to a reduction in GP and A&E attendance and in some cases less reliance on medication.

There are many health conditions for which creative health can have significant benefits. While the examples provided below are not exhaustive, they do demonstrate how creative health can contribute to the conditions affecting a large number of people, and which place a considerable

Culture and the arts, from restriction to enhancement: Protecting mental health in the Liverpool City Region

As part of the **AHRC-funded COVID-19 Care Programme**, researchers at the University of Liverpool examined the mental health impact of restricted access to arts and cultural activities as a result of COVID-19 as well as the successes and challenges of alternative modes of provision. They found that access to arts and culture during the pandemic was a 'crucial lifeline' for those who were isolated and at risk of mental health issues. Those who engaged in arts and culture frequently during lockdown had significantly higher wellbeing scores than those who engaged in arts and culture 'never' or 'rarely'.

The Liverpool arts scene was found to be hugely adaptable in reaching vulnerable people, quickly pivoting to online delivery. At the onset of the pandemic, as statutory services were shutting down, arts providers proactively sought out those whom they knew to be lonely or in need, offering the very basics for survival where usual care was falling short. Several organisations recognised that there was something unique about their 'unofficial' position in the social care structure which enabled them to step in and fill the gap.

The research found that as one of Liverpool's most important economic and social assets, the arts and culture sector can play a major role in improving mental health outcomes across the city region provided it is properly integrated into public health strategy. Cultural organisations were most effective in sustainably reaching vulnerable, isolated and disadvantaged populations when they worked in close collaboration with social and mental health providers[6].

A **policy recommendation** from the programme is therefore that sustainable partnerships between arts and health providers should be supported. Building on successful cross-sectoral cooperation between arts and cultural organisations and regional health and social care providers will facilitate wider provision and maximise the value and reach of these services, as well as producing new opportunities for training care staff to deliver interventions As a first step in this direction, the research team has produced a digital resource, **LivCare**, of best practice and innovation in arts and mental health in the Liverpool City Region for use by regional stakeholders to support local coordination and scale-up.

burden on the NHS, as set out in the Government's interim Major Conditions Strategy[11].

There is good evidence to support the use of singing to improve respiratory conditions such as chronic obstructive pulmonary disease (COPD) through improving lung function and capacity, and the ability to regulate breathing patterns. Singing for Lung Health interventions, consisting of a 12-week singing programme for people with COPD have been shown to reduce healthcare utilisation, including GP visits and hospitalisation, and improve respiratory-related quality of life[12]. Arts on referral schemes such as Mindsong's Breathe In Sing Out programme in Gloucestershire use singing techniques to support people with breathlessness through conditions such as COPD, asthma or anxiety. Their pilot programme saw a statistically significant increase in reported mental wellbeing scores, a 23% decline in A&E admissions and a 21% decline in GP appointments in the six months after referral compared with the six months before, with an estimated return on investment of £1.69[13]. Breathe Arts Health Research has been delivering their Breathe Sing for Lung Health programme with Guy's and St Thomas' respiratory team since 2018. This approach is for patients with a range of respiratory conditions including COPD, interstitial pulmonary fibrosis (IPF), long covid and asthma. Evaluation showed that all participants reported improvements in breathlessness levels, breath control, improved confidence over ability to manage their condition, as well as an impact on general wellbeing and reduced isolation[14].

Singing for lung health is now being explored with long covid patients. The English National Opera has developed a breathing and wellbeing programme with Imperial College Healthcare specifically for people recovering from COVID-19. The programme takes place online, and post-covid clinics across the country are referring patients to the service. A randomised controlled trial of the programme found that it improved quality of life and elements of breathlessness for people recovering from COVID-19, and that patients reported improvements in symptoms[15].

Creative health is used in the prevention, management and rehabilitation of cardiovascular disease (CVD). Systematic reviews show that dance activities for older adults improve aerobic capacity, reducing the risk of CVD, whilst a cohort study based on UK population data from over 48,000 individuals found that medium-intensity dancing reduced the risk of death from CVD. Dancers were found to have a 46% lower risk of cardiovascular death, compared with those who rarely or never danced[16]. Low-impact dancing and singing are used in cardiac rehabilitation. Singing has been shown to improve vascular function, respiratory muscle function and quality of life for people with heart disease[17,18].

Creative health approaches are particularly effective in supporting patients to recover from stroke and brain injury in both hospital and community settings. Stroke affects over 113,000 people every year[19]. The effects of stroke can be devastating, with almost two-thirds of survivors leaving the hospital with a disability and half experiencing depression[20]. In addition to the substantial impact stroke has on those affected and their caregivers, it can also pose a significant financial burden to health and social care services. The societal cost of stroke has been estimated to be £26 billion per year[21]. Music has been shown to have positive effects on recovery from stroke, through improvement in neural pathways and memory, as well as reductions in depression and confusion, whilst participation in arts activities can have physical, cognitive,

Creative health and long covid recovery

Cohere Arts work with East Suffolk & North Essex NHS Trust in the provision of creative health options via their Creative Space programme, which offers a mixture of in-person and online events and resources to support the recovery of patients living with long covid. Artist-led activities including singing, visual arts, creative writing and seated yoga are specially designed to stimulate cognitive function, address respiratory symptoms and reduce anxiety. Participants have reported positive impacts such as improvements in concentration and mobility, a sense of accomplishment from learning new skills, and feeling more connected to others going through similar challenges.

emotional and social benefits for stroke survivors[22]. Programmes which use creative activities to aid rehabilitation from stroke have been developed and delivered through partnerships between arts organisations and healthcare services. For example, Brain Odysseys is a 12-week performance programme for people living with the effects of stroke and brain injury delivered by Rosetta Life in hospital and community settings. It has been evidenced to improve mobility, cognition and self-esteem[23]. The related programme Stroke Odysseys is part of the SHAPER research programme, looking at how effective arts interventions can be scaled up and embedded into clinical pathways[24].

With population-level improvements in life expectancy over recent decades, and improved treatment options, more people are living with conditions associated with older age, such as frailty and dementia. Creative health supports people to live well for longer as they enter older age, with associated benefits for both health and social care systems.

Dance has been shown to improve strength, mobility and balance, and therefore help to mitigate frailty and reduce falls in older adults[25]. Dance can also be an acceptable and enjoyable form of exercise, and sessions can be adapted to be culturally appropriate, thereby engaging a wider target audience. Evaluation of Aesop's Dance to Health programme for older people found that creative dance sessions led to a reduction in falls (58%). Participants were more active (96%), experienced improved mental wellbeing (96%) and made new friends (87%)[26]. The evaluation also identified potential annual savings to the health system of £98m.

> ***"Dance to Health delivered participant outcomes that the NHS wants. We were able to show that it is effective and cost-effective...and that it was scalable"***
>
> *Tim Joss, Chief Executive and Founder, Aesop – Cost-effectiveness, Evidencing Value for Money and Funding Models Roundtable*

There is a very strong body of evidence detailing the benefits of creative health for people living with dementia, and in preventing cognitive decline. We explore this in more detail in our section on Social Care (Section 3.4).

In addition to the physiological benefits creative activities can provide, creative health can work

Move Dance Feel - Creative health and cancer

Move Dance Feel is an award winning initiative, offering evidence-based dance experiences to women living with and beyond cancer, as well as to women supporting someone with cancer. The company works closely with cancer support centres and services to integrate dance into their care programmes, and reach those who may not otherwise have access to dance. They exist to fill a gap in cancer care, providing activity that supports the wide-ranging physical, mental and social health challenges associated with cancer diagnosis, treatment and survivorship.

Evaluation findings reveal an extremely positive change in participants' feelings of stress and anxiety - with 86% reporting an alleviating effect. Mood, wellbeing and life satisfaction are also enhanced through dancing.

"It's a psychological game-changer to come here" – Participant

Participants regularly speak of feeling more confident as a result of taking part, and 63% reported an increase in body appreciation – specifically voicing improvements in body image perception. Energy levels are known to increase through participation, and 46% reported a clinically meaningful improvement in fatigue.

Move Dance Feel has honed a methodology specific to working with dance in this context, which places importance on social connection and creative exchange. This is reflected in their findings, as 89% of participants reported that dancing helps them to feel more connected to others. Further, 88% agreed that dancing helps them to better manage their health and wellbeing.

holistically to improve the mental health, wellbeing and quality of life for people with one or more health conditions. For example, whilst we have seen that singing for lung health can improve respiratory function, when carried out in a group setting such as a choir or singing group it can also reduce isolation and loneliness, and improve wellbeing. Creative activities including music and visual art making have been used alongside cancer treatment to relieve the side-effects of chemotherapy, reduce pain, and reduce anxiety, depression and stress[27]. Dance, music therapy and creative writing have been shown to improve mood and help patients to manage the symptoms of cancer and the side-effects of treatment. Creative activities such as painting, dance or writing can be used with both adults and children to facilitate emotional expression, reduce fear and enhance hope, helping people to cope with cancer and reflect on their experiences[28]. Arts on prescription outpatient programmes for people with cancer have demonstrated significant improvements in wellbeing at low cost[29].

Recognising these benefits, hospital arts programmes improve the environments for patients through the arts, and provide creative activities for patients within the cancer centres as part of their holistic care[30]. Performance and interactive activities in hospital wards, including adult and children's cancer wards, have been shown to improve mood, reduce isolation, and reduce stress and anxiety[31].

For other conditions, creative health can offer a non-medical alternative, which may be favourable to the patient. For example, it can be an important and comparatively inexpensive tool in helping people suffering with chronic pain to self-manage their symptoms and reduce the impact on NHS services. The NHS aims to cut down on the over-prescription of high-strength painkillers such as opioids, which can lead to addiction, and recommends a personalised approach, with patients given more control over how they self-manage their long term conditions[32]. Music and art therapies, as well as listening to music, have been shown in studies to be effective complementary treatments for chronic pain and creative approaches have been used to reduce reliance on opioids for pain relief[33,34,35].

There is strong evidence and numerous examples of the use of creative health to support mental health and wellbeing. Given the rising prevalence of mental health conditions, and the significant contribution that creative health can offer, mental health and wellbeing is considered a priority theme explored fully in section 3.1

Creative health as a holistic and person-centred approach

As the population ages, many people are now living with one or more of these long term conditions. It is estimated that more than a quarter of the population in England, and two-thirds of those over 65 are living with two or more chronic conditions[38]. Multimorbidities can be complex to manage and costly for public services, in particular health and social care. People with mental health conditions are more likely to suffer with poor physical health and vice versa; long term conditions negatively impact mental health and wellbeing and quality of life. Multimorbidities affect people's ability to work and to engage socially, which can lead to isolation.

There is a tendency for healthcare services to focus on treating a specific condition. However, people with multimorbidities report a desire for a more holistic and person-centred approach[39], by which we mean an approach that addresses the quality of life as a whole, prioritises the things that are most important to people, and takes into account mental as well as physical wellbeing.

Creative health offers such an approach. Its benefits can be best understood through a bio-psycho-social model whereby in addition to the physical benefits described above, the psychological and social elements of health and wellbeing can be addressed through the same intervention. Furthermore, through focussing on what matters to individuals, and providing meaning and purpose through creativity, people can be empowered to self-manage their conditions[40], ultimately leading to a decreased need for polypharmacy and healthcare appointments. Where people can be supported to manage complex and long term conditions, they may also be able to continue working for longer, and the need for social care may be reduced.

Creative health and the social determinants of health

We have seen that creative health can be used effectively in the management and treatment of health conditions. It also has a vital role to play in preventing the onset of disease and creating the conditions for good health and wellbeing as part of a population health approach.

A focus on population health and prevention will be essential if we are to address the challenges facing the health and social care system, and if we are serious about reducing health inequalities. This will require a whole system approach as we know only a small percentage of our health is directly related to healthcare. In the main, ill health is caused by complex interactions between the social determinants of health (i.e. social and environmental factors such as income, employment, education and housing that influence health), as well as psychosocial factors, health behaviours and genetic predispositions. Integrated Care Systems have been established with the aim of bringing together all stakeholders across the system to contribute to health and wellbeing outcomes. This includes the NHS, local authorities and VCSE partners, who can all play an important role in creating the conditions for good health. Creative health also has much to contribute.

This report will present several examples of the role for creative health in primary prevention. For example, we will see that cultural and creative engagement can prevent the onset of common mental health disorders. Practising a musical instrument can reduce the risk of cognitive decline. Gardening can help to lower blood pressure, and change eating behaviours, influencing the risk factors for cardiovascular disease, while dance provides an opportunity for physical activity, linked to a reduction in obesity. It is therefore important to ensure equitable access to creative opportunities and assets such as museums, galleries, green spaces and community allotments, so that people can benefit from these health-promoting opportunities, without reinforcing health inequalities.

Creative health can also interact with the social determinants of health. This may include the use of creativity in schools to improve educational outcomes (see section 3.3), improving working conditions through creative health initiatives in the workplace, and the use of creativity, culture and heritage in planning and design of the built environment to improve the conditions in which people live.

Implementing creative health in communities and places positively impacts population health and wellbeing. As we will see in section 3.2 (Health Inequalities), asset-based approaches, through

Gloucestershire Creative Health Consortium- Living Well with Chronic Pain

In line with the NHS action plan to reduce inappropriate prescribing of high-strength painkillers, patients in Gloucestershire have been referred to creative activities, such as dance and music.

Ninety-six percent of participants in **Artlift's Living Well with Chronic Pain** creative programme in 2022-23 reported a statistically meaningful improvement in general wellbeing and there was an average 16% increase in ability to self-manage pain. Over two years, 37% reported a decrease in GP attendance[36]. Sessions were co-produced with researchers, pain management specialists, NHS Gloucestershire ICB chronic pain managers and people with lived experience of chronic pain as part of NHS Gloucestershire's Test and Learn Programme. Programmes include activities such as crafting, music, painting, creative writing, dance and puppet making. Patients can self refer or be referred by any professional working with people with chronic pain.

One participant who was referred to the Music Works drop-in session said:

"When I first started to experience pain, getting out of the house became more difficult and I found myself becoming isolated. Discovering the Music Works has really helped with the mental health impact of my pain, it's something that I enjoy, and it is something that I really look forward to."

He has since gone on to volunteer with the organisation[37].

Evidencing Creative Health

Our understanding of the ways in which creativity improves our health and wellbeing is continually expanding. The 2017 APPG on Arts Health and Wellbeing Inquiry report '*Creative Health*', provided a comprehensive overview, including the long history of arts and health research and practice, and provided examples and evidence of the role for creativity in health[41]. In 2019, the World Health Organisation scoping review '*What is the evidence on the role of the arts in improving health and wellbeing?*' collated results from over 3000 peer-reviewed research studies to outline the role for the arts in prevention, health promotion, and management and treatment of illness across the lifespan[42]. Subsequently, cohort studies drawing on population-level data have demonstrated the association between creative and cultural engagement and health and wellbeing outcomes[43]. The implications of these findings for policy have been summarised in reports for the Department of Culture, Media and Sport and Arts Council England[44,45].

Systematic reviews have brought together the evidence around specific aspects of creative health. Evidence reviews from the What Works Centre for Wellbeing investigate the wellbeing impact of music and singing[46], visual arts[47], heritage[48] and sport and dance[49]. The National Academy for Social Prescribing has also published evidence reviews[50] including on Arts, Heritage and Culture. This body of research is referenced throughout this report.

The mechanisms of creative health are complex. A framework addressing the health impacts of leisure activities including arts engagement identified over 600 mechanisms of action categorised as 'psychological, biological, social, and behavioural processes that operate at individual, group, and societal levels' [51]. Creative health is multi-disciplinary, bringing together methodologies and evidence from diverse fields including physiology, psychology, public health, humanities, community development, occupational therapy and implementation science. In order to articulate the full value of creative health, it is necessary to bring these strands together coherently.

Strengthening our knowledge

We must also identify knowledge gaps and priorities for further work. We welcome further rigorous investigation of the biological, psychological and social mechanisms through which different creative activities can act. The INNATE Framework is one approach to identifying the active ingredients of arts and health that can be used to support research and evaluation[52]. We can also better understand who accesses creative health, and what works for different population groups, to ensure inequalities are not widened. The Centre for Cultural Value makes recommendations for future research including wider representation of cultural and creative activities, further inclusion of lived experience and practitioner perspectives, and better understanding of outcomes for different demographic groups[53]. The need for further work in this area is also recognised within social prescribing[54].

Randomised controlled trials (RCTs) are often considered the 'gold standard' of evidence for a health intervention. RCTs have been carried out on condition-specific creative health interventions, allowing the outcomes to be compared to standard or alternative pathways. For example, this report contains reference to RCTs assessing creative health interventions for long covid, in dementia care, and with mothers at risk of post-natal depression. Advanced statistical methodologies, quasi-experimental and natural experiments can be used to make comparisons to a control group where an RCT is not possible.

However, creative health outcomes can often be broad, holistic and experiential, and alternative research designs may be more helpful in capturing the full impact. Multi-modal, mixed-methods research, bringing together qualitative and quantitative approaches, or research that incorporates innovative creative techniques, can add the nuance required to fully capture the

benefits of creative health. These methodologies can be carried out to a high degree of rigour. Therefore, whilst we encourage the expansion of the creative health evidence base through RCTs and clinical trials where appropriate, we also recommend that policymakers take into account a wider variety of methodologies when considering the benefits of non-medical and holistic approaches. Longitudinal studies can capture the longer-term impacts of creative health, and we recommend encompassing socio-economic as well as health outcomes in order to demonstrate that creative health can be an effective and cost-effective approach for tackling the social determinants of health.

Implementing creative health

This report brings together the evidence for creative health in relation to the key policy themes identified. We highlight where the evidence base is sufficient for implementation, and show how putting creative health into practice has benefited individuals, communities and systems. Building on what we already know works, we want to address how this can be spread and scaled, so that the benefits of creative health can be available to all.

NCCH is partnered with University College London's Culture-Nature-Health Research Group leading a 6-year £26 million investment, **'Mobilising Community Assets to Tackle Health Inequalities'**, funded by UK Research and Innovation (UKRI)[55]. The programme uses an ecological public health approach, integrating the material, biological, social, and cultural aspects of public health as a route to tackling inequalities[56]. The research encapsulates creative health by taking an interdisciplinary approach to funding research that aims to use local, cultural, and natural assets and activities to support improvements in health inequalities in the UK. Twelve projects in Phase 1 began their work in January 2022, looking at how cultural, natural and community assets can be used to improve mental and physical health outcomes in communities affected by inequalities. In Phase 2, 16 projects are developing cross-sectoral consortia incorporating health, community, lived experience, academic and local authority partners. These consortia will research the development of community asset hubs, with the aim of coordinating large-scale projects for their communities during Phase 3 of the programme. By the end of Phase 3, the research programme will have delivered new scalable models for systems to connect with community assets, contributing to the creation of healthier communities and a reduction in inequalities. Examples from the funded projects can be found throughout this report. Programmes such as this are addressing how we can bring together multi-disciplinary expertise, including that of lived experience and community providers, to establish new models for implementation at system level[57].

Further research

As creative health is applied more widely, we can continue to develop the evidence base. Models of funding and commissioning that incorporate resource for research and evaluation, and the collation of data at scale and over the long term, will help to overcome some of the barriers currently faced by small providers who may lack capacity for this work. This report will recommend that UKRI, the National Institute for Health and Care Research (NIHR) and other research funders should continue to invest in multi-disciplinary, cross-sectoral programmes. This will allow us to:

- Continue to generate robust evidence about the effectiveness and cost-effectiveness of creative health interventions, the active ingredients and mechanisms through which creative health works, and the essential elements of programme design;
- Build a coherent multidisciplinary evidence base, capable of capturing the multifaceted and long term outcomes of creative health, including the relationship with the social determinants of health;
- Ensure the evidence base is fully representative of the population, and that lived experience is incorporated from the earliest stages of research design through to service design and implementation.

which communities are empowered to identify and build solutions to their own health needs are essential to addressing health inequalities. Creative and cultural programmes at place or community level can help foster a sense of social connection and cohesion. They can be used to facilitate conversations with community members about health needs, and to co-produce culturally appropriate solutions. Creativity and culture can be a central tenet of regeneration and placemaking, helping to instil a sense of pride in place.

Creative health, implemented as part of an upstream, preventative approach to health will not only keep individuals healthier for longer, but can contribute to a reduction in health inequalities, and the generation of a healthy and prosperous society in the long term.

1.2 Creative Health in Practice

The creative health sector

A skilled and passionate creative health workforce exists. The Culture, Health and Wellbeing Alliance (CHWA), the membership organisation for creative health in England, has around 6000 members and estimates at least 10,000 people work in the field[58]. Similar membership organisations and networks operate in Northern Ireland, Scotland and Wales.

Although awareness and demand for creative health is increasing, the sector faces challenges in sustainability and resource for the creative health workforce. The funding landscape for practitioners is precarious, and the work is often carried out on a short term, project-by-project basis. Commissioning of creative health through the NHS is limited, although, as we will set out in section 4.1 (Cost and Value), the benefits of investment in the approach are evident when implemented. Embedding creative health into health and care systems is one avenue through which the sector can be supported to expand sustainably.

Embedding creative health in systems

In 2017 the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPG) published the landmark report *Creative Health: The Arts for Health and Wellbeing* drawing on a long history of arts and health practice and bringing together an extensive evidence base and over 1000 examples of the way in which the arts can be used to support health and wellbeing and contribute to a health creating society[59]. The report made several recommendations to realise the potential of the arts in health, many of which have seen significant progress.

The National Centre for Creative Health (NCCH) was established in 2020 as a strategic body to advance good practice, promote collaboration, coordinate and disseminate research and inform policy and delivery. In partnership with NHS England and Arts Council England (ACE), targeted work has taken place in Integrated Care System (ICS) Creative Health Hubs to explore models for integrating care at systems level. Based on this work, a toolkit that will support the adoption of creative health in other ICSs has been developed[60]. A UK-wide network of Creative Health Champions, convened by NCCH, shares learning and good practice. The ACE-funded NCCH Creative Health Associates programme places an associate into each NHS region in England, hosted by an Integrated Care Board, to further investigate how creative health can be integrated into health and care systems.

There is a growing awareness among clinicians and healthcare professionals, exemplified by special interest groups in creative health for GPs, supported by the Royal College of General Practitioners, pharmacists and within the Royal Society for Public Health. Creative health is being more widely incorporated into clinical education, nurturing a new generation of clinicians with a focus on person-centred care, and an awareness of the power of creativity to draw on in their practice (see Section 4).

Increasingly, systems are recognising the value of creative health. Dedicated creative health strategies are emerging across combined authorities, ICSs, NHS trusts and local authorities. Systems advanced in creative health have established robust infrastructure, supported by effective partnerships and strong leadership across all levels of the system. How they have achieved this will be addressed in more detail in Section 4.2 (Leadership and Strategy).

Creative health in the NHS

There are various routes through which patients can be directed to creative health through the NHS.

Creative health can support personalised care, a key component of the NHS Long Term Plan described

by NHS England as 'a whole population approach to supporting people of all ages and their carers to manage their physical and mental health and wellbeing, build community resilience, and make informed decisions and choices when their health changes'[61]. Personalised care provides people with choice and control over the care they receive, based on the outcomes that are important to them. It is particularly relevant for people with long term and complex mental or physical health conditions, and those who are traditionally underserved by NHS services, as it allows the person to self-manage their conditions and improve their quality of life through activities that align with their interests and needs.

Given the demonstrable benefits of creative health for people with long term conditions and mental health conditions, creative health can be an important strand of personalised care, widening the options available to patients, and supporting the NHS to meet its targets. It presents an opportunity to establish new equitable and sustainable models of working with the VCSE to ensure consistency in provision, while allowing for innovation.

Social prescribing is an important aspect of personalised care, providing a targeted approach for people who require additional support to access community-based services. Social prescribing recognises that around 20% of GP appointments are for non-medical reasons and people may have their social needs better met in a community setting. The Long Term Plan set a target for 900,000 people to access social prescribing by 2023/24, which has already been exceeded. In support of this target, the Department of Health and Social Care (DHSC) invested an initial £5m to establish the National Academy for Social Prescribing (NASP) to further advance its use, and has since committed additional funds to continue the expansion of the programme[62]. A further £5.77m has been allocated to seven NHS test-and-learn sites aimed at preventing and tackling mental ill health through green social prescribing, linking patients to activities in nature and green spaces[63].

Creative health is one of the four pillars of social prescribing, and this is an important route through which people can be connected to creative activities. There is a large body of evidence to show that taking part in art, exercise, music, creative and expressive activities, including through social prescribing, can lead to benefits in relation to social interaction, decreased stress, adoption of healthy behaviours and improved outcomes in skills and employment[64]. As we will see in section 4.1 (Cost and Value), the evidence for the cost-effectiveness of social prescribing continues to build[65]. Longstanding arts on prescription programmes have shown good social return on investment (SROI), and have led to savings in the NHS through decreases in healthcare utilisation. For example, Artlift, a participatory arts service referred to by GP services in Gloucestershire reported a 37% reduction in consultations, relating to a 27% reduction in overall spending – a total reduction in NHS costs per patient of £576[66]. An evidence summary produced for the Department of Culture, Media and Sport (DCMS) on the role of the arts in improving health and wellbeing found that arts-based social prescribing programmes have shown SROIs of between £1.09 and £2.90 for every £1 spent[67].

The ongoing success of social prescribing as a non-medical approach to patient care relies upon community provision. NASP's Thriving Communities programme provided funding for 36 community projects in areas most likely to need additional support in the aftermath of COVID-19. Forty percent of the activities were linked to arts and culture. The programme was found to improve pathways to community-based support and reached communities experiencing health inequalities and who are less likely to access services[68].

Lived experience and co-production

The involvement of people with lived experience, and co-creation of work that meets people's needs and preferences are important elements of creative health practice, as set out in the Culture, Health and Wellbeing Alliance Creative Health Quality Framework[82]. The Lived Experience Network (LENs) is a network of people who believe in the benefits of creative and cultural engagement to individual and collective wellbeing. The LENs advocates for the value that creative and cultural engagement brings to health and wellbeing and works to ensure that the voices of those with lived experience remain at the heart of the arts, health and wellbeing movement[83].

Creative Health in Hospitals

Creative health has a long history within acute care and hospital settings. This may be in the form of hospital design, creating environments which promote healing and provide a sense of calm, warmth and joy. It can be through the installation of paintings or sculpture to generate a sense of place and character and spark conversations and connections. Participatory activities or live performances that take place in hospital wards have been found to improve wellbeing and health outcomes. The WHO scoping review '*What is the evidence of the role of the arts in improving health and wellbeing?*' summarises evidence for the benefits of the arts in acute care settings, including reductions in anxiety, pain and blood pressure and an increase in mood and compliance with medical procedures in both children and adults[69]. Reviews have found visual arts in paediatric hospitals to be an important resource enhancing the wellbeing of children and families both through improving the hospital environment and stimulating communication[70]. Dance and movement has been used effectively in hospitals to promote physical activity and movement in older adults[71], and aid recovery from brain injury[72].

These benefits are put into practice in hospitals across the country. For example, University College London Hospital's Arts and Heritage Team facilitate dance, music and arts activities across paediatric, cancer and neuro-rehabilitation centres[73]. Over 80 NHS trusts in England have arts programmes. The National Arts in Hospitals Network (NAHN) is a national membership organisation of NHS managers and professional leads who are involved in the delivery of arts, heritage and design services across NHS trusts, established to share best practice and offer peer support for its membership.

In hospital settings creative activities can be carried out by artists in residence or through partnerships with local arts organisations. For example, Liverpool Philharmonic have been working with NHS trusts across Cheshire and Merseyside since 2008, engaging 18,000 people in their Music in Health programme. Participants reported that the programme improved their mood, confidence and self-esteem, supported everyday living, and reduced anxiety[74]. Hospitals may also utilise outdoor space to facilitate meaningful and creative engagement combined with the health and wellbeing benefits of nature for staff and patients. For example, Springbank Pavillion is based in Leazes Park, one of Newcastle upon Tyne's largest central green spaces and on the doorstep of the Royal Victoria Infirmary and Great North Children's Hospital. In 2022 it opened as a centre for creative practice in nature, aiming particularly to engage with NHS trust staff, patients and visitors, but also open to the wider community[75]. Hospital arts programmes can offer links to the wider community and creative activities to support recovery and rehabilitation post-discharge. Fresh Arts on Referral at North Bristol NHS Trust is an example of a social prescribing programme within an acute hospital setting, through which patients with cancer, chronic pain or chronic breathlessness are offered 6-week programmes of creative activities to support them to self-manage long term health conditions[76].

Creative health and workforce wellbeing in the NHS

Creative health within acute settings not only positively impacts patients, but also improves the ward environment for staff, and arts-based activities have been shown to have benefits for staff wellbeing. There is developing evidence for the use of the arts to improve the health and wellbeing of healthcare professionals[77]. The concept of 'mutual recovery' proposes that creative practice in healthcare settings improves the mental health and wellbeing of both carers and the cared for. It suggests that the arts can break down social barriers, provide new ways of expressing and understanding experiences and emotions and can help to rebuild identities and communities, particularly when working with mental health[78].

The COVID-19 pandemic took a significant toll on staff. Hospital arts teams responded by developing new initiatives specifically targeting the workforce. For example, in University Hospitals of Derby and Burton NHS Foundation Trust new staff clubs were set up including craft, singing, photography and drawing, with the aim of providing a positive distraction from working life, to improve wellbeing,

and to boost morale. Clubs are open to all and cut across specialisms and hierarchies providing opportunities for peer support and connection. Clubs have been set up in partnership with the hospital wellbeing team, which both enriches the support available to staff and provides a clear route to additional support and therapy for those who need it, ensuring the arts clubs are a safe space for people to share their experiences. Artworks produced by participants are displayed throughout the trust sites and the staff choir has performed in Lichfield Cathedral in a concert to celebrate the power of music and art to heal.

Such staff wellbeing programmes have been developed across several trusts. For example, in Manchester University NHS Foundation Trust, Lime Arts ran a series of online arts workshops, Create.Connect.Unwind, throughout the pandemic, culminating in a Creativity and Wellbeing Festival at Manchester Royal Infirmary[79]. Workshops continue to be offered to staff returning from long term sick leave or with high levels of stress or anxiety. A study by the Open University with North Tees and Hartlepool NHS Trust introduced a pilot creative writing programme for NHS frontline workers in response to the mental health impact of COVID-19. All participants felt the sessions reduced their stress levels and work is underway to expand the programme[80].

The 2022 NHS staff survey finds that the mental health and wellbeing of staff continues to suffer, with 43% experiencing work-related stress and 34% reporting burnout, partly as a result of staff shortages[81]. This subsequently leads to further challenges in recruitment and retention. In this context hospital arts programmes and creative health activities in hospital settings not only improve outcomes for patients and families but can also provide an important resource for workforce wellbeing, supporting the NHS with staff retention and productivity.

> *"We know that we have a major ongoing problem with burnout, and with recruitment and retention in the NHS. But we also know that the pandemic showed that there is a potential for the arts to support recovery and wellbeing, and it has really opened the door for us to support our NHS staff"*
>
> *Laura Waters, - Head of Arts, Air Arts, University Hospitals of Derby and Burton NHS Foundation Trust, Workforce Development and Wellbeing Roundtable*

The importance of co-production, and engaging those with lived experience of services in design and development from an early stage is increasingly recognised by the NHS and forms part of statutory guidance for working in partnership with places and communities[84]. NCCH Huddles are interdisciplinary learning activities for small groups to use co-production and creativity to explore and resolve challenges in healthcare settings. With creativity and lived experience at the heart, the Huddles bring together patients, participants, clinicians, artists and managers[85].

1.3 Towards a Creative Health Strategy

A key recommendation from the 2017 APPG on Arts Health and Wellbeing Inquiry Report '*Creative Health*' was the establishment of a cross-government strategy to support the delivery of health and wellbeing through the arts and culture. Despite significant developments in creative health in recent years, this recommendation has not come to fruition. Now, more than ever, with the demands placed on our health and social care systems, we need to consider a whole system approach to health and wellbeing. This must take into account the social determinants of health and act upstream to keep people living well for longer, whilst providing high-quality person-centred care for people with a health condition. Creative health will be an integral part of such a system.

In this report, we therefore set out how creative health can address some of the challenges we currently face, and how its impact can be amplified by a coordinated, supportive approach across all government departments.

A 21st-century approach to health and wellbeing

Facing the joint impacts of the pandemic and cost of living crisis, our health and social care system is under pressure, with hospital waiting times at record highs and capacity in social care dangerously low. The population is ageing, and more people are living with multiple long term conditions, meaning these pressures are unlikely to ease if action is not taken. We face a crisis in mental health, with rates of mental ill health in children and young people worryingly high. Health inequalities are among the worst in Europe and the gap is widening, with life expectancy falling in some of the poorest areas of the country.

These issues must be addressed as a matter of social justice but there are also broader implications for the economy, through increased costs to the health and welfare system and a loss in productivity with people unable to work through ill health. There is a need for innovative approaches that can both address these immediate challenges, and create the conditions to build a prosperous society focussed on health and wellbeing in the long term.

The solutions are complex and responsibility does not lie with one government department alone. A healthy and economically flourishing society requires an approach to health and wellbeing that is fit for the 21st Century. Creative health offers us a way to think anew – to recognise the role of creativity and culture in upstream, preventative approaches to health and wellbeing, to emphasise the voices of lived experience and communities, and enable co-designed solutions to best meet need. Acknowledging the potential of creative health to improve quality of life and health outcomes and embedding this into systems, will improve the health of the population.

A cross-departmental approach

Informed and positive leadership from government is required to achieve this. A cross-departmental approach to creative health will model the cross-sectoral work required for creative health to flourish and legitimise and enable this way of working at all levels of the system.

There are clear benefits that creative health can bring to the attainment of national ambitions, across health and social care, levelling up, education, criminal justice and employment. Collaboration between the Department for Culture, Media and Sport (DCMS) and the Department for Health and Social Care (DHSC) is key in facilitating creative health, but other government departments have an important role to play in ensuring its success. Only by developing a shared language and goals can we create the conditions for creative health to really thrive, and, in doing so, amplify its benefits.

In addition to proposing a cross-governmental strategy on creative health, coordinated and monitored at the very centre of government and

fully resourced by HM Treasury, we have set out where individual departments can benefit from creative health, and the opportunities and levers within their remit to support and spread creative health across the country.

The issues covered by this report are all complex and require a joined-up approach from government and society. We propose that developing shared target outcomes and accountabilities across government departments as part of a dedicated Creative Health Strategy will identify where policies can be aligned and resources best diverted to ensure the greatest impact. We highlight the importance of whole system approaches, and the establishment of structures which facilitate cooperation and sustainable partnerships. Where this has been put into practice, there has been a demonstrable impact on health outcomes and key system targets. Modelling such an approach at national level will ensure these outcomes are achieved more widely.

Devolution offers further opportunities to integrate creative health across a combined authority region, in a way that mobilises existing assets and meets local priorities. We therefore also propose that all current and future Metro Mayors consider how their devolved powers in areas such as skills, employment and transport can support creative health to thrive in their region, in doing so improving both population health and economic prosperity.

The policy context for creative health

Many policy drivers that can support the greater integration of creative health are already in place. Creative health is consistent with the direction of travel in recent policy towards an integrated and person-centred approach to health and social care, with an emphasis on prevention.

Person-centred care is a key element of many of the themes addressed in this review. Within the NHS, the Comprehensive Model on Personalised Care aims to provide people with greater choice and control over the way their care is planned[86]. Cross-departmental investment in social prescribing indicates a role for non-clinical approaches, and a recognition of the benefits of working with communities to improve health and wellbeing.

Further integration within Primary Care Networks has been recommended, through the development of multi-disciplinary teams that will support people to access the care they need in the community, provide greater patient choice through personalised care and tackle health inequalities[87]. Person-centred approaches are also central to reforms intended to tackle pressing challenges in social care and an important aspect of end of life care[88,89] .

Levelling up aims to address inequalities with a focus on productivity, with specific targets linked to healthy life expectancy, wellbeing and pride of place – all areas where creative health can contribute. Culture has an important role to play. Changes have already been made in the way funding for arts and culture is distributed, with additional funding allocated to historically culturally underserved places.

Arts Council England (ACE) has embedded creative health into its Delivery Plan through the Creative Health and Wellbeing plan, which sets out how it will work within health and social care, and promote collaboration between organisations and practitioners in the creative health sector[90]. The plan aims to connect people with communities through creativity, 'particularly in places where culture is limited and health inequalities are present'. Other arm's length bodies including Historic England and Natural England have explored their role in supporting health and wellbeing[91,92]. The impact of creativity on health and wellbeing has been further acknowledged in

Devolved Nations

This report makes recommendations to the UK Government for a cross-departmental strategy on creative health. With many of the policy areas devolved to the Governments of Wales, Scotland and Northern Ireland, the recommendations have a focus on the current policy context in England. However, we hope the recommendations and the content of the report will be useful and relevant in all four nations. Throughout the Review, we have drawn on best practice examples from across the UK, highlighting where the Government can take inspiration from existing policies and initiatives.

the Creative Industries Sector Vision, which sets an objective for 2030 that creative activities contribute to improved wellbeing, help to strengthen local communities, and promote pride in place[93]. The vision commits to enhancing direct links between the creative industries and the health service.

Schools are an important setting to support the mental health and wellbeing of children and young people. Mental health education in schools is a compulsory part of the curriculum, and Department for Education (DfE) grants are available for state schools to train a mental health lead. The NHS Long Term Plan commits to increased support for children and young people's mental health through collaboration between DHSC, DfE, NHS England and OHID. Its commitments include additional support for children and young people to access mental health support through school or college-based Mental Health Support Teams, which can link to NHS services. We show in this Review how creativity can support these initiatives.

Whilst these cross-sectoral drivers align with creative health, there are also barriers to progress. Resources for public health have been cut in real terms, and recommendations to increase the ICS budget allocated for prevention have not been taken up[94]. Public funding for the arts decreased by 21% between 2009/10 and 2019/20[95]. In education, funding for creative subjects in higher education has been reduced significantly and opportunities for pupils to engage with creativity in schools and higher education courses are increasingly limited. Sufficient funding has not been made available to meet the objectives set out in the levelling up agenda or proposed reforms in social care.

A cross-governmental approach to creative health will help to ensure that policies are aligned to maximise the potential of creative health.

Maximising the potential of creative health

Creative health relies not only on cross-sectoral partnerships, but also on sustainable relationships between stakeholders at different levels of the system, with communities and the voice of lived experience at the centre. Where sufficient infrastructure exists to allow such partnerships to thrive, we see positive outcomes that benefit individuals, communities and systems. Innovative work is emerging from the grassroots, with communities drawing on the power of creativity to create solutions that meet their health and wellbeing needs, facilitated by local authorities and healthcare systems where needed.

In this report, we show what is possible when the right conditions are in place for creative health to flourish. These examples are the exception rather than the rule. Creative health is not universally available, and successful initiatives are often the result of the longstanding commitment of passionate groups and individuals rather than sustainable structures within systems. We ask policymakers to imagine how much more could be achieved if creative health was supported from the top down. By fully embedding creative health into health, social care and wider systems, we can improve the health of the population and support the Government to meet its targets, across all departments.

1.4 A Vision for Creative Health

Our ambition is for creative health to be integral to health, social care and wider systems, including education. Creativity will be recognised by the general public, healthcare professionals and policymakers as a resource to support health and wellbeing across the life course, and its benefits will be accessible to all.

Central to this vision will be the development of person-centred and community-led approaches, informed by lived experience, which will mobilise existing creative, cultural and community assets in order to best meet local need and reduce inequalities.

A sustainable and supportive infrastructure for creative health, including opportunities for training and development, will further the expansion of the creative health workforce, whose skills and expertise can be integrated into health and social care systems to complement existing provision, and reduce pressures on the system.

Creative health will be fundamental to a 21st-century approach to health and social care, contributing to better outcomes for individuals, communities, public services and systems.

Oily Cart perform The Lost Feather at Great Ormond Street Hospital
© GOSH Arts, photographer Victoria Henstock

Move Dance Feel CIC -
Dance in Cancer Care Training
©Alice Underwood

02 Methodology

In this report, we focus on how creative health approaches can be implemented to help to tackle pressing challenges in health, social care and more widely. We will present evidence and examples of how this works in practice, and outline what we believe needs to happen in order to maximise the potential of creative health and ensure its benefits are available to everyone. With this work developing rapidly at grassroots level and in pioneering systems, we set out how leadership at national level can support creative health to thrive, and in doing so develop innovative approaches to meeting targets that span a range of ministerial departments.

In the first half of the report we will consider key policy areas where creative health can contribute:

- Mental Health and Wellbeing
- Health Inequalities
- Creativity for Health and Wellbeing in the Education System
- Social Care
- End of Life Care and Bereavement

Since the launch of the Creative Health Review in Autumn 2022 we have convened a series of online roundtables on each of these themes, with an invited panel representing expertise across lived experience, practice, research, commissioning and leadership and policy. We have explored innovative practice and the barriers and challenges to implementation, and discussed what is needed to further embed creative health in each of the key areas.

We also looked at the current creative health infrastructure and what will be needed to sustainably spread and scale creative health. To do this we hosted further roundtables on:

- Cost-effectiveness, Evidencing Value for Money and Funding Models
- Workforce Development and Wellbeing
- Leadership and Strategy

In total, eight public roundtables were held, featuring 85 expert speakers and attended by 1450 audience members. Our audience also contributed to the discussion through the Q&A. These sessions were supplemented by several further knowledge exchange sessions which helped to steer our thinking. Artists with lived experience of creative health were commissioned to make creative responses to the roundtable themes.

An open call for contributions ran throughout the period of the review, which asked people to provide their experiences of creative health, from a public, practitioner or policymaker perspective. Examples drawn from the 65 submissions are included with the evidence presented in the report and more detailed case studies are available on the NCCH website. A summary of the themes raised in the call for contributions can be found as an appendix to this report.

Our panel of expert commissioners met after each session and supported us to develop recommendations based on the findings from the roundtable. Commissioners also received summaries of the latest evidence and policy context based on desk research carried out during the Review.

An advisory panel of lived experience experts met with us throughout the drafting of the Review to help ensure that recommendations for policy were developed with those who have personal experience of the issues addressed, and who represent the population our recommendations are intended to benefit.

In Section 3 we will summarise the findings from each of the key policy areas. In Section 4 we will focus on how we can implement creative health to ensure its potential to tackle these policy challenges is maximised.

Further resources linked to the Review, including roundtable recordings, artist responses and further examples and case studies can be found on the NCCH website.

03 Creative Health and Key Policy Challenges

Art at the Start
© David P Scott

I sat down to take the art class and that's the day my life changed. That's the day something inside me offered hope in a way I'd not felt within the services I'd had before"

Debs Teale, Creative Health Advocate, Mental Health and Wellbeing Roundtable

3.1 Creative Health and Mental Health and Wellbeing

Key Points

Poor mental health already affects the quality of life of millions of people in the UK and the prevalence of mental health conditions is increasing. In addition to the human costs, this increase places pressure on a strained NHS and has a severe impact on productivity and public finances. It is therefore vital that resources are directed to the prevention of mental health conditions, and that people are better supported with management, treatment and recovery.

Creative health offers an alternative, non-medical approach to mental health, which has been shown to improve outcomes for individuals and systems, and reduce inequalities. Creative engagement can improve wellbeing and can prevent the onset of common mental health conditions. Embedded as a care pathway, it can be an acceptable, effective and cost-effective intervention, which offers people a person-centred and holistic way to manage and recover from poor mental health.

Creative and cultural opportunities should be considered vital elements of a mentally healthy society as well as an important part of the toolkit available to manage and treat mental health conditions.

Creative health can be applied in communities, schools, workplaces and healthcare settings to tackle the current crisis in mental health. Embedding it as part of a whole system approach, facilitated by a cross-departmental government strategy will maximise the benefits for individuals, communities and systems.

The challenge of mental ill health

Poor mental health affects the quality of life of millions of adults and children. It is the second largest cause of morbidity in England[96], with one in six over-16s in England experiencing symptoms of a common mental disorder such as anxiety or depression – a rate that is rising[97]. Around 500,000 people are currently diagnosed with severe mental illness such as bipolar disorder or schizophrenia[98]. There were over 6000 suicides in 2021, making suicide the leading cause of death in men under 50[99]. The prevalence of mental health disorders in children and young people has increased significantly in recent years. Around 18% of children aged 7-16 have a probable mental health disorder (rising from 12% in 2017)[100]. Those with special educational needs or disability (SEND) are much more likely to have a mental disorder[101]. We know that poor mental health in childhood can lead to a range of adverse outcomes in adulthood, and that the majority of mental health conditions are established before the age of 14[102]. Early intervention is therefore vital to prevent this crisis from deepening in future years.

Social factors such as employment, poverty and stigma or discrimination influence mental health and wellbeing and there are inequalities in prevalence, access to services and outcomes geographically, and between different ethnic populations. In 2020 to 2021, people living in the most deprived areas of England were twice as likely to be in contact with mental health services than those living in the least deprived areas[103].

The impact of the pandemic and the cost of living crisis is expected to impact mental health still further. Although the percentage of people experiencing symptoms of depression peaked during the pandemic, at 16% it still remains higher than pre-pandemic levels, and there are links between depression rates and cost of living indicators[104]. In 2023, one in five people report feeling anxious all the time. Eighty-six percent of young people (18-24) reported feeling anxious in the previous two weeks. Financial pressures were a commonly cited cause[105].

These trends place already stretched mental health services under greater pressure. In 2022/23, 5.8% of the population were in contact with mental health, learning disability and autism services (1m under 18 years old)[106]. The planned NHS spend on mental health in 2023-24 is £15.5bn[107]. Waiting times for support can be long, particularly in more deprived areas, and many people do not access the services they need. It is estimated that 60% of children and young people who have diagnosable mental health conditions do not currently receive NHS care[108] and that overall the number of people with mental health needs not in contact with NHS mental health services is 8 million[109]. Due to capacity limitations, thresholds to receive NHS care are high, which leads to a risk that untreated mild symptoms may progress to a more serious condition.

In addition to impact on quality of life, and the costs to the healthcare system, poor mental health has an economic impact. It is the most prevalent health condition cited by people unable to work due to long term sickness. In 2022, over 1.35m of those absent from work due to long term sickness reported depression, anxiety or nerves, a rise of 40% since 2019. This is commonly linked to complex comorbidities[110]. Overall, in the UK, the annual costs incurred by mental ill health in children and young people is in the region of £2.35bn[111], and the overall loss to the economy to mental ill health is conservatively estimated to be £118bn annually[112].

> *"We need other approaches that address the whole picture of mental health, including looking at causes, triggers, and the broader psychological and behavioural symptoms and consequences. And we also need approaches that help to address stigma and shame, demographic and cultural barriers to help-seeking and approaches that give patients choice, autonomy and holistic care. Creative health is interwoven into every single one of these factors"*
>
> *Professor Daisy Fancourt, Head of the Social Biobehavioural Research Group at UCL, Mental Health and Wellbeing Roundtable*

It is clear that a new approach to mental health is required. This should be one which emphasises prevention and investment in upstream interventions to help to keep people well, combined with better support for people with mental health conditions. Creative health has much to contribute in both respects.

The role for creative health

Creative health can support the prevention, management, treatment and recovery of mental health conditions. It is a holistic and person-centred approach, providing a sense of meaning, purpose and control, and supporting people to achieve outcomes that are important to their own lives, rather than solely addressing their illness. Its benefits can be felt across all stages of the life course. Whilst for centuries people have tacitly understood the benefits of creativity for mental health and wellbeing and applied these independently, we are now developing a greater understanding of the mechanisms through which creative activity can influence health, and how systems can best embrace creative health to improve outcomes.

Systematic reviews have summarised the diverse ways in which participatory arts can promote mental health and wellbeing. These include improved quality of life, reduced mental distress (including a decrease in symptoms related to depression and Post Traumatic Stress Disorder), improvement in social relationships, and empowerment, enabling people to gain a sense of control over their mental health and, often, subsequently other areas of their lives[113]. Creative health can provide a means of emotional regulation. This could be through distraction or disengagement from worries, or as a vehicle for venting, processing and coming to terms with emotions and developing problem-solving techniques[114]. Creative health is also linked to self-identity, self-esteem and agency[115].

The benefits of specific creative activities have been investigated. For example,

- Visual arts have been found to improve wellbeing, reduce depression and anxiety and increase confidence and self-esteem in people with depression[116].
- Group singing has a plethora of mental health and wellbeing benefits, including improved quality of life, social connection and reductions in loneliness, depression and anxiety[117,118].
- Music - Listening to music can reduce anxiety and improve wellbeing, whilst playing music promotes the maintenance or improvement of wellbeing and health, particularly as part of a group-based activity[119].
- Dance has been shown to improve quality of life and life satisfaction across cultures and age groups[120].
- Gardening can improve both physical and mental health[121,122].

There is also a strengthening evidence base linked to the benefits of engagement with heritage on mental health and wellbeing[123]. Young people's engagement with heritage has been shown to positively influence personal development outcomes such as knowledge, skills and confidence and to build identity and belonging[124]. AMPHORA (Authentic and Meaningful Participation in Heritage or Related Activities) guidelines have been developed to ensure that people are safe and looked after when they take part in heritage activities to support their mental health[125].

Creative health can be effective across the life course and in different target audiences. For example, Breathe Melodies for Mums is a weekly group singing service for new mothers with symptoms or a diagnosis of postnatal depression, developed by Breathe Arts Health Research. The programme is based on a randomised controlled trial (RCT) with 134 mums which found that participation in group singing led to recovery from postnatal depression in 73% of mothers who took part[128], and that symptoms decreased faster than in control groups. A clinical trial of an online version, adapted for the pandemic, also demonstrated a significant reduction in symptoms over a 6-week programme and further benefits for wellbeing and life-satisfaction[129]. Breathe Melodies for Mums is one of three arts health interventions in a £2m research programme with Kings College London and University College London (SHAPER), funded by Wellcome, to assess the effectiveness and implementation of arts and health interventions

at scale, and how they can be embedded into mainstream healthcare pathways.

Early intervention is vital to prevent mental illness in young people, which will have a lasting effect into adulthood. Arts activities have been identified as 'active ingredients' that help young people with anxiety and depression, particularly those with experiences of trauma, with evidence of significant decreases in symptoms in experimental studies[130]. Music and lyrical composition were strongly represented in a review by the Centre for Cultural Value which found that engaging with arts and culture supported young people's mental health[131].

Studies have investigated whether there are specific benefits of creative health as we age, and found that creative health benefits older adults by improving individual mental health and wellbeing, increasing social connection, and reducing isolation and loneliness[132]. Public and intergenerational creative activities can help to transform attitudes to older people, and reduce age-related stigma[133]. Longitudinal studies have shown that long term and frequent engagement with arts activities by older adults is associated with higher levels of happiness, life satisfaction, self-realisation, and autonomy in older adults[134] and reduced odds of loneliness[135].

Creative interventions can be used to reduce depression in older adults[136]. The benefits of singing for both mental and physical health outcome has been well-researched. Studies suggest that singing can improve wellbeing and reduce depression and loneliness in older adults[137]. A pragmatic RCT with over-60s found that participants in a 14-week weekly singing group saw significant improvements in mental health-related quality of life compared to a control group. The study also showed that the programme was cost-effective[138].

How does it work?

A bio-psycho-social approach can help to explain the complex and multifaceted ways in which creativity can influence mental health. Creative engagement can have physical effects on the body, such as influencing the release of neurotransmitters or stress hormones. For example, group drumming can reduce inflammatory cytokines, a mechanism which can decrease depression and improve anxiety. This has been shown to have positive effects for people with mental health conditions which were maintained for at least 3 months post-intervention[139].

Psychological effects include the opportunity for self-expression or increased confidence. Studies have shown benefits of creative activities through building self-esteem, self-acceptance, confidence and self-worth[140]. A recent analysis commissioned by Arts Council England to investigate the impacts of creativity and culture on the brain found extensive evidence that arts engagement enhances wellbeing, in terms of pleasure, life satisfaction, and finding meaning and purpose in life[141]. When creative activities take place in a group setting there can be benefits in the form of social connectedness and reductions in isolation

Human Henge - Heritage and creative health

Human Henge ran between 2016 and 2018, led by the Restoration Trust in partnership with Richmond Fellowship, English Heritage, the National Trust, and Bournemouth University, and supported by Avon and Wiltshire Mental Health Partnership NHS Trust. It brought together archaeology and creativity through immersive experiences of historic landscapes to enhance mental health and wellbeing[126]. Based at Stonehenge and Avebury, the programmes engaged people living in Wiltshire with mental health conditions in a creative exploration of the ancient landscapes. Over 10 sessions, participants engaged in music, song, poetry, illustration, and working with clay whilst interacting with aspects of the historic landscape. Monitoring progress before, during and after the programmes, 65% of participants reported feeling an improved sense of health and wellbeing upon completion[127]. **Scaling Up Human Henge**, part of the Mobilising Community Assets to Tackle Health Inequalities research programme, ran between 2022 and 2023. Its aim is to run and evaluate a Culture Heritage Therapy Programme based in the historic Stonehenge landscape and to produce a toolbox guide that will help professional and voluntary bodies develop and run similar programmes in other historic landscapes around Britain.

and loneliness. Participatory arts can increase social capital, and improve wellbeing through encouraging connection, fostering feelings of belonging providing coping tools, supporting personal development and promoting greater civic and community awareness[142].

A creative health intervention may act across all these levels. For example, group singing may have biological effects such as decreased levels of cortisol[143], whilst also facilitating emotional regulation and improving social connectedness, reducing loneliness and improving mental health[144]. Where creative activities are linked to cultural heritage, they may also lead to improved levels of empowerment and self-worth[145].

Creative health in mental health care pathways

When used as part of a mental health care pathway, creative health has been found to be an acceptable and often enjoyable alternative or complement to medical treatments, without the associated side effects. Creative health programmes demonstrate good patient outcomes, and can be used to relieve pressure on an oversubscribed system.

Social prescribing is one route through which patients can be directed to creative health activities, and can reduce pressure on services, particularly in primary care, when patients can be effectively supported through activities in their communities. Mild to moderate mental health conditions are the most common reasons for referrals[146]. Arts on prescription programmes have been shown to result in improvements in anxiety, depression and wellbeing, including in patients with multi-morbidities[147], and to be cost-effective[148]. An evidence review by the National Academy for Social Prescribing (NASP) finds that arts on prescription models are beneficial for psychological health, and models are particularly successful where strong partnerships exist with community infrastructure[149].

Outside of social prescribing, creative health can be an important element of mental health pathways. For example, Arts for the Blues is an evidence-based psychological therapy for depression[150]. Originally based in primary mental health care settings in Manchester, as part of the Mobilising Community Assets to Tackle Health Inequalities research programme, pilot projects with a diverse range of creative, community, NHS and academic partners have been developed to explore models to spread and scale the approach[151].

In Cornwall and the Isles of Scilly, where suicide rates are high and a key priority for the Integrated Care System, the Suicide Prevention Innovation Fund, supported by Public Health Cornwall Council and NHS Kernow, invited voluntary and community groups to suggest innovative community-based projects to reduce the numbers of people self-harming or taking their own lives[152]. The funded projects are putting suicide and self-harm prevention initiatives at the heart of communities and were chosen for their ability to support specific higher-risk groups in Cornwall and the Isles of Scilly, particularly demographics that are least likely to access traditional mental health services, such as men from the rural farming and fishing communities. The funded projects included creative initiatives such as digital photography and music.

The WHO scoping review '*What is the evidence on the role of the arts in improving health and wellbeing?*' summarises the ways in which the arts have been shown to support people with severe mental illness[153]. Creative arts therapies are used to complement pharmacological treatment for severe mental illness (SMI). National Institute for Health and Care Excellence (NICE) guidelines recommend that arts therapies are considered for the alleviation of negative symptoms in psychosis or schizophrenia, with the aim of promoting creative expression, allowing people to experience themselves and relate to others differently, and to help people to process the feelings that arise[154]. A review into the use of participatory arts with people with SMI found that group arts engagement could improve social connectedness, provide an identity beyond a mental illness diagnosis, increase self-belief and generate compassion both for the self and others. Creative activities were found to allow people flexibility to express themselves, and to identify the outcomes that were important to them. Increased confidence, self-worth and wellbeing were common themes[155].

The Horsfall Creative Space and Gallery

The Horsfall is a creative space and gallery, which forms part of **42nd Street**, a mental health charity for young people aged 13-25 in the Greater Manchester area. The 42nd Street team recognises that many young people feel disempowered, that some services are difficult for them to identify with and access and that their mental health and personal difficulties can be made worse by the health, social, cultural and economic inequalities that they might experience. The mission of the Horsfall is to provide an engaging and accessible space for young people to express themselves through arts-based practices.

Through drop-in sessions, work with professional artists and the production of performances and exhibitions, young people are provided with space to explore their creativity and connect with others. The creative process provides the opportunity to reflect on, process and externalise feelings, and to engage different parts of the brain and develop new thought processes. Their artworks can provide a way to communicate their stories and experiences with their peers and to influence decision-makers.

The Horsfall prioritises allowing young people to tell their stories the way they want to tell them, and facilitates a flexible and supportive environment, which can be in contrast to the regulated and clinical spaces young people may otherwise experience in the mental health system.

"The adult world quite often asks children to step into that adult world....One-to-one counselling can put a lot on a young person – that they can express themselves, verbally, in a room, to an adult...it relies on people being able to process as they talk. And I think art offers them that space to reflect and return to work." – Rod Kippen, Clinical Lead, Creativity and Social Action, 42nd Street

"We normally get a referral from the main service, and calling it a referral is probably the most clinical thing that we do. From that point it is always about building up a relationship with the young person...we don't even call the drop-in a mental health intervention, but even just coming along and being a part of a group is good for your mental health. And being in a creative space for some people is disrupting the monotonous places that young people have to be in, or the clinical places that young people find themselves in, where you have to behave or act a certain way." – Georgina Fox, Creative Drop-in Lead, 42nd Street

In our roundtable on Mental Health and Wellbeing, young artists from the Horsfall described the space as 'humanising' and explained how the environment offered them a sense of freedom, control and agency, as well as supporting them to develop skills and connections to develop their creative passions further.

"I got to work with a professional artist and we collaborated together to create art, and then I took over fully and made my own piece, and it got showed around the gallery and on billboards and on Instagram and it was such a big confidence boost for someone to say 'look, we value you, and what you think, and your art so much we've put it on a billboard". – Creative Collective Member, Horsfall Creative Space

"To have that time (for creativity), to be allowed to sit and relax and express myself, I was able to do that in this building, and it became very much a safe space to socialise, and process, and relax...I got to really express myself through the pieces that I created. The pieces that I produced involved both the painting and breaking of plates. In any other circumstances, they would be like, 'no, that's unsafe, don't do that'. But for me it really helped to process a lot of trauma that I had, through the painting on the plate, but it gave me a lot of agency to then break the plates. The sense of agency it gave me, gave me the confidence to pursue my own bigger projects." – Young Artist, Horsfall Creative Space

Creative activities can be introduced in inpatient settings to support mental health outcomes. For example, Quench Arts' Plugin project provides access to music opportunities for young people who are mental health inpatients. The programme uses creative music making to improve emotional literacy, social connectedness and self-esteem[156]. Incorporating the arts into the design of mental health units, and co-producing this work with patients has been found to improve patient experiences and outcomes[157,158]. Hospital Rooms put this into practice in mental health hospitals across the country[159].

Children and young people's mental health

With the rise in children and young people requiring mental health support, and Child and Adolescent Mental Health Services (CAMHS) under pressure to meet waiting time targets, creative health can be an important resource. For example, the ICE Heritage programme is a partnership between Hampshire Cultural Trust and Hampshire CAMHS, which offers arts, heritage and cultural activities to children known to CAMHS services to improve mental health and wellbeing. The programme has observed improvements in wellbeing through confidence and self-esteem, self-expression, social inclusion and peer relationships, focus and concentration and fun and relaxation[160]. The research study 'Wellbeing While Waiting' will investigate the impact of social prescribing pathways for children on waiting lists for mental health treatment, with a view to increasing availability[161].

Creative recovery

Creative health can be used to support people in their recovery from mental ill health. Recovery colleges offer skills courses and educational opportunities with a focus on wellbeing, and creative activities are often central to the approach. For example, during the pandemic, the Phoenix Project offered a series of remote visual arts workshops to support mental wellbeing and resilience in partnership with Lancashire and South Cumbria NHS Foundation Trust as part of a recovery college online initiative. Twenty-three artists delivered a three-month programme across the summer of 2020. Programme evaluation by Lancaster University found increases in participant wellbeing and a 90% approval rating for the programme[162].

Addressing inequalities in mental health

Creative health has a role to play in challenging injustices, prejudice and stigma and representing the voice of lived experience in relation to mental health. Arts and drama are used effectively to improve mental health literacy and reduce stigma in schools and through arts festivals and community initiatives[163].

People from minoritised communities are at a higher risk of mental ill health, including severe mental illness[164]. For example, black people are 4.7 times more likely to be diagnosed with schizophrenia than white counterparts[165]. They are also, less likely to access mental health services, but more likely to enter crisis care, or experience compulsory detention[166]. Creative approaches have been used to address mental health-related stigma within communities, and to address institutional racism and improve relationships between communities facing inequalities and healthcare services, with co-production and the voice of lived experience central to the process[167].

Creative Recovery

Creative Recovery is a grassroot charity based in Barnsley that uses creativity to support mental health and recovery, boost wellbeing, build communities and bring about social change. The organisation works with families and communities with experience of mental health issues. People may self-refer or be referred by a healthcare professional. The organisation emerged from a call from a community of people with lived experience who wanted to create more alternatives for people, and now offers a full weekly therapeutic/creative programme. This includes art studio groups, creative events in green spaces, a choir, evening arts café, reading group and musical jam sessions.

Creative Recovery also lends expertise, co-producing therapeutic provision in other settings, for example working alongside CAMHS within a Young Offenders Institution and with Occupational Therapists on acute Psychiatric Wards.

Creating a mentally healthy society

Given the increasing prevalence of mental health conditions, and associated burdens on the mental health system, a focus on prevention and upstream interventions which address the causes of mental ill health is vital. The role for creative health in improving the environments and conditions in which people live, interacting with the social determinants of health, will be addressed in more detail in the next section on health inequalities.

The evidence indicates that we should also consider the opportunity to engage in creative and cultural activity to be a determinant of good mental health. Cohort studies using population data from both the UK and US find that, after adjusting for factors such as age, sex and socio-economic status, both active participation in the arts and attendance at cultural events have a positive impact on mental health, improving wellbeing and reducing common mental health disorders[169]. The work of the MARCH Network showed that participation in culture and heritage activities improves wellbeing for everyone, but can have an even greater impact on the wellbeing of people living in more deprived areas[170], emphasising the importance of ensuring creative health is available and accessible to all.

Existing community, cultural and creative assets are increasingly recognising the value of their collections and activities for mental health and wellbeing, and making them available to wider audiences. A survey carried out by the Art Fund found that 63% of respondents had visited a museum or gallery to de-stress, although the majority do not visit on a regular basis, making them a relatively 'untapped resource'[171].There are many examples where museums, galleries and gardens have formed relationships with NHS mental health trusts and charities to engage people with a mental health condition, often through participatory arts or heritage activities[172]. Social prescribing can also link people to these community resources. As part of the Mobilising Community Assets to Tackle Health Inequalities research programme, the University of the Highlands and Islands Division of Rural Health and Wellbeing investigated how heritage and cultural assets can be used to support health and wellbeing in rural areas, where social isolation, deprivation and mental health issues can be hidden. New partnerships were developed between the NHS and heritage and museums-based sector and referral pathways were established through which people could be directed to local museums and archive centres[173].

Schools are a vital part of this ecosystem, particularly as we face rising rates of poor mental

The Journey to Racial Equality in Leeds Mental Health Services

Synergi-Leeds is a partnership between the NHS, Public Health, and the local community and voluntary sectors to tackle the long-standing overrepresentation of people from Black, Asian and minority ethnic communities admitted to crisis mental health services or detained under the Mental Health Act. Initially supported through a national partnership ecosystem led by the **Synergi Collaborative Centre** and latterly by **Words of Colour**, the partnership uses the Synergi model of co-produced 'Creative Spaces' events to champion the voices of people with lived experience, challenging institutional racism and galvanising people into meaningful action. There is also an all-age grants programme which financially supports grassroots projects. In the first year of the grants' programme, 800 people directly benefited and over 5,000 people were engaged with projects in various ways, of which, 3,600 were from minority ethnic backgrounds. The programme, including signing up to the Synergi Collaborative Centre's National Pledge to Reduce Ethnic Inequalities in Mental Health Systems, has influenced senior leadership within the NHS and Public Health to make changes within their own organisations, and commit to actions to reduce ethnic inequalities in mental health[168]. As a result, a new citywide initiative between Synergi-Leeds and Words of Colour, covering over 40 years of mental health inequalities and community responses in Leeds, part of a hybrid co-produced programme funded by Leeds and Yorkshire Partnership NHS Foundation Trust, will be announced for 2024.

Hip Hop HEALS – Reducing inequalities through trauma-informed practice

Hip Hop HEALS (Health, Education, Arts & Life Skills) is the UK's first Hip Hop Therapy organisation. They offer therapeutic Hip Hop and Hip Hop Therapy programmes, trauma-informed Hip Hop training and creative mentoring.

Hip Hop HEALS aims to reduce inequalities for marginalised groups, to offer an arts-based alternative to medication for human distress and to bridge the gap between Hip Hop, therapy and therapeutic creative writing. It recognises that Post Traumatic Stress Disorder (PTSD), trauma and grief are difficult to treat, let alone manage, that suicide and self-harm are the biggest killers of young people and men in the UK, and that throughout the pandemic marginalised groups were disproportionately affected by depression, anxiety and worries about unemployment and financial stress.

In response, Hip Hop HEALS aims to explore emotions through creative therapeutic writing with marginalised groups, to empower people and to amplify lived experience stories.

Hip Hop HEALS' trauma-informed Hip Hop training is constructed with lived experience experts. Their person-centred therapeutic approach is based on Creative Writing for Therapeutic Purposes practice, which includes narrative, poetry and music therapy as well as bibliotherapy. Their unique model of Hip Hop Therapy includes UK bass music so that it is culturally-competent and relevant to those they serve.

The programme has been run with offenders in recovery at Warwickshire and West Mercia Community Rehabilitation Company, one of the 21 Community and Rehabilitation Companies (CRCs) across England and Wales.

Whilst evaluating the programme, participants said:

"I was very active mentally during the workshops, learning how to declutter my mind through writing. I found it a good way of grounding myself and relaxing. It wasn't demanding."

"It opened me up to having more confidence and listening to others."

health in children and young people. The role of schools will be considered in more detail in Section 3.3.

Maximising the potential of creative health

Tackling the current mental health crisis requires a whole system approach. The evidence shows us that creativity and culture have an important role to play in establishing a mentally healthy society, and that creative engagement in communities helps to maintain good mental health and wellbeing. Within healthcare systems, creative health can aid management, treatment and recovery in mental health conditions.

A creative mental health workforce already exists. The Baring Foundation's *Creatively Minded* directory lists 320 organisations working in arts and mental health in the UK[174]. The field is diverse and includes arts in hospitals programmes and wellbeing initiatives based in museums and galleries. Many will be small, community-based organisations or solo freelance practitioners. These practitioners very often bring their own lived experience and in-depth knowledge of the communities they work in. However, funding and commissioning models can make their practice precarious. The Culture, Health and Wellbeing Alliance has proposed a model for sustainable practice in creativity and mental health and wellbeing, which moves beyond short term project-based funding towards investment in long term, sustainable partnerships between creative health practitioners and healthcare systems[175]. This includes resourcing for the development of a creative health infrastructure and cross-disciplinary networks, recognising the multi-sectoral approach required to address mental health.

A coherent, cross-sectoral approach, modelled at government level will facilitate the development of flourishing creative health ecosystems at place, working towards shared outcomes that will benefit individuals, communities and systems.

Gardening, Green Spaces and Creative Health

Gardens, parks and green spaces are important resources for population health, and incorporating gardening and creative use of green space into a whole system approach to health and wellbeing can improve outcomes and reduce demand on health and social care services. The health and wellbeing benefits of green spaces and engaging with nature are well recognised[176,177]. Engaging creatively with nature can amplify these benefits.

The field of planetary health tells us that human health is intrinsically linked to the health of the planet[178]. The effects of climate change will impact our health and wellbeing, and these impacts will affect some populations disproportionately. Anxiety and concerns about climate change can also impact mental health[179]. Creative practices can help to bring an awareness and understanding of climate issues and environmental sustainability, whilst creative activities in nature have been shown to improve our connectedness with nature.

Gardening, health and wellbeing

Gardening offers a multitude of physical and mental health benefits. Studies have shown that gardening can have a positive impact on depression, anxiety, life satisfaction and quality of life[180,181], while randomised controlled trials (RCTs) indicate that community gardening may also modify risk factors for major conditions such as cancer, cardiovascular disease and musculoskeletal conditions through increases in physical activity and fruit and vegetable intake, and reductions in stress[182,183]. It can be an effective approach to maintaining health and improving quality of life as people age[184]. The biological processes through which engaging with nature leads to relaxation and a reduction in stress can be experienced through gardening, combined with psychological benefits including a sense of satisfaction and empowerment, an acceptance of cycles of regeneration and renewal, and a sense of hope for the future.

> ***Gardening is a form of creativity. It brings together human creativity and nature's creativity. For some people, it is a more accessible way of being creative. They don't have to summon something from deep inside themselves, but they can look at what they have grown and feel proud of it, and excited, and share it"***
>
> *Dr Sue Stuart-Smith, Psychiatrist and author of The Well Gardened Mind, Mental Health and Wellbeing Roundtable*

Whilst many people are able to actively engage in their own private spaces, for some, allotments and community gardens offer a route into the benefits of gardening. Gardening in these communal outdoor spaces can lead to further additional benefits such as social connectedness and reductions in loneliness and isolation, and the building of social capital and community cohesion[185]. It has been estimated that every £1 invested in community gardens could return savings of £5 through health benefits[186].

A Kings Fund report summarised the evidence for gardening, finding that there is more that health and social care systems can do to take advantage of the benefits gardening offers both in terms of improved outcomes and reduced demand on services. The report recommends that gardening to support health should be considered as part of place-based population health systems. One route to this is through social prescribing or referral to community gardening schemes[187].

Gardens can also offer safe spaces and sanctuary. Therapeutic gardens have been used effectively to support people with post-traumatic stress disorder (PTSD) and people living with dementia[191], and in hospital, care home and hospice settings to support the mental health and wellbeing of residents[192,193,194]. Public gardens are offering specific wellbeing activities and linking to social prescribing opportunities[195], and museums and galleries are combining their indoor and outdoor spaces to offer wellbeing activities which combine horticulture and interaction with the indoor collections[196].

Gardening, nature and children and young people

School gardening initiatives have been used to improve knowledge and understanding of food, diet and nutrition, and have been found to increase fruit and vegetable intake, with the potential to reduce obesity[197,198]. For example, The Soil Association's Food for Life programme provides resources for teachers on school gardening as part of a wider whole school approach to food culture (also including cooking skills)[199].

Other nature-based activities with children have combined the benefits of creativity and the outdoors[200]. Fostering a sense of connection to nature in the early years not only improves the mental health and wellbeing of children and young people, but can help us to develop ecologically sustainable practices as part of a future thinking health system that will need to address the implications of climate change.

> *"Working with the cycle of life in the garden puts us in a direct relationship with how life is generated and sustained, so that deep existential meanings can emerge through gardening. The experience of transience alongside a sense of continuity is particularly important for people suffering from grief or the aftermath of a trauma. Whilst there is no denying that things die in the garden, the practice of gardening is orientated towards the future in a positive way. Fundamentally, gardening is a hopeful act"*
>
> *Dr Sue Stuart-Smith*

Green Social Prescribing

Recognising the benefits of nature for mental health, the Government and NHS have invested £5.77m in a pilot Green Social Prescribing (GSP) scheme in seven Integrated Care Systems. The programme aims to improve mental health outcomes, reduce health inequalities, reduce demand on the health and social care system and develop best practice for green social activities. GSP supports people's health and wellbeing through a combination of interaction with the natural environment, social interaction and meaningful activity, which is often creativity focussed, for example, gardening, craft or engaging with heritage[188].

GSP is being taken forward as part of HM Treasury's £200m Shared Outcomes Fund, intended to pilot innovative ways of working that will improve collaboration on priority policy areas that sit across, and are delivered by, multiple public sector organisations to improve outcomes and deliver better value for citizens. It received cross-departmental support from the Department for Environment and Rural Affairs (DEFRA), the Department of Culture, Media and Sport (DCMS) and the Department for Levelling Up, Housing and Communities (DLUHC).

GSP has shown a positive impact on mental wellbeing and strong engagement in communities experiencing high levels of social inequalities in the interim evaluation[189]. Systems-level changes that could further support successful ongoing delivery have also been identified. These include a move away from short term and competitive funding to a model which supports continuity of provision, investment in system-level work to ensure progress is extended beyond the initial pilot duration, improved knowledge of the approach and its benefits within systems, and collaborative data collection and monitoring[190]. We propose that a similar cross-departmental approach can be applied to creative health, with the suggested system changes taken into account.

Branching Out: Tackling mental health inequalities in schools with Community Artscapers

> ***Working with skilled artists and enablers, we focus on how the world just outside our doors can be opened up as a space for curiosity and imagination for everyone, allowing children's ideas to be explored and valued, and giving them a voice. In turn, this gives all young people the confidence to think of themselves as citizens, enabling them to care better for their communities, and the planet"***
>
> *Cambridge Curiosity and Imagination*

'Artscaping' is an arts-in-nature practice developed by **Cambridge Curiosity and Imagination (CCI)**. It is an evidence-based approach, combining the benefits of both the arts and nature for mental health and wellbeing through outdoor activities co-created by artists and children. Since 2015, over 7700 people have engaged with Artscaping in schools and communities across Cambridgeshire and Peterborough[201]. Children who participate in Artscaping have shown improvements in self-confidence and self-esteem, agency and calmness, alongside a greater appreciation of what CCI calls slowliness. After engaging in the outdoor activities, children feel happier and more optimistic[202]. In addition to these benefits to mental health and wellbeing, Artscaping connects children to nature and helps them to value the natural environment around them, which can help to address eco-anxiety, and environmental sustainability[203,204]. Many of these benefits extend to the adults working alongside too with wider positive impacts reported at a school and community level.

"Providing time and space early on for children to reconnect (or connect for the first time) with nature and art is the actual 'medicine' that's required. Giving children a fresh start, with the adults seeing them a-new with talents that were previously under the surface, is huge. Think of what could be achieved if more children worked with CCI! And think of the money that would potentially be saved in staff time, paediatrician referrals, expensive therapy…" – Paula Ayliffe, Co-Headteacher, Mayfield Primary School

The research project **'Branching Out'**, funded by the Mobilising Community Assets to Tackle Health Inequalities research programme, investigated how more children can have Artscaping opportunities. Teams of local community artscapers were trained and supported to run art-in-nature/artscaping groups in six primary schools in Cambridgeshire and Peterborough, particularly those in the most deprived areas. The research project developed training resources and models to support schools, all now free to access on the CCI website. Multi-agency level working was necessary and, as a result of the project, new partnerships were developed between schools, local authorities, NHS trusts, the VCSE and researchers. In addition to the benefits to pupils, schools recognised Artscaping as a useful whole school early intervention to support mental health and wellbeing, and the staff and volunteers involved also experienced improvements in their own wellbeing.

> ***All primary age children should participate in one session of arts in nature activities per week to support their mental health and wellbeing, connect them with nature and positively impact on their broader engagement with learning in school"***
>
> *Professor Nicola Walshe, Pro-Director of Education, Institute of Education, UCL. Principal Investigator, Branching Out, Creativity for Health and Wellbeing in the Education System Roundtable*

The Fantastical Forest, an on-going public art project celebrating creativity, nature and community.
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3.2 Health Inequalities

Key Points

Health inequalities are not only socially unjust, they place a burden on public services and impact national productivity.

Health inequalities can be related to stigma and discrimination, which results in barriers to access to good quality services. Creative health can be used to support health promotion and prevention, and in the co-design of culturally appropriate services which meet the needs of underserved communities, and encourage new ways of working within systems.

Health inequalities are intrinsically linked to the social determinants of health. Therefore, in order to improve people's health and wellbeing and reduce pressures on systems, we need to address these wider structural factors. Creative health is an integral part of community and place-based approaches to reducing health inequalities. In communities, creative health can interact with the social determinants of health to improve the environments in which people live. Creative activities build social capital and connection, and provide individuals with a sense of agency, meaning and purpose. Through creative health people and communities can be empowered to make positive changes and improve quality of life.

Statutory services can facilitate this way of working, through the development of supportive and sustainable infrastructure and resources. Tackling inequalities requires a whole system approach that addresses the social determinants of health and considers health in all policies.

Access to creative and cultural opportunities, and creative health, must also be equitable. Strategies to ensure accessibility and engage those least likely to engage in creativity should be combined with adequate resource and investment, particularly in underserved areas.

The challenge of health inequalities

Health inequalities are unfair and avoidable differences in health outcomes between different groups or populations. This can relate to life expectancy, healthy life expectancy, or differences in health outcomes for particular conditions. Health inequalities are linked to social, economic and environmental disadvantage. The social determinants of health (the conditions in which people are born, live, grow work and age) are now considered to be the principal drivers of health, estimated by the World Health Organisation (WHO) to account for up to 50% of health outcomes[205]. They include income and economic stability, early years development and education, housing, the built and natural environment, access to services, employment, social support networks and power and discrimination. In order to tackle health inequalities it is therefore essential to look beyond healthcare and adopt a whole system approach to address these wider structural factors.

The Institute for Health Equity has demonstrated an enduring social gradient for health[206]. Over the last decade, health inequalities have widened, and the pandemic has further exacerbated inequalities. People living in most affluent areas of the country can expect to live around 10 years longer than those in most deprived areas, and to spend 18 years longer in good health[207]. There are widespread and longstanding ethnic inequalities in health outcomes, as well as healthcare access and experiences[208]. COVID-19 further highlighted these inequalities[209]. Health inequalities are multifaceted and the ways in which people experience inequalities will be complex and individual. An intersectional lens is therefore necessary when thinking about how we tackle health inequalities.

In addition to the social injustice of health inequalities, and the impact on people's lives, this costs systems money. Prior to COVID-19 health inequalities were estimated to cost the NHS an additional £4.8bn annually, and wider society

around £31bn in lost productivity and up to £32bn a year in lost tax revenue and benefit payments[210].

Complex interactions between the wider environment, psychosocial factors, and individual health behaviours contribute to differences in health outcomes. However, despite this complexity, health inequalities are not inevitable, and creative health has an important role to play in helping to tackle inequalities at individual, community and population level. By its nature cross-sectoral, creative health can be integral to an ecosystem in which communities, VCSE, local government and health systems can come together to address inequalities as a whole system.

Policy context

Recent policy developments have taken steps to address health inequalities, and present opportunities to further incorporate creative health as part of the solution. Tackling health inequalities relies on prevention – keeping people living well for longer, and acting upstream to address social determinants of health.

The levelling up agenda sets health-related targets to improve and narrow the gaps in healthy life expectancy and wellbeing linked to socio-economic factors, and makes links between culture and heritage and regeneration. In alignment with the levelling up agenda there have been changes in the way funding for arts and culture is distributed, with funds allocated to historically underserved areas. Nevertheless, inequalities persist, and austerity and funding cuts have disproportionately impacted some already underserved areas, resulting in 'left-behind neighbourhoods[211]'.

The Health and Care Act (2022) places a duty on Integrated Care Systems (ICSs) to reduce inequalities in access to healthcare services and health outcomes. Combined with the focus on integration, this should provide opportunities for the VCSE and cultural sector to be better integrated as strategic partners, working with healthcare systems to develop person-centred, whole system and place-based approaches which can address local priorities and reduce inequalities. Integrated Care Partnerships (ICPs) bring together local stakeholders to set local priorities and develop a strategy which should also act on the social determinants of health.

> *"Creativity is so much more than just doing arts. For some it helps rescue them from their darkest days. For me, it helped me be part of a community, helped me to be heard, helped give me my voice back, and I'm proud to say I'm now a community organiser"*
>
> *Kelly Mclaughlin, Community Organiser, East Marsh, Health Inequalities Roundtable*

An interim report setting out the Government's approach to addressing rising rates of major health conditions acknowledges the impact of the social determinants of health and the importance of primary prevention, with the Office of Health Improvement and Disparities (OHID) focusing on improving population health outcomes and reducing disparities[212].

Within the NHS, the Core20PLUS5 approach, based on the priorities of the Long Term Plan provides a framework to address health inequalities across the 20% most deprived geographical areas, locally defined population groups with poorer health outcomes, often coherent with inclusion health groups, and clinical areas requiring accelerated improvements in inequalities[213].

The role for creative health

Creative health can help to address health inequalities in a number of ways. It can be used to help develop tailored approaches to articulate and address the needs of individuals and communities experiencing inequalities, reimagining services to ensure they are appropriate and accessible. Communities are integral as part of a place-based approach to addressing health inequalities, and enabling communities to design and deliver initiatives that work best for them can be the most effective way to address the root causes of ill health. In areas experiencing high levels of deprivation, initiatives which increase community engagement, social cohesion and social capital can help to mitigate some of the detrimental impacts of the social determinants of health[214]. Creative health

> *For me it saved my life. Arts gave me that access to see the world differently and for the world to see me differently. When I was living on the streets I had a camera and instead of having a stigma attached to me as a homeless dude, they saw you as a photographer. You were given that up-step. That's what empowers people, that's what picks people up, that's what gives them good wellbeing and resilience"*
>
> *David Tovey, Arts and Homelessness International, Health Inequalities Roundtable*

implemented at community or place-level can achieve this. Creative initiatives can provide people with a sense of agency, power and control over their circumstances, which can improve individual and community health and wellbeing. Mobilising existing creative, cultural and community assets through the provision of a supportive infrastructure will lead to stronger, more resilient communities with less reliance on public services in the long term.

We will use the NHS Core20PLUS5 approach as a framework to highlight how we believe creative health can address health inequalities.

Creative health and marginalised groups

Core20PLUS5 targets population groups identified locally as experiencing poorer than average health access, experience and outcomes, and where a tailored approach is required. This may be in relation to protected characteristics such as race, disability or sexual orientation. Groups that are commonly socially excluded, known as inclusion health groups, which may include people with a learning disability, Gypsy, Roma and Traveller communities, sex workers, people experiencing homelessness and those in contact with the criminal justice system commonly experience poor health outcomes. Creative health can be an effective approach to improving health outcomes in these groups. For example, creative health programmes have been shown to improve health outcomes for people experiencing homelessness, those in the criminal justice system, and refugees and asylum seekers.

A literature review of arts and homelessness identified 61 pieces of research evidencing how the arts can produce positive outcomes for people who have experienced homelessness, including improvements in mental, physical and social wellbeing. Agency, resilience and improved knowledge and skills were also key themes[215]. Arts-based programmes in the criminal justice system have demonstrated health and wellbeing outcomes including mental health, social skills, employability and education and learning[216,217]. Creative-arts based interventions can be effective in reducing symptoms of trauma and negative mood in those who have experienced adverse childhood experiences, including refugees[218]. Engagement in community arts programmes can facilitate increased quality of life and sense of belonging in refugees and asylum seekers and can promote integration[219].

Creative health is used effectively to raise awareness and reduce stigma around certain health conditions. The WHO scoping review '*What is the evidence for the role of the arts in improving health and wellbeing?*' finds evidence that when the arts are used as a health communication tool there are improvements in knowledge, attitudes and behaviours, and that arts-based approaches can be used in culturally appropriate ways to engage specific communities[220]. Studies using hip hop, rap, murals, drama, storytelling and song, and cultural festivals are cited.

Birmingham City Council has applied creative health in its approach to tackling the significant health inequalities faced by its diverse communities. The Public Health Communities Team commissioned an array of projects for the Arts, Culture and Health programme. One example was a Jamaican 60th Anniversary Celebration Event which used arts, heritage and culture to engage residents in workshops and activities to address health issues such as pregnancy, mental health, musculoskeletal disease, cardiovascular disease, and diabetes. This included activities such as culturally appropriate cooking workshops, using traditional recipes to provide information about nutrition and the links to diabetes and cardiovascular disease. Dance and Jamaican drumming workshops were conducted with the

aim of uplifting and engaging participants to improve both their mental and physical health through music and dance[221].

Creative approaches have been used to improve cross-cultural understanding between healthcare professionals and patient groups, and re-design services. For example, the BEDLAM Festival is a partnership between Birmingham and Solihull Mental Health NHS Foundation Trust, The Birmingham Repertory Theatre, Midlands Arts Centre, South Asian arts and culture charity SAMPAD and Red Earth Collective, a Black-led organisation working with artists and communities with lived experience of mental health issues. The festival celebrates arts, mental health and wellbeing, sharing stories of lived experience, challenging stigma and encouraging honest discussions about mental health through film, spoken word, dance and music[222].

Greater Manchester-based Made by Mortals co-produce immersive media to explore and bring to life people's lived experience across a range of health and social care issues. The case studies produced as part of the process are being used in training programmes for NHS and social care staff and volunteers, fostering a deeper understanding and emotional connection with lived experience, and reflective discussion around the provision of care and support. The 'Hidden' project uses an immersive blend of audio and film experiences designed to invite listeners into the lives of fictional characters. These characters, carefully devised in collaboration with the community, encounter moments of crisis and transition. By stepping into the shoes of these characters, listeners are afforded the opportunity to reflect on their own circumstances while developing empathy and understanding[223].

Creative health and clinical priority areas

We have seen in Section 1 how creative health can contribute to the prevention, management and treatment of the most prevalent health conditions. It can also be applied to the clinical priority areas of the Core20PLUS5 to improve health outcomes and reduce inequalities. These include maternity, chronic respiratory conditions, severe mental illness, early cancer detection and hypertension. Creative activities, particularly those using culturally

Our Room Manchester – A creative community for male, trans and non-binary people who sex work

Our Room Manchester is an arts and social care charity, working with people who have multiple and complex needs, specifically supporting male, trans and non-binary sex workers. Creativity is at the heart of the organisation, in the belief it has the power to transform people's lives. Participants have often experienced significant trauma and their experiences of traditional services have not always had positive outcomes. Through playfulness, challenge and creative adventures, ORM offers people a safe and welcoming space in which to try new things and become inspired, as well as a chance to process their experiences through creativity.

ORM works alongside some of the biggest cultural and arts organisations in Greater Manchester to produce and showcase public-facing art events, as part of a long term programme 'Playing with Fire'. One of the projects, 'Consumed' explored relationships that have consumed us for better or for worse, and looked at how we sometimes play with fire in our interactions with others.

'Consumed' offered participants a distraction from their often difficult lives, and an opportunity to learn new skills and improve physical wellbeing through dance. It aimed to empower participants and give them agency in their own lives and, ultimately, to build a supportive community, which improves wellbeing. During the development of 'Consumed,' participants were invited to share their experiences of different types of relationships and given tasks to create their own short pieces of movement. Participants created the final dance by collaborating with one another. This presented challenges, but in overcoming these, a sense of community was developed. Social care support is knitted into projects. A support worker is present in every session but people are not asked a list of questions, which could potentially be re-traumatizing. Rather the process of identifying what support someone needs is truly person-centred.

appropriate art forms can be used to engage people who may otherwise face barriers to accessing services or experience inequalities in relation to these conditions. For example, Live Music Now's Lullaby Project pairs new mothers and families with a musician to write, sing record and perform a personal song for their child. In Toxteth, Liverpool, the programme worked with mothers from the South Sudanese Community in partnership with Cheshire and Merseyside Women's Health and Maternity NHS Network to support mental health and child-parent bonding, and to form new links between participants and family engagement services and build relationships and trust with healthcare services[224].

A specific target of Core20PLUS5 is to reduce inequalities faced by people living with severe mental illness (SMI), ensuring access to annual health checks. South West Yorkshire Partnership NHS Foundation Trust used creative co-production to work with people with SMI to redesign an illustrated invitation to attend the service. In doing so they significantly increased uptake of the service from around 10% to around 60%, and had a positive impact on participants in the codesign process.

One of the participants of the Calderdale design group said:

"The SMI project has been an essential component in my journey, it has a made a significant difference to how I coped and travel on the ongoing journey towards recovery. The end productions of our work are like a trophy. I'm proud of what we have made collectively. Losing my financial security (income) made me feel such a failure. The SMI group/project gave me my voice back."

The social determinants of health and community and place-based approaches to tackling health inequalities

The Core20 of the Core20PLUS5 approach refers to the most deprived 20% of the nation's population, as defined by the Index of Multiple Deprivation. We know that living in an area of deprivation is associated with shorter life expectancy and poorer health outcomes, linked to the social determinants of health. Poverty itself is a social determinant of health, leading to stress and anxiety and impacting health behaviours[225].

Creating healthy and sustainable places and communities, alongside a focus on preventing ill health, is a key policy objective outlined by the Institute for Health Equity for reducing health inequalities[226]. Community engagement, social cohesion and building social capital can go some way to mitigating the detrimental impact of deprivation. For example, work by the APPG on Left-behind Neighbourhoods finds that where civic assets, community groups and opportunities for connection are absent, communities are less resilient and health outcomes are poorer, even within deprived areas[227].

The NHS has a significant role to play in addressing this aspect of health inequalities, as an anchor organisation, adding social value in local communities, and by forming sustainable partnerships at place. However, tackling health inequalities and preventing ill health requires a whole system, population health approach to be effective. A strong evidence base from the fields of population health and community development outlines the importance of whole system and community-based approaches to reducing health inequalities[228,229]. National Institute for Health and Care Excellence (NICE) guidance on community engagement to improve health and wellbeing and reduce health inequalities recommends ensuring 'local communities, community and voluntary sector organisations and statutory services work together to plan, design, develop, deliver and evaluate health and wellbeing initiatives' as best practice[230].

Creative health should be considered a vital component of this approach. The APPG on Arts Health and Wellbeing Inquiry Report '*Creative Health*' describes creative health as a holistic, asset-based and health-creating approach[231]. Applied outside of healthcare settings in places and communities, creative health influences and interacts with the social determinants of health to improve the environments in which people live and health outcomes.

Building empowered communities

The wellbeing benefits of creative health can be felt at community as well as individual level. Studies show that participatory arts can increase social capital, encourage connection, and promote greater civic and community awareness[232,233,234].

Creative approaches can also be used to facilitate the inclusion of marginalised groups, reducing stigma, improving social cohesion and promoting feelings of belonging[235]. Interventions, including arts-based interventions, that improve a community's sense of agency and control have been found to improve community wellbeing[236]. Heritage programmes can have physical and mental health benefits for individuals, and also bring improved social relations, and a sense of pride and belonging in place[237,238].

Place-based arts interventions such as community festivals and cities of culture as well as participatory arts and place-based culture and heritage interventions, have been shown to add social value through a range of wellbeing measures, and offer the potential to reduce health inequalities through the development of social capital, social interactions and sense of community[239].

Creative activities can also be a stepping-stone to further community action, empowering communities to tackle the issues most important to them, such as crime, anti-social behaviour and housing.

Regeneration and cultural placemaking

Creative health has been used effectively at a local and regional level as part of regeneration and cultural placemaking initiatives, using creativity and culture to improve neighbourhoods, engage residents and generate a sense of ownership and pride of place. A 2022 DCMS Select Committee report '*Reimagining Where We Live – Cultural Placemaking and the Levelling Up Agenda*' reflects

East Marsh United – Creativity, community power and addressing the social determinants of health

East Marsh United (EMU) is a resident-led community group from the East Marsh of Grimsby, statistically one of England's most deprived wards. All work is designed to improve the lived experience of the residents and to grow community voice and power through partnership work, activity and development planning. EMU delivers projects that create community cohesion, and address inequalities to improve wellbeing and life expectancy.

Community arts and events delivery sit at the heart of all EMU do and they recognise the richness of the arts in engaging the community not just in positive activity but in meaningful dialogue. People come to sessions and as well as being creative they engage in important conversations, seek help and support, learn from each other and form friendships. This builds community cohesion. Working with small groups has brought about big changes for both practitioners and for those participating in the work. There has been a growth in confidence through engagement and of people making lasting commitments to projects. The writing group and choir are examples of creative spaces for safe expression and joyful creative activity.

EMU's work is underpinned by core values of empathy, openness and trust. They believe that standing alongside people, working with them and not 'doing to' them is critical to success. EMU now provides opportunities designed to work towards creating a socially, economically and environmentally sustainable community, delivering work across housing and homes, community outreach, greening the neighbourhood, developing a community pub, and education and wellbeing. They are developing a community plan in partnership with the council and a community wealth building plan to work towards better housing, employment and opportunity for the coming generation.

Until EMU began work in 2017, local people were isolated in a community where violence, crime and fear had forced them behind their front doors. EMU works to create a safer space to live and has engaged and involved hundreds of local residents in activities, working with their many partners to overcome barriers to involvement.

"The arts project has not been an add-on. It has been central to all that we do – informing our practice, and creating opportunity and joy for people in the community who benefit little from local or national cultural spending or investment." – Josie Moon, East Marsh United, Health Inequalities Roundtable

evidence that the arts can also influence civic participation, social cohesion, diversity and inclusion, public health and wellbeing, reducing isolation, loneliness and exclusion[240].

Historic England manages Heritage Action Zones and High Street Heritage Action Zones, transforming historic environments and high streets to fuel economic, social and cultural recovery. In Kirkham, Lancashire, one of the areas to receive funding through the High Street Heritage Action Zone programme, work is underway to revitalise key buildings, enhance the public realm and improve the appearance of shops and streets[242]. Part of the initiative is a Kirkham Heritage Health and Wellbeing programme to engage more people with heritage and improve health and wellbeing through the provision of culture, heritage and wellbeing activities. This programme linked to a social prescribing initiative which connected people to activities such as gardening and nature, textiles and art, cookery, exercise and heritage walks, all with an emphasis on local heritage. Evaluation found that this built positive partnerships between local organisations and assets, and helped participants to form new relationships, increasing social connectedness and 'community spirit'[243].

Early years and education

In addition to its role in empowering communities, creative health can influence the social

Heart of Blyth (Northumberland County Council) - Cultural Placemaking to reduce inequalities and improve health outcomes and quality of life

Cultural placemaking and creative health are central to Northumberland County Council's regeneration programme for Blyth. This programme exemplifies what can be achieved through a systems-wide approach incorporating culture and creativity in all aspects of local decision-making, and the benefits of using creative approaches to engage local residents, facilitate co-production and regenerate deprived neighbourhoods. Areas of Blyth have very high levels of income deprivation, impacting quality of life and life chances. These areas also experience health inequalities, high levels of crime and antisocial behaviour, and the town centre is struggling, with many empty shops.

Heart of Blyth is a 4-year project (2022-26), attracting a combined total of £1.8m funding which combines a Shaping Places for Healthier Lives (SPHL) project called the Heart of Blyth with a Culture and Placemaking Programme funded by the council and a Town Deal[241].

A series of creative pilot projects will be used to capture the aspirations, knowledge and stories of local residents through creative activities including artworks, photography, video and animation. Residents will co-design and co-produce the wider regeneration programme, which will support a true sense of ownership of the projects that are developed by, for and with local people. The hope is that people will feel listened to, and empowered to have greater control over their lives and build stronger community connections and reap the positive health benefits from the projects they have helped to create, develop and deliver. Microgrants will be available to help residents to come together, with a common purpose to take more action in their local area. The creative outputs will be exhibited across the town in shop windows, on hoardings, on bus stops and on banners as the programme develops, turning the town into a gallery. A year-round public arts and events programme will be embedded into new, quality public realm as part of a culture-led regeneration of the town centre and will inform the development of a new Culture Centre with wellbeing and creativity at its heart.

This approach combining culture and creativity with health is embedded across Northumberland County Council, through the Cultural Strategy 'Our Creative Landscape'. Health and Culture intersect - the cultural strategy has a health and wellbeing goal, and the 2019 Director of Public Health Annual Report focussed on creative health, including the potential for cultural activities to engage and empower people and communities and ultimately reduce inequalities.

determinants of health to reduce inequalities. For example, early years and education are strongly associated with future health outcomes. Given the impact of the social determinants of health accumulate over the life course, giving every child the best start in life will have the biggest influence on future life opportunities and health outcomes[244]. Music and reading support social and language development in children and we have seen already how creativity can support mothers and babies in the perinatal stage.

Schools have a vital role to play in providing children with access to creativity. In Section 3.3 we will show in detail how creativity as part of the school day improves social, developmental and educational outcomes, but also supports the mental health and wellbeing of the child. Creative activities build skills and confidence that can lead to employment and social mobility, and creative health can be employed in the workplace to support mental health and wellbeing, as we have seen increasingly in the NHS. Conversely, a thriving creative health sector provides employment and professional development opportunities for creatives and creative health practitioners. Aligning strategies on creative industries, culture and health at place, as in the West Yorkshire Combined Authority (Section 4.2) will have cross-sectoral benefits.

Equitable access to culture and creativity

Given the health and wellbeing benefits we have already set out, as well as interacting with the social determinants of health, creativity can be considered a determinant of health in its own right, and therefore access to creativity and culture must be equitable in order to avoid reinforcing inequality. We know there is a social gradient in cultural engagement, and that people from minoritised groups can face barriers to access. A lack of diversity across creative industries and in the creative health workforce has also been noted[246]. The work of the MARCH Network in relation to mental health (explored in Section 3.1) has shown that creativity and culture can have a greater impact on people from areas with higher levels of socio-economic deprivation, but that these people may also be less likely to engage[247].

Galleries, libraries, museums and heritage sites are increasingly engaging with diverse communities as part of health and wellbeing initiatives. Targeted interventions in the communities least likely to access creative and cultural opportunities have shown positive outcomes. Arts Council England's Creative People and Places programme aims to address the gap in arts and cultural engagement in parts of the country where it is significantly below the national average, with an investment of £108m over the first ten years[248]. As part of this scheme, the Bait programme, delivered by Museums Northumberland, aimed to;

"...create a long term increase in levels of arts engagement, driven by the creativity and ambition of people living in South East Northumberland, having a demonstrable effect on the wellbeing of local people and levels of social energy and activism within communities and the means to sustain those changes in the future[249]."

The 10-year programme not only increased participation, but had positive impacts on wellbeing of participants and gave people a wider range of transferrable skills which has allowed them to go on to run their own arts projects[250].

Co-location of activities can help bring people into settings they may not otherwise access, and can provide links to other opportunities or public services. Diverse programming and active outreach into neighbourhoods or communities that are less likely to engage can also be an effective way of improving creative and cultural engagement.

Social prescribing recognises the impact of the social determinants of health, and links patients to community-based activities which can address the non-medical factors that affect their health and wellbeing. This is one way in which people who may be less likely to access cultural and creative opportunities can be made aware of available programmes and encouraged and supported to participate. For social prescribing to address health inequalities, people most at risk of inequalities must be accessing this referral route, and appropriate community provision must be available to link out to. The National Academy for Social Prescribing (NASP) Thriving Community Fund helped to build up this community offer in neighbourhoods most

impacted by COVID-19 and found community programmes an effective way to engage people, and that trusting relationships between community-based organisations can be an important resource for improving health outcomes[251].

Maximising the potential of creative health

Creativity improves wellbeing, builds skills and confidence and develops agency. Engaging with creativity can empower people to make positive changes in their own lives, including health behaviours. When applied in community settings it can spark the relationships, trust, sense of ownership and momentum required to address other issues such as housing and crime, and build the local economy.

Assets-based approaches led by communities are vital to reducing socio-economic inequalities. There is much that communities can do, but support is required from statutory services. Short term, project-based funding and competition for resources is a limitation for many community-based and creative health organisations, and there are actions that can be taken at scale to create the conditions in which community-led approaches can thrive. This is different from the top-down approach of 'doing to' communities, but rather asks what help communities need to implement the changes they would like to see.

Supporting infrastructure and frameworks can be put in place at scale. There is a role for local authorities and health systems here. Where such an approach has been taken, the benefits have been felt by individuals, communities and systems alike. However, this is by no means universal and there is more that ICSs can do to ensure that community and lived experience perspectives are fully represented in decision-making and that community-based organisations that understand the needs of their communities are trusted, supported and resourced to put effective solutions into practice.

Place-based approaches which incorporate creative health have the potential to not only improve health and wellbeing outcomes and reduce inequalities, but also to lead to a flourishing local economy. This link is increasingly recognised in local cultural strategies and across public and population health. The Greater Manchester Creative Health Strategy, for example, takes a specific focus on health inequalities, aligning with the Combined Authority's aims to become a greener, fairer and more prosperous city region[252]. The strategy highlights the role of creative health in addressing inequalities across the life course, and puts forward a framework through which this can be achieved.

> *"We've absolutely got to shift away from a deficit model to an asset-based approach to health...What can communities do for themselves? What can communities do with a little bit of help from us? And what are the things that communities can't do and have to be done by statutory organisations?"*
>
> *Liz Morgan, Former Director of Public Health, Northumberland County Council, Health Inequalities Roundtable*

Creative health can support Integrated Care Boards to meet their duty to address health inequalities and the NHS to implement the Core20PLUS5 framework through its impact in the most socio-economically deprived areas but also working to address systemic racism and barriers to access for inclusion health groups through initiatives that reduce stigma and discrimination and the co-design of culturally appropriate and accessible health services.

Tackling health inequalities requires a whole system approach, which addresses the social determinants of health, as well as offering targeted approaches in populations experiencing poorer health outcomes. A cross-governmental approach, considering the role of creative health across all policies, will model and facilitate cross-sectoral working across all levels, and establish a coherent approach to reducing health inequalities.

Art at the Start – Embedding arts-based approaches within arts venues as a referral route for peri-natal infant mental health to provide early and equal access to creative health.

Art at the Start, a collaborative project between the University of Dundee and Dundee Contemporary Arts, has been offering a range of arts-based interventions to promote the mental health and wellbeing of parents and 0–3-year-old infants since 2018. These include art therapy sessions, targeted outreach, public messy play sessions, and art boxes for use at home to support vulnerable families during COVID-19 lockdown. The programme focusses on reaching families vulnerable to poor attachment relationships and facing multiple deprivations and mental health difficulties as well as encouraging all families to engage in interactive play through shared art-making.

In the art therapy sessions, the infants were found to be wide open to the process of art making, of receiving help, of feeling connected, and working together in a manner that all the grown-ups involved in the project could see and learn from. It was clear that infants were available for emotional connection when this was offered, and consequently very small changes in behaviour from their important adults that offered more connection potential, had a large impact. The art making process was a perfect vehicle for this increased connection. In a control trial using evaluation measures before and after attending, significant improvements were shown in the parents' wellbeing, as well as a significant improvement in a measure of how they perceived their relationship with their baby, and observable changes in behaviour[245].

"I felt that we were more bonded, it felt that he liked me and that he was enjoying playing with me." – parent who attended art therapy group

As part of the Mobilising Community Assets to Tackle Health Inequalities research programme, Art at the Start was scaled up to new gallery sites across Scotland, feeding into current governmental and NHS drives to offer diverse and sustainable perinatal and infant mental health provision. Using a participatory action research model, the University of Dundee research team employed and embedded arts therapists within four arts galleries across Scotland (Dundee Contemporary Arts; Tramway, Glasgow; Taigh Chearsabhagh Museum and Arts Centre, North Uist; Dunfermline Carnegie Libraries and Galleries, Fife) to deliver therapeutic and participative opportunities to harness the public health value of increasing access to the arts. The research team also trained and supervised art therapists within two externally funded satellite sites using the same model (NHS Lothian community perinatal team within the Fruitmarket gallery in Edinburgh; CrossReach perinatal support charity within the National Museum of Scotland, Edinburgh). The therapeutic interventions took self-referrals, referrals from health visitors, family nurse teams, educators, third sector teams and NHS perinatal and/or infant mental health teams in their respective areas. The results showed that the approach could be replicated elsewhere, and again showed improvement to wellbeing, perception of the relationship, and an increase in the positive developmental and relational opportunities for the infants.

The project has highlighted how art making can help infants to see their own agency through mark making and can offer them a vehicle for early communication. Art at the Start have been actively involved in the development of the Scottish Government Voice of the Infant Best Practice Guidelines and Infant Pledge. The Voice of the Infant best practice guidelines provide direction on how to take account of infants' views and rights in all encounters. They offer suggestions on how those who work with babies and very young children can notice, facilitate and share the infant's feelings, ideas and preferences that they communicate through their gaze, body language and vocalisations. Art at the Start are proud to be included as a case study of best practice in this documentation, representing their commitment to supporting equity of all voices in parent-infant relationships.

3.3 Creativity for Health and Wellbeing in the Education System

Key Points

As well as producing the creatives of the future, creativity as part of school life provides children with a broad range of transferrable life skills and improves their future outcomes. Creativity supports children's health and wellbeing - particularly relevant as we face a mental health crisis in young people. Schools can offer universal access to creative activity, reducing inequalities in both access to arts and culture and in health outcomes. Given the importance of early intervention in supporting mental health and reducing inequalities, schools are a vital component of the creative health ecosystem. However, opportunities to engage in creative activities at school are increasingly limited, as arts-related subjects are deprioritised and cuts to creative subjects in higher education further disincentivise uptake of the arts in schools.

Creativity should be a key pillar of the education system, accessible to all and prioritised within the curriculum. This will have significant long term benefits for individuals. It will also lead to reduced pressures on the healthcare system, contribute to the levelling up agenda and feed the creative industries workforce. A coherent approach across all sectors will ensure the development of a creative health ecosystem which is self-sustaining in the long term. The Department for Education (DfE) therefore has an important role to play in the development of a cross-departmental strategy on creative health.

Background

We have seen in Section 3.1 that we are facing a crisis in children and young people's mental health. One in six children aged 5-16 have a diagnosable mental health disorder and up to 75% are unable to access support through the NHS[253], with their mental health deteriorating whilst they wait[254]. The pandemic caused children to experience an increase in worry, low mood, grief and feelings of hopelessness, and rates of PTSD, depression and anxiety and self-harming also increased[255,256]. There are inequalities in children and young people's mental health, with those from ethnic minority backgrounds, LGBTQ+ young people, young people with pre-existing health or educational needs and those from poorer backgrounds disproportionally affected[257]. The DfE State of the Nation report on children and young people's wellbeing recognises the central role for schools in COVID-19 recovery and notes the additional national and global pressures influencing children's mental health[258].

The early years strongly influence children's development and health and wellbeing. We know that around half of mental health problems start by the age of 14 and have lasting impacts into adulthood. Early intervention and prevention are therefore vital to improving future outcomes for young people. Providing every child with the best start in life is also integral to reducing health inequalities. Longitudinal studies have shown that there is a social gradient in children's engagement in arts and culture, but that this is only related to extra-curricular activities[259]. However, parents from lower socio-economic backgrounds are statistically less likely to pay for extracurricular activities such as music, dance and drama, or to take children to cultural institutions[260]. Schools can therefore ensure equal access to arts and cultural opportunities for young people, and are a vital component of the creative health ecosystem.

> ***"In a complex, changing world, and in the face of increasing mental health challenges, giving children the space and skills to express themselves, through all art forms, as a way to understand themselves, others and the world around them, is a key aspect of a child's right to a rich education"***
>
> *Sally Bacon OBE, Co-Chair, Cultural Learning Alliance and co-author, The Arts in Schools: Foundations for the Future, Creativity for Health and Wellbeing in the Education System Roundtable*

Creativity as part of school life provides children with a broad range of transferable life skills, supports mental health and wellbeing and improves their future outcomes. Despite this, there has been a decline in the provision of arts education in both primary and secondary schools in recent years, and fewer GCSE and A-level entries for arts-related subjects[261,262,263]. This has been linked to an increased focus on core subjects on which performance measures are based[264]. Reductions in funding mean less money is available for specialist resources, and the number of trained arts teachers has also decreased[265]. A similar pattern has been observed in music education[266]. COVID-19 has significantly impacted arts education, and although the Durham Commission on Creativity and Education highlights the importance of using arts-based subjects as part of recovery to restore wellbeing and happiness to school life[267], many schools have not been able to facilitate this.

Creativity is not limited to arts-based subjects. PISA, the Organisation for Economic Co-operation and Development's (OECD) programme for international student assessment, introduced creative thinking assessment measures in 2022, recognising that such skills will help students adapt to a rapidly changing world, and contribute to the development of society[268]. The Durham Commission on Creativity in Education, which published its first report in 2019, defined creativity as 'the capacity to imagine, conceive, express, or make something that was not there before.' This can be incorporated across all subjects, but the commission notes that arts make an 'invaluable' contribution to the development of creativity in young people, and that the link between creativity and wellbeing is most strongly associated with arts-based activities[269].

A reduction in arts and creativity in the curriculum, compounded by a reduction in funding for arts-based courses in higher education, will deny children the opportunity to progress into careers in creative industries, despite an ambitious Creative Industries Sector Vision which commits to supporting 1m more jobs in the creative industries by 2030[270]. It has also been argued that a focus on performance measures

> ***"I've noticed that the skills that our pupils gain from being part of this programme are things like resilience, determination, confidence and self-esteem....these are skills that perhaps as adults we take for granted, but that our children just do not possess and they have to be taught this, and they have to be taught in a school setting, and one of the best ways to do that is through enabling them to be creative"***
>
> *Sarah Williams, Head Teacher, Faith Primary Academy, Creativity for Health and Wellbeing in the Education System Roundtable*

linked to core academic subjects will mean that pupils with lower attainment levels (often linked to social deprivation) will be discouraged from taking arts-related subjects, exacerbating pre-existing inequalities in creative engagement in young people from poorer backgrounds[271].

Given the benefits to young people and wider society of creative and cultural engagement, it is counterintuitive to reduce the opportunities for children and young people to access creativity as part of their school day. Here we will outline what can be achieved by incorporating schools into local creative health ecosystems and instilling a whole school approach to creativity.

The role of creative health

Creative health can be applied in school settings to improve health and wellbeing outcomes as part of whole school approaches or targeted interventions to address needs in individual pupils. This can take place in partnership with local creative practitioners and cultural organisations, which can address inequalities in access to culture and creativity and its associated benefits. There is also good evidence that creative engagement can aid educational development, and equip children with a range of transferrable skills which are attractive to employers and will improve their future life outcomes.

The mechanisms through which creative health influences mental health were explored fully in Section 3.1. Studies with a specific focus on young people have found that participating in creative

activities including listening to or playing music, drawing, painting, making and reading, can have positive effects on behaviour, self-confidence, emotional regulation, relationship building, and a sense of belonging, contributing to resilience and mental wellbeing[272,273,274]. A review by the Centre for Cultural Value found that engaging with the arts helped young people cope with their feelings and distracted from negative thoughts. Creative activities offered a safe space, allowed the opportunity to showcase work, could raise aspiration and facilitated the formation of friendships[275].

The WHO scoping review '*What is the evidence on the role of the arts in improving health and wellbeing?*' collates studies which have shown associations between arts activities and educational attainment and behaviour. It finds that the arts can improve social skills, reduce bullying, support engagement with learning and enhance emotional competence. Studies have found the arts to have benefits for children experiencing social or behavioural difficulties, children with learning disabilities, dyslexia and physical or developmental disabilities[276].

Data gathered from 6000 young people and teachers about the perceived benefits of cultural engagement in educational settings reported that the arts helped children to develop critical thinking and the ability to assess the world around them, to develop a sense of their own identity and place in a community, to build self-belief, confidence, empathy and appreciation and diversity, and encouraged them to express ideas, opinions and stories in complex and nuanced ways. They also felt that arts engagement was a way to release pressure and relieve stress, improving overall health, wellbeing and happiness[277].

Addressing inequalities

Given the recognised social gradient and inequalities in access to cultural engagement, schools can be vital in ensuring these educational and wellbeing outcomes are available to all. Programmes which target areas where children may be less likely to access culture outside of school can help to tackle inequalities.

Evaluation of Big Noise (Sistema Scotland), an immersive music education programme providing orchestral activities for children from low-income backgrounds has explored the impact of school-based arts interventions[278]. Qualitative evaluation found that the programme positively affects children across seven main areas[279];

- Educational (concentration, listening, coordination, language development, school attendance, school outcomes)
- Life Skills (problem-solving, decision-making, creativity, determination, self-discipline, leadership)
- Emotional (happiness, security, pride, self-esteem, emotional intelligence, an emotional outlet, resilience)
- Social (social mixing, social skills, cultural awareness, diverse friendships, strong friendships, support networks)
- Musical (instrument skills, reading music, performance skills, music career options, access to other music organisations)
- Physical (healthy snacks, opportunities for games/exercise, creating healthy habits for adulthood)
- Protection (someone to confide in, calm environment, safe environment, reduced stress).

The evaluation continues to look at health and social outcomes as participants reach school-leaving age, in comparison to children from similar backgrounds who did not take part in the programme. Quantitative analysis of educational outcomes shows that participants in Big Noise were more likely to achieve a positive post-school destination, including employment, and indicated benefits in educational attainment[280].

A systematic review of arts-based interventions for children and young people delivered in nature found that in addition to improvements in wellbeing (including mood, empathy, inner calm, emotional expression and regulation, happiness, resilience, stress, anxiety and interactions with others) activities fostered a sense of connection to nature, which led to an interest in environmental issues[282]. Further work in this area has investigated the mechanisms through which these activities can be made available to all children, including those in the most deprived areas[283].

Creativity and mental health support in schools

Schools are an important setting through which children can develop social and emotional skills, where positive health and wellbeing can be promoted, and where early signs of mental ill health can be identified and addressed[284]. Schools have a duty to provide mental health education, and DfE recommends a whole school approach with a focus on early intervention and prevention. School-based mental health leads, and mental health support teams which link young people experiencing mental health problems to NHS services can provide additional targeted support. Creativity can be used as part of a whole school approach, to equip pupils with a tool for mental self-care they will be able to draw on as required, and into adulthood.

Arts and music therapies can be used with children facing emotional or social difficulties to improve communication and behaviour[285], and improve quality of life, anxiety, attitudes towards school, and emotional and behavioural difficulties[286]. In school settings, a systematic review has found improvements in self-esteem, self-confidence, self-expression, mood, communication, understanding, resilience, learning, and aggressive behaviour, and small changes in the outcomes of depression, anxiety, attention problems, and withdrawn behaviours as a result of arts therapies[287]. A randomised controlled study with children with emotional and behavioural difficulties found that story-making and story-telling, drawing, puppetry, song-writing and empowerment activities in schools had the greatest impact on children's wellbeing, through the facilitation of emotional expression, group bonding, empowerment and optimism[288]. In Northern Ireland, Verbal have worked with the Education Authority and Public Health Agency to design and deliver shared reading and storytelling projects in primary schools across the country, improving mental health and wellbeing, helping children to manage emotions and develop resilience and supporting cross-community dialogue in areas of community-conflict, deprivation and marginalisation[289].

> *"Creative health, if it is really integrated into the school's existing support systems, can be a tool to spot mental ill health, and for a whole school approach to flourish"*
>
> *Cara Verkerk, Place2Be, Creativity for Health and Wellbeing in the Education System Roundtable*

In Harmony– Creative Health and the Curriculum

Since 2009, the **Royal Liverpool Philharmonic's In Harmony** programme has provided music education in schools serving some of the most disadvantaged areas in North Liverpool, enhancing life chances through orchestral music making. In Harmony targets children with the greatest need and fewest resources, with over 40% of the children taking part classed as living in poverty. The programme is embedded into the curriculum across four primary schools, and provides free music education for 1750 children and young people every week. Every child in participating schools learns to play an instrument and is given the opportunity to take part in orchestral rehearsals and performances, with a repertoire across musical genres.

In Harmony has demonstrated improvements in a range of outcomes for individual pupils including confidence, resilience and teamwork[281]. Evaluation also finds benefits for the school, and that when children take part in the programme, their families are subsequently more likely to participate in cultural activities, indicating a wider social benefit and the potential to break cycles of lower participation in the arts and culture. The programme principles align with approaches to address the social determinants of health and tackle health inequalities, and through long term commitment at neighbourhood level, In Harmony Liverpool has helped to build stronger communities, generating civic pride, hope and aspiration.

A number of studies have demonstrated the value of using creative approaches with children who may not be able to access mainstream education, or who have additional needs[290]. For example, music has been used in youth justice settings and with refugees, where it has been found to foster wellbeing, a sense of belonging, and enhanced engagement with learning[291,292,293]. Breathe Arts Health Research have delivered their Breathe Magic for Mental Health programme in a Pupil Referral Unit for young people (aged 6-11) excluded from school, showing trends for improvement in eye-contact, confidence and communication skills[294].

Maximising the potential of creative health

The arts and creativity are essential in providing a child with the best start in life. In order that these benefits can be felt by all, creativity should be embedded into the school day as part of an approach to education that focuses on the whole child, prioritising personal development and life skills, and supports mental health and wellbeing. Creative approaches are effective tools to support pupils with additional mental health needs, or who have been excluded from mainstream education, and can be employed by specialist facilitators and mental health care leads.

Challenges to implementation arise due to assessment pressures, which focus on core academic subjects, and a lack of resourcing to support the wider curriculum. It has been suggested that a fundamental rethink of the curriculum to reassess the purpose of education is necessary in order that the value of the arts and creativity are fully recognised[295]. A template for this could be provided by Wales, which undertook a curriculum redesign in 2022. It identifies the Expressive Arts as integral to achieving key skills including creativity, innovation, critical thinking and problem-solving:

"Experiencing the expressive arts can engage learners physically, socially and emotionally, nurturing their wellbeing, self-esteem and resilience. This can help them become healthy, confident individuals, ready to lead fulfilling lives as valued members of society." – Curriculum for Wales[296]

With the number of arts and music teachers in decline, training in providing a creative education,

Place2Be – Creativity to support mental health in schools

Place2Be is a children's mental health charity which works with young people, families, teachers, and schools using a range of approaches to support mental health and wellbeing. Their Art Room programme uses arts and creativity as a tool to help children thrive. The Art Room delivers creative wellbeing workshops, training, and activity resources aligned to national educational wellbeing curricula for school staff to use as part of a whole school approach. Creative Wellbeing Projects empower school staff to use creative activities to support children's mental health in classrooms.

One example is The Forest Project: Growing Through Change. The creative activity involves each child creating a tree, where they reflect on how they have grown through times of change in the past and what they need to boost their resilience. The class can then exhibit their trees to create a class or school forest and think about how they can grow together as a community.

Headteachers and school staff have welcomed the approach, recognising the importance of creativity for self-expression, particularly where pupils may struggle to do so in written form. One teacher who implemented this project with primary-age children said it was important to involve the whole school to normalise self-reflection and give all pupils the opportunity to express their feelings – "to stop and think and be in the present". Pupils appreciated the opportunity to share their feelings and have their voices heard. In this school, discussions of mental health improved relationships in the classroom, where children found commonalities in their thoughts and feelings despite any cultural and physical differences, and this has led to a reduction in bullying.

and in the benefits of creativity for health should also be part of teacher training and workforce development.

In addition to ensuring creativity is a pillar of the curriculum, partnerships with local cultural organisations or creative practitioners have been shown to have positive impacts, for pupils, schools and wider communities. They can have particular impacts in the poorest areas where children may have less access to creative and cultural opportunities outside of school. Such initiatives could be scaled up in order to tackle health inequalities.

The long term benefits of a creative education are wide-ranging and cross-sectoral. A systems approach could help to bring together stakeholders to develop more impactful programmes, designed to meet local priorities. Schools should be considered an integral part of the creative health ecosystem and the Department for Education will therefore be a key partner in a cross-departmental strategy on creative health.

> *"There are exceptional things happening, but we are nowhere near making those exceptional things available to every child and every young person in our country today"*
>
> *Baroness Estelle Morris of Yardley, Creativity for Health and Wellbeing in the Education System Roundtable*

Kazzum Arts – Trauma-informed approaches with children excluded from mainstream education

Kazzum Arts is a trauma-informed arts charity based in Bethnal Green, with a mission to use creativity to enable marginalised children and young people who have been impacted by trauma to feel seen, heard and valued. They work with young people who have experienced high levels of Adverse Childhood Experiences which have resulted in social, emotional and mental health issues, communication needs, disabilities, exclusion and displacement.

Kazzum Arts works in a range of settings including hospitals, communities and schools. Their work in pupil referral units with children who have been excluded from mainstream education, and who have often experienced trauma, uses creativity to support children to build connections with their peers, to develop a sense of self-expression, to feel safe and to engage in learning. Weekly sessions are held with artists over the course of an academic year, to provide consistency. Sessions consist of a range of artistic forms, and children are encouraged to choose which art forms they want to engage with. As sessions progress, children form relationships with the artist, which leads to further relationships with teachers and staff.

> *"We see creativity inside Pupil Referral Units and Alternative Provision as a vital protective factor to support a child or young person through adverse experiences"*
>
> *Alex Evans, Artistic Director and CEO, Kazzum Arts*

South Tees Art Initiative (STAR) - Cross-sectoral approaches to tackling inequalities

The **STAR Programme** is an excellent example of collaborative working across health, culture and education sectors to improve the health and wellbeing of children in some of the lowest-income areas of the North East. The programme is run by the **North East and North Cumbria Child Health and Wellbeing Network**, an ICS-wide initiative which places an emphasis on creative health, with a dedicated Arts and Creativity Lead. The Network was established to respond collaboratively to system priorities, in particular mental health and poverty, and builds on learning from previous creative health work in the region. With some of the highest rates of child poverty in the country, a cross-sectoral approach was developed to address the need:

"We literally got into the room with public health, the creative arts, the CCG commissioners, Northern Ballet and our research partners and said 'what can we do?'." – Heather Corlett, Arts and Creativity Lead, NENC Child Health and Wellbeing Network

Based on evidence that dance can improve the health and wellbeing of children through facilitating self-expression, building self-awareness and identity and improving social and emotional learning skills, the programme consisted of facilitated weekly dance sessions for primary-age pupils in years 1-5. Dance facilitators from local dance organisation TIN Arts worked with the Northern Ballet to align with the themes of local performances, and families were also offered theatre experiences as part of the programme – in many cases the first time children had visited a theatre. Schools were identified using public health data, prioritising underserved areas. Family link workers were incorporated into the programme to ensure that benefits from the programme were taken out of schools and into homes.

The programme was fully evaluated with academic partners, and was found to have benefits for pupils, schools and families.

- Children noted: contributed to our emotional and physical wellbeing: 'Feeling more confident', 'More fit and well' and 'Full of energy'. After participating in the programme children felt creative (74%), fit (73%), well (67%), happier (66%), confidence (64%).
- Teachers noted: children more engaged in class, better listening, less disruptive behaviour, improved creativity, social & literacy skills
- Parents noted: proud to celebrate the achievement of their children
- Artists noted: activity contributes to children's creative, social, cognitive and physical skills, as well as increasing their confidence
- Link worker noted: support enabled improved behaviour in the home, increased social networks for families and families were better able to meet the children's emotional needs.

Although only 30% of the children had taken part in dance before the programme, upon completion 60% felt they would like to continue. In Phase 2 of the programme, the network are developing a more replicable and scalable approach, incorporating digital technologies and shorter dance blocks, to reach more schools, and linking more extensively with existing community assets to ensure that the benefits are sustainable over the long term.

> ***"With dance you get a break from reality, and you get to relax, and just let yourself be yourself"***
>
> *STAR Participant*

3.4 Creative Health in Social Care

Key Points

Creative health has benefits that are particularly relevant to social care, and can help to address some of the pressing challenges the sector currently faces. As a person-centred approach, creative health empowers people to engage in activities which are meaningful to them, enriching quality of care and leading to improved health, wellbeing and quality of life. For children and young people in the social care system, creative health improves mental health and wellbeing, facilitates self-expression, fosters a sense of belonging and has a positive impact on future outcomes.

In addition to the benefits to individuals, embedding creative health into social care systems will help to relieve pressures, keeping people healthier and living independently for longer. Where creativity has been embedded into care homes it has also been shown to have a positive impact on the workforce. In the current staffing crisis, creative health can improve job satisfaction and staff retention.

Creative health should be fully embedded across the social care system so that everyone has an equal opportunity to access its benefits. Whilst the sector is diverse, recognition of good practice in the Care Quality Commission (CQC) assessment frameworks would support providers to implement creative health as a core part of their offer, rather than a nice to have.

Creative health and care experienced children and young people

There are currently around 400,000 children linked to the social care system in England, 80,000 of whom are living in care[297]. Young people in the care system have often experienced trauma or adverse childhood experiences such as abuse or neglect, and face particular challenges in relation to mental health. Forty-five percent of care-experienced young people aged 5-15 will develop a mental health disorder, compared to 10% in the same age group in the general population. This rises to 72% for those in residential care[298]. Care-experienced young people face poorer educational outcomes and are disproportionately represented in the criminal justice system. A key mission of a proposed new National Framework for Children's Social Care will be reducing these inequalities in health. Guidance provided jointly by Department for Education (DfE) and The Department of Health and Social Care (DHSC) recommends that social workers ensure that children 'have access to arts, sport and culture, in order to promote their sense of wellbeing'[299].

Sections 3.1 and 3.3 have described the ways in which creative health can positively impact the mental health of children and young people. Studies have also investigated benefits of engagement in the arts as a leisure activity specifically for care-experienced young people, and found that such activities offered the opportunity to be creative and engage in self-expression and were used to manage stress[300]. The arts can open doors for care-experienced young people in relation to education and employment, and have been found to lead to increased participation in educational pathways[301]. Improved psychosocial outcomes such as self-esteem, confidence and emotional literacy, as well as an increase in social capital have been demonstrated in this population[302]. Facilitated participation in culture with care experienced young people can both improve cultural capital and provide opportunities for life story work[303].

Embedding creative programmes into local authority social care pathways ensures that all young people in the system can be offered the opportunity to participate in creative activities.

Challenges in adult social care

There are a number of pressing challenges facing the adult social care sector, all of which have been amplified by the pandemic.

- Demand – with an ageing population and more people living with complex needs there are high levels of demand for social care. Age UK

estimates that 12% of over-50s are living with some form of unmet need[304], whilst according to the Association of Directors of Social Services (ADASS), almost 250,000 people are waiting for a care assessment[305]. This places an additional burden on those who provide unpaid care, who significantly supplement the social care workforce.

- Funding – Real terms local government spending on adult social care has reduced by 29% over the last decade leading to an estimated 12% drop in spending per person on adult social care services, whilst the cost of providing care is increasing[306]. There are concerns around the financial sustainability of providers, which impacts choice, quality and consistency[307]. The Health Foundation estimate that by 2031 an extra £8.9bn would be necessary to meet demand and improve access to care[308].
- Workforce – As of October 2022, there were a record 165,000 vacancies in adult social care. It is estimated that in the first three months

Plus One – A Cultural Gateway for care-experienced young people

Plus One, delivered by Derby Theatre with QUAD, Deda and Baby People, is a cultural gateway to welcome Derby City's care-experienced young people and their families into creative and cultural opportunities. Plus One is embedded into Derby City Council's approach to supporting care experienced young people both with foster families and in residential care settings. There are several strands to the approach;

- Cultural and creative opportunities – Plus One provides members with free access to creative and cultural opportunities offered by partner arts organisations across the city. Plus One is positioned between creative industry and social care services and this has led to Plus One providing space for social care teams to hold outreach events inside cultural spaces for both service user events and service teams to meet. Plus One creatively produces these events enriching opportunity for engagement through creative mentors, who share their skills and talents.
- Creative mentoring – young people can be referred to a creative mentor who will support them not only to develop creative skills, but with social, emotional and educational development. Creative mentors are also placed in residential care settings where young people can voluntarily interact with the artist on an ad-hoc basis.
- Employability and volunteering – supporting care-experienced young people to access careers in the creative sector.
- Performance projects – this offers young people the opportunity to make work that reflects themselves.

Plus One is now also built into the residential social care offer, providing weekly workshops in city care homes and collaborating towards the council's mission to embed young people's voices throughout their decision-making processes. This includes creative consultancy in relation to documents received by young people when entering residential care and using creative approaches to provide information that not only resonates with young people, but is also creatively influenced by the voices of those in care.

All strands are supported by creative arts therapy providers, who support the safety and wellbeing of young participants and volunteers and staff. Plus One was awarded Digital Project of the Year at the 2023 Stage Award for Odyssey, an immersive VR experience that allows the audience to see the reality of transient lives.

"Odyssey was about telling stories that don't necessarily have to reveal that you are in care or going through some sort of trauma. It is about telling universal stories of home, journey and discovery, with the potential for aspiration at the end of that" – Tom Craig, Plus One, Social Care Roundtable

of 2022, 2.2 million hours of homecare could not be delivered due to insufficient workforce capacity[309].

These challenges in social care have a knock-on effect on the NHS, with delays in discharge a constant concern. In the current context, meeting even basic needs in social care can be a challenge for providers. As a recent House of Lords report by the Select Committee on Adult Social Care, 'A Gloriously Ordinary Life' finds[310];

"Services are effectively considered sufficient if they meet individuals' basic needs. There is little thought given to exploring, acknowledging or meeting a person's ambitions and desires, let alone to helping them find the means to accomplish their goals."

Through holistic and person-centred approaches, creative health moves beyond basic needs, and supports people to engage in creative activity that is meaningful to them. This improves health and wellbeing and can support people to live independently for longer. In doing so it can reduce the demand on social care services and improve the quality of life for people accessing care and those that care for them. There is increasing evidence that creative approaches in care settings can also improve job satisfaction and workforce wellbeing for staff.

Applying creative health in adult social care

The physical and mental health benefits outlined in this report can all apply in social care settings. More generally, creative health helps people to engage in meaningful and purposeful activity, to express emotions and desires and to connect with others, mitigating loneliness and isolation. It is therefore integral to a person-centred approach to social care.

A recent joint vision on social care from the Local Government Association, ADASS and NHS Confederation calls for long term investment in prevention and early intervention, and a shift in focus away from acute hospitals to keeping people well and living independently for longer, thereby reducing the pressure on social care, whilst working with people to put in place care

> ***"Through participating in Plus One I found an incredibly strong sense of community, and belongingness, and the environment provided by Plus One gave me the confidence ultimately, after two years, to gain a bachelor's degree at the Academy of Contemporary Music – something I had never considered to be a prospect of my future"***
>
> *Lucy James, Composer and former Plus One member, Social Care Roundtable*

Skylark Café at the Southbank Centre

Skylark Café, part of the **Southbank Centre's Arts and Wellbeing Programme**, is a monthly multidisciplinary arts social club for local community members living in Lambeth and Southwark with health conditions that may make it difficult for them to attend other events. The aim of the session is to come together, have fun, share joy and be creative and in doing so tackle isolation and loneliness. Members are supported to travel to and from the venue and are provided with hot food and refreshments. There is also interaction with members between sessions to check in on wellbeing, and members may be encouraged to attend other events at the Southbank Centre.

"We were very keen on being bold and really aiming to create a utopia, and by that we meant a space where everyone is happy and held, and can get everything that they need and want. And at the heart of it...is stories." - Bernadette Russell, Lead Artist, Storyteller and Activist

The café provides a familiar and consistent space, that people can feel confident visiting, but with space for variety and spontaneity in what may happen during the session. The club is described as a 'magical space', inspired by literary salons of the 17th Century, adapted for 'the likes of us'. Activities can include storytelling, singing, dancing, crafts, visual arts, creative writing, poetry, puppetry but sessions often evolve unexpectedly, which is warmly welcomed.

that works for them[311]. However, attitudes towards social care can act as a barrier:

"The stigma and prejudice directed against disabled adults and older people has tangible repercussions in the way that key services in society are designed to meet their needs and ambitions. The underlying narrative and the lower value that is placed on certain individuals, which originates in the assumption that they are a 'burden' on society, entails an assumption that a more restricted kind of life is appropriate for older adults and disabled people, with the expectation that they will accept a different and reduced quality of life compared to the rest of the population" – A Gloriously Ordinary Life

We know there is an important role for creative health in relation to the social determinants of health to improve the conditions in which people live. This can involve creating accessible environments and services which allow everyone to thrive. Initiatives such as Age-Friendly Cities aim to remove barriers to participation in society for older people. Culture can be integral to such an approach, for example in Greater Manchester where Culture Champions aged over 50 co-produce age-friendly cultural and creative activities[312]. The report '*Ageing Well: Creative Ageing and the City*' identified strategic roles for local authorities and partnership working as key elements in supporting older people to engage with cultural life[313]. Social prescribing can make connections to the cultural sector, and research has investigated how programmes could be better tailored to meet the specific needs of older adults[314]. The Creative Ageing Development Agency (CADA) challenges ageism in arts and heritage sectors and ensures older people are fully engaged in the cultural sector[315].

People with disabilities face inequalities in access to creative and cultural opportunities and are underrepresented in the arts and cultural workforce[316]. Programmes that work with disabled artists have demonstrated a positive impact on wellbeing, skills and independence, as well as facilitating pathways into arts and cultural professions. For example, an impact report for Venture Arts, a visual arts company working with learning disabled artists, found that artists reported feeling happier and less anxious, 92% had improved confidence leading to less social isolation, 62% developed confidence and skills to be more independent and all developed supportive relationships and friendships[317]. The national disability charity, Sense, supports people with complex disabilities to access arts and culture in a meaningful way, and artists to make their work accessible. Sense Arts provides music, visual arts and performance programmes, training and mentoring opportunities and, recognising the importance of lived experience, is working to increase employment opportunities for artists with disabilities within the programme[318].

Creative health and cognitive decline and dementia

There is very strong evidence for the benefits of creative health in delaying the onset of cognitive decline and in mitigating the symptoms of dementia. This will be increasingly important as the number of people diagnosed with dementia in the UK is expected to rise from almost 1m to 1.6m by 2040[319]. The total cost of dementia care in the UK is £34.7bn, of which 45% is social care. The system is already struggling to meet demand, and costs are expected to triple by 2040[320]. Two-thirds of people with dementia live in their own homes, whilst 70% of care home residents live with some form of dementia[321].

Both active engagement in creative activity, such as musicmaking or dance, and cultural participation as an audience member have been linked to slower cognitive decline and a reduced risk of dementia[322]. A report commissioned by Arts Council England on Arts, Culture and the Brain cites large-scale observational studies linking cultural engagement and reduced cognitive decline and finds that arts-related hobbies can reduce cognitive decline and incidence of dementia[323]. Systematic reviews have shown that a range of creative activities, including dance, musical training, creative art and storytelling, as well as cultural engagement can influence global cognition and prevent cognitive decline in older adults[324].

The WHO scoping review '*What is the evidence on the role of the arts in improving health and wellbeing?*' summarises the benefits for people living with dementia of both listening to and making music for cognition, speech, visuospacial skills and memory[325]. Singing, dance and visual arts have also been shown to have positive

effects. The arts have benefits for the social aspects of dementia including social isolation and communication, and music in particular can be beneficial for the mental health of people living with dementia, reducing anxiety, stress and depression, and reducing aggressive behaviours.

Subsequent systematic reviews have shown cognitive, social and psychological benefits from participatory visual arts[326], music-based interventions[327] and music therapy[328]. A scoping review on the benefits of community-based participatory arts activities for people living with dementia has shown evidence in support of using participatory arts for dementia, regardless of art form, with in-the-moment and person-centred approaches particularly impactful[329].

Arts activities for people with dementia have been shown to deliver good value for money. For example, a 12-week visual arts programme across residential care homes, hospital and community venues in England and Wales was found to provide a Social Return on Investment of £5.18 for every £1 invested[330].

Activities which involve people living with dementia and their carers can have positive psychosocial benefits for both parties[331,332]. Relational approaches can be used to allow people with dementia to engage with creativity with their carers, improving wellbeing through instilling a sense of agency[333], and research indicates that the arts can help to change carer attitudes by enabling the caregiver to see the person behind the condition[334].

Creative health can be a conduit to support people with dementia from cultures where dementia may be stigmatised, or where people face barriers to accessing care. There are approximately 25,000 people from black and minority ethnic community backgrounds with dementia, but this number is expected to rise steeply in the coming years[335]. People from ethnic minority backgrounds face inequalities in access to care, through cultural or language barriers, stigma, and culturally inappropriate diagnostic tools[336].

Researching the role of the arts in dementia care in the South Asian diaspora, Arti Prashar, the previous Artistic Director of participatory theatre company Spare Tyre identified a lack of engagement from the community, related to stigma around dementia and a lack of awareness of care and support available. The research led to the development of a non-verbal multi-sensory embodied performance, co-created with people with dementia and their carers, and drawing on Indian-influenced dance and folk music, and traditional smells and sounds[337].

Grassroots community groups understand community need and working with community

Manchester Camerata – Music in Mind

Manchester Camerata has been delivering its award-winning **Music in Mind** programme for people living with dementia and their carers since 2012, working in residential care homes and community hubs to provide people living with dementia with the opportunity to engage in meaningful activity and explore their creativity.

The programme has been developed with music therapists and specialist musicians from the orchestra, combining music therapy techniques with musical improvisation. In weekly sessions, people living with dementia and their carers are invited to explore different ways of interacting with music and musical instruments.

These sessions have been found to help people to express themselves and communicate with others, and to reduce frustration, and enable new connections to be made. Research carried out by the University of Manchester has explored the benefits of this process for people living with dementia, as an 'in the moment' experience, taking away the pressure to remember, or think about what happens next.

In order to spread and scale the programme, a franchise model has been established through which music champions can be trained to implement it using pre-recorded backing music. This could be care home staff, or volunteers and carers. The music champions are trained and supported by professional musicians and music therapists, with access to a range of online tools and materials to help them sustain their own sessions and groups.

> *We have been amazed by the creativity of care homes during the pandemic. The arts can make life more meaningful and enjoyable for everyone, provided that people are given opportunities to participate in a variety of ways. Going forward we see the future of care homes as creative communities where the arts are embedded into everyday care provision for the benefit of residents, staff, relatives, volunteers and friends"*
>
> *Alison Teader, Programme Director NAPA Arts in Care Homes*

members can develop the most effective solutions. If integrated into the social care system these groups could provide an important access route to services and increase the choice available to minoritised communities.

Creative health in care homes

There are around 17,000 care homes in the UK, with over 400,000 residents and 750,000 staff. Just as in the community, creative engagement in care homes is beneficial for health and wellbeing. Participatory arts have been shown to promote social relationships and reduce loneliness in older people in care homes[338], whilst live music performances provide positive social experiences, a sense of achievement and awakened senses of empowerment and identity in residents, contributing to wellbeing[339]. These outcomes translate into further benefits for the whole care home. Care home managers report positive changes in behaviour from residents, including those with dementia, improvements in interactions with staff and carers, and a reduction in the need for medication.

Age Cymru's CARTrefu programme delivers arts residencies in 200 care homes across Wales. Evaluation showed a significant impact on the wellbeing of residents, including those with dementia, and an improvement in staff attitudes towards residents[340]. A Social Return on Investment analysis also found a return of £6.48 for every pound invested over the first two years[341].

The kinds of creative activity taking place in care homes are diverse, ranging from film-making to opera, dance and movement, poetry, exploring museum collections, and circus skills. Further examples can be found via the National Activity Providers Association (NAPA) which champions arts in care homes, and runs the National Day of Arts in Care Homes. This provides a focus in care homes across the UK and motivation for staff teams and residents who have developed an array of arts projects developed around the annual themes[342].

Despite the benefits of creative health in care home settings, in the current climate, with underfunding and high levels of staff turnover, the provision of creative activities is not universal and staff are limited by time, resources and lack of specialist skills and knowledge to deliver creative activities[343]. Research by NAPA suggests that a cultural shift in understanding of the benefits of creativity in care homes along with specialist training and the more widespread partnerships between care homes and community organisations and arts providers could support more widespread availability. The extent of provision is often dependent on the enthusiasm of the care home manager, and while extremely good examples of best practice exist, a system-wide approach including both the arts and social care sectors, with leadership from the Government is required to ensure all care home residents are able to access the benefits[344]. A NAPA Manager's Guide to Arts in Care Homes is available.

Creative health and the social care workforce

It is not only residents that can benefit from creative health in care home settings. Evaluations of creative initiatives have also shown positive impacts in staff wellbeing, and in job satisfaction and retention. For example, evaluation of Wigmore Hall's Music for Life programme for people living with dementia

> *One of the things I think we are going to have to do is think about how we can make this a really great and very rich occupation for people, and I think that creativity can be a real cornerstone of that"*
>
> *Professor Martin Green OBE, Chief Executive of Care England, Social Care Roundtable*

Live Music Now – Music in Care – Improving health and wellbeing for the whole care home

Live Music Now is a charity working and campaigning nationwide to create inclusive, measurable social impact through music. Programmes take place in community, healthcare, school and social care settings.

Live Music in Care provides live music sessions in residential care settings delivered by trained professional musicians to support the wellbeing of residents and staff teams. The Live Music In Care residency programme works with care homes over several months to embed musical activity into homes, building confidence and skills in staff to be able to lead music activities and to use music in their day-to-day care toolkit. In this way the programme has long term sustainable benefits for the whole care home – residents, staff and management.

"It doesn't take away from the importance of music as an enjoyable creative, entertaining activity but it adds to that. So it becomes something that supports transitions, including settling in; it's a tool to be used around moments of anxiety and distress; something that can support voice, choice and agency; and it can support individual care transactions." – Douglas Noble, Strategic Director Adult Social Care and Health, Live Music Now.

Evaluation has shown clear improvements in mood and engagement for residents. Care home staff have also reported that the activities can change the environment within the care home, and have observed positive changes in behaviours, reductions in levels of anxiety and distress and improved confidence[346], even leading to reduction in the use of medication[347]. Staff working in care homes can use music to support residents who are feeling anxious or worried.

'In the evening, they get very agitated and worried. In their reality many feel they should be going home, making partners' meals, looking after their houses and families. They think they are being held against their will preventing them from doing this..... I can bring the music back into the conversation and it brings back the feeling of peace calm and joy, and gives something in my tool bag and breaks that cycle (perhaps stopping me being hit)' - Activities Coordinator in Care Home

Developing the health and care workforce is integral to the Live Music in Care model. Training, co-planning and reflection time is built into the model of delivery led by the musicians, and standalone training opportunities are also available for professional development. Evaluation of the programme also monitors how staff build confidence and skills to deliver music activities, and how frequently these activities are carried out subsequent to the programme.

looked at how staff in care home settings experienced wellbeing in relation to remote online music sessions. Staff reported that a sense of purpose at work was an important factor of their wellbeing, and that the music sessions were able to provide this through meaningful interaction with residents and other staff members, outside of usual roles. Observing improved wellbeing in residents increased satisfaction and wellbeing in staff. Furthermore, the music sessions provided a positive, calming and relaxing space for the staff, allowing them to slow down[345].

Supporting carers

Although difficult to define precisely, it is estimated that there are 10.6 million unpaid carers in the UK, who provide the great majority of social care, with a value estimated to be £164bn a year[348]. Carers are therefore vital to the health and social care system. However, we know they face challenges financially, in relation to support in the workplace, in accessing benefits, and with their own physical and mental health.

> *We did African drumming, and dance with the young people to let them free themselves and not think about the burden. Yes, they are learning a skill, but they are also giving freedom to their soul. Everyone said they enjoyed it…We fail to realise how much the arts can calm our souls when taking care of ourselves as well as others"*

Anndeloris Chacon, CEO Bristol Black Carers, Social Care Roundtable

Creative health approaches have been used with carers, independently or with their cared for person, to improve health and wellbeing and facilitate social participation[349,350]. NHS England is working with the Carers Partnership to encourage social prescription as a route to address loneliness and improve health and wellbeing for carers, which could be a new route to creative activity for this group[351].

Maximising the potential of creative health

In the face of huge challenges, we need to rethink the way we approach social care. Recent policy documents and reports from organisations working in the sector have pointed to a shift towards integrated and personalised approaches, addressing the needs of the whole person in the context of the lives they wish to lead. However, in practice, social care services are struggling to meet basic needs. Creative health can play an important role in supporting people to live well, with meaning and purpose as part of a holistic approach to social care, but in order for everyone to feel its benefits we need to put in place structures that ensure it is accessible to all, in communities or in care settings.

A recognition of the value of creative health approaches in Care Quality Commission (CQC) regulatory assessment frameworks could act as a strategic driver for healthcare systems, local authorities and private care providers to prioritise provision within care settings, and create a sustainable and scalable infrastructure to support creative health practitioners working in this area. Doing so will not only improve the health and wellbeing of those accessing care, but also has the potential to positively impact the social care workforce, providing opportunities for professional development, and could be explored as a route to address challenges in staff retention.

With many examples of good practice, and a strong evidence base to support the use of creative health in social care, we must now take a strategic and systematic approach to embedding creative health across health and social care systems. The *Power of Music* report, which highlights the vital role for music in supporting health and wellbeing, particularly for people living with dementia, proposes a Power of Music Commissioner, who will lead a governmental taskforce and develop a cross-sectoral approach to integrating music into health and social care[352]. In this report we will recommend that a cross-departmental approach is also taken to creative health more broadly, to maximise its potential across all policy areas, with social care a key theme.

Ensuring opportunities to engage in creative and cultural activities are available to all requires a cross-societal approach. The evidence shows engagement in creativity and culture has very significant benefits in particular for older adults, and that continued engagement can lead to improved health and wellbeing, supporting people to live independently for longer. There is a role for local authorities, cultural organisations, private organisations and the VCSE sector in ensuring that these opportunities are available and accessible, and those who will use the opportunities should be fully involved in their planning and co-design. This may include provision of services, supporting infrastructure such as transport, consideration of access to culture in planning decisions and appropriate cultural funding and programming. Such a whole system response can be facilitated by national level infrastructure that removes barriers to cross-sectoral partnership working, with Integrated Care Systems an important facilitator of this approach.

> *There's not enough of it, and it's not everywhere. Everyone should have a right to quality creative engagement and that's not happening"*

David Cutler, Director, The Baring Foundation and author of 'Every care home a creative home', Social Care Roundtable

Creative Ageing

The benefits of creative health can be felt across the life course but can be particularly relevant as we age. The UK population is ageing and there are currently over 11m people, or 19% of the population who are over 65[353]. However, the number of years spent living in good health is in decline. The number of years we can expect to live disability-free is 62.4 for men or 60.9 for women, with large discrepancies of up to 17 years between the most and least deprived areas of the country[354]. Fifteen million people currently live with a long term condition, most prevalent in older adults - 58% of over-60s have at least one long term condition[355]. It is predicted that the number of people with a major illness could increase by 37% by 2040, affecting mainly older adults[356]. This will have a significant impact on health and social care services.

Creative engagement into older age can prevent, treat and relieve symptoms across a number of physical and mental health conditions, including stroke, cardiovascular disease and respiratory disease, as described in Section 1. In relation to older adults in particular, dance has been shown to have benefits for strength, balance and falls prevention[357,358]. Meta analysis of randomised controlled trials investigating dance interventions for Parkinson's showed positive outcomes in motor function, gait and walking ability, and that dance performed better than other exercise-based interventions in improving balance and quality of life[359]. A trial is currently underway examining the efficacy of embedding English National Ballet's 12-week Dance for Parkinson's programme within NHS clinical pathways[360].

Age UK's Index of Wellbeing in Later Life found that maintaining meaningful engagement with the world around you is vital to wellbeing in later life and that out of 40 factors considered, creativity played the largest role in supporting wellbeing[361]. National Institute for Health and Care Excellence (NICE) guidelines already recommend that a range of activities are provided for older adults at risk of decline in independence and mental wellbeing, including group singing, arts, crafts and other creative activities[362].

Maintaining social connection and reducing loneliness and isolation are vital to quality of life and wellbeing, particularly as we age. More than 3.6m over-65s live alone and many can go long periods of time without social connection. This can have a detrimental impact on physical health, increasing the risk of heart disease, stroke and impacting immunity and can lead to poor mental health including depression[363,364]. '*Older and Wiser – Creative Ageing in the UK*' identifies social connectedness as one of the key beneficial impacts of engaging with creativity in later life[365].

Cultural engagement is also important. Cultural participation is linked to positive emotional experiences, greater self-esteem and confidence,

Breathe Dance for Strength & Balance

Breathe Dance for Strength and Balance is a 10-week dance programme, run by Breathe Arts Health Research, for adults who have had a fall or are at risk of having a fall. This programme is delivered within the Older Person's Assessment Unit (OPAU) at Guy's Hospital, London.

Patients are prescribed strength and balance physiotherapy, and they can choose this dance-based programme or the unit's exercise class. Co-design has been key to embedding this service, and Breathe Arts Health Research work in collaboration with patients, physiotherapists and artists to design and deliver the programme. Initial findings have shown that patients have seen improvements in physical function, confidence levels and independence. Of the pre- and post-assessment data collected, results show:

- 64% of patients reduced their Timed Up and Go Assessment (time taken to stand from a chair, walk 3 metres, turn and walk back to the chair and sit down),
- 74% of patients increased their gait speed (how long it takes to walk 6 metres at usual walking speed),
- 42% of patients reduced their 180 degree turn (how many steps are taken to change direction through 180 degrees),
- 61% of patients reduced their fear of falling.

and an improved ability to deal with negative life events[366]. A review of 70 peer-reviewed studies into the role of cultural participation in supporting wellbeing and social connection for older people found good qualitative evidence that engaging in culture led to opportunities for social interaction and fostered feelings of belonging and inclusion[367]. A survey of over 55s found that a significant proportion of people recognise the value of cultural engagement for their wellbeing, in particular outdoor historic parks, gardens & heritage (53%), and indoor galleries/museums/ heritage (42%)[368]. However, engagement drops after 75. Cultural institutions and heritage sites can provide evidence-based programmes that can foster wellbeing and social inclusion for older people, and people living with dementia and their carers[369,370,371].

There are inequalities in cultural engagement in older adults in relation to ethnic background, rurality and socioeconomic background. In order to avoid reinforcing health inequalities, opportunities for creative and cultural engagement in older age must be culturally appropriate and available to all. Examples cited in the Baring Foundation report '*On Diversity and Creative Aging*' include multisensory programmes in celebration of Windrush Day, Chinese block printing, and dance activities based on Bollywood, Flamenco and African dance. It cites examples of programmes to meet the needs of those less likely to access creative ageing including men, people with a disability and the LGTBQ+ community[372]. CADA has investigated this in relation to the South Asian diaspora and found that in addition to the physical and mental health benefits, the arts can be used to address stigma and taboo subjects and tell the stories of the diaspora. It finds that programming South Asian arts and culture can attract audiences from all cultural backgrounds and connect older people with a shared history of place, work and community[373].

GemArts – Feel Good Women's group

GemArts, based in Gateshead, is a nationally recognised leader in the South Asian and diversity arts sector. Their Arts, Health and Wellbeing programme, 'Cultural Threads' works with artists across diverse artforms and communities living in Gateshead and Newcastle, using creative engagement to reduce isolation and loneliness. As part of this programme, their Feel Good Women's Group works with older women, particularly those from minority ethnic communities who may face barriers to accessing healthcare, and who may be at greater risk of isolation.

Cultural Threads enables participants to develop new creative skills which are culturally relevant, overcome barriers to talking about issues, celebrate their culture and identity, improve health and wellbeing, and consequently empower them to take control of their lives and plan for a more fulfilling future. The group engage in varied creative activities, facilitated by professional artists, and recently displayed their decorative artwork at the Baltic Centre for Contemporary Art in Gateshead during GemArts Holi Festival celebrations, attracting over 5000 visitors. This further provides a sense of confidence and pride.

"This project, it means a lot. I feel good when I meet people and hear their stories and get to share my stories. And if you are suffering you feel like you are not alone. You feel more relaxed and like "I am not the only one feeling these things". When you share it here it really helps. You get it out and people are sympathetic. Our group is a very helpful group. Being welcomed makes me feel good. The staff are very good. I always feel like coming to the session each week. I like to draw something or colour something. When you see someone else do it you feel inspired in the group." – Feel Good Group participant

3.5 End of Life Care and Bereavement

Key Points

Creative health supports people at the end of life, providing relief from symptoms and pain, improving quality of life, and providing psychological and spiritual support for the individual and their friends, family and carers. Creative health approaches are used as part of bereavement support and can help to normalise conversations around death, dying and bereavement.

With demand for end of life care increasing, a high level of unmet need, and inequalities in access, policies and frameworks are moving towards a more personalised, integrated and community-based approach. Creative health can be a valuable resource, improving the quality of service and relieving pressure on acute services.

Creative health is also an important component of a public health approach to end of life care and bereavement, fostering community-based and social support.

Challenges in end of life care and bereavement

There are longstanding inequities in access to end of life care and quality of care. It has been estimated over 100,000 people that could benefit from palliative care die each year in the UK without receiving it[374]. Due to an ageing population and an increased number of people living with complex and multiple long term conditions, demand for palliative and end of life care is expected to rise by at least 25% by 2040[375]. The increased cost for hospice services alone could rise to £947m per year over the next ten years[376]. The majority of deaths take place in hospitals, and the majority of end of life care takes place in acute settings, which struggle to provide a 24/7 service[377].

Outside of acute and hospice settings, provision of end of life care can be limited and there are inequalities in access particularly for those from deprived or minoritised communities[378,379]. Persistent inequalities have been observed in hospice care for people aged over 85, ethnic minorities, people with non-cancer illnesses, and people living in rural or socially deprived areas. Barriers include institutional cultures, particular cultural needs, and a lack of public awareness of available services[380]. Although community care at the end of life can be more cost-effective than hospital provision, and many people express a preference to remain in their own homes, adequate infrastructure and workforce capacity is currently lacking[381]. A large proportion of home-based care is provided by unpaid friends and family members.

Policies and frameworks including the National Palliative and End of Life Care Partnership Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026[382] (hereafter National Framework) and the NHS Long Term Plan emphasise the importance of personalised care and empowering patients to improve the quality of end of life care. Creative health has an important role to play in this approach.

The National Framework recognises that good end of life care must incorporate family, friends and carers and include bereavement and pre-bereavement care, and that this should also be personalised to individual needs. The UK Commission on Bereavement identified barriers to accessing formal bereavement support either through lack of knowledge of what support was available or how to access it, or because the required support was not available. This could be due to a lack of funding for statutory bereavement

> ***"Artists have an important role to play here, because they can offer a different kind of language, a language of metaphor, perhaps a non-verbal language, a visual vocabulary, that can express something of this emotional landscape"***
>
> *Anna Ledgard, End of Life Doula, End of Life Care and Bereavement Roundtable*

> *Creativity is a profoundly important part of what it is to be human. For many of the people we see at Pilgrims their sense of self has been stripped away by illness. They often come to us feeling like they are a diagnosis, a set of symptoms, defined by their treatment, or lack of it. Often they are unable to engage in activities that gave their life meaning and helped form their self-image. So I believe that engaging in creativity can help give them back a sense of themselves as a whole human being, that sense of agency…and hopefully a little joy"*
>
> *Justine Robinson, Therapies and Wellbeing Manager, Pilgrims Hospice, End of Life Care and Bereavement Roundtable*

services, lack of training, lack of data on need and service provision or insufficient coordination between VCSE and statutory services[383].

Creative health at end of life

People nearing the end of life often experience pain, fatigue, anorexia, shortness of breath and anxiety[384]. Palliative care in the form of medical interventions and rehabilitative approaches can reduce symptoms. The WHO scoping review '*What is the evidence on the role of the arts in improving health and wellbeing?*' cites studies that have found music and arts therapies can also help to alleviate physical symptoms and decrease pain, as well as regulating heart rate and assisting with troubled breathing. Arts participation has been linked to lower levels of fatigue[385].

End of life care incorporates elements of social, psychological, and spiritual care. The APPG on Arts Health and Wellbeing inquiry report '*Creative Health*' provides a wealth of evidence and examples of the ways in which creativity has been used as a means of communication, often non-verbal, to facilitate the expression of difficult emotions, to help people come to terms with their own mortality, or that of a loved one, and to find meaning amid suffering, loss and death. Creativity can provide a sense of control and self-determination. It can provide people with the tools with which to reflect on their lives, and also provide a lasting legacy, which can provide comfort to friends, family and carers[386]. More recently the use of digital technologies for legacy-making has also been explored[387].

According to the WHO scoping review the arts 'provide opportunities for communication and emotional expression and facilitate a cognitive reframing of the illness experience[388]'. Arts engagement can enhance social interactions, fostering a sense of community within care settings and improving relationships between those at the end of life and their family members and carers. In terms of spiritual satisfaction, the arts can provide comfort and meaning. Arts therapies, in particular, have been shown to have mental health benefits for people at the end of life, resulting in lower levels of distress, sadness, anxiety and depression and improved wellbeing[389]. A subsequent systematic review of artist-facilitated arts engagement in palliative care also found beneficial effects including a sense of wellbeing, a newly discovered, or re-framed, sense of self, and connection with others[390].

Arts and music therapies are used widely in end of life care settings, particularly hospices. According to the International Handbook of Art Therapy in Palliative and Bereavement Care, the broad aims of arts therapy in this context are to facilitate the process of adjustment for the patient following diagnosis, to promote the process of rebuilding a new or renewed sense of self, and to provide the patient and those around them with the resources to cope[391].

The benefits of creativity in end of life settings are not limited to patients. A number of studies have shown that the positive impacts can also be felt by families and end of life care staff[392,393].

The '*Creative Health*' report sets out the importance of hospital and hospice architecture and design in relation to end of life care[394]. Providing space for patient-produced artworks to be displayed can also add to a sense of identity and agency. Sensory rooms have been used with people at the end of life and have been shown to improve wellbeing by enabling reflection and reconnection[395], whilst therapeutic gardens and horticultural therapy are important in improving wellbeing in hospices[396].

Advance Care Planning

Advance Care Planning (ACP) allows people to communicate their wishes as part of a personalised and holistic approach to end of life. According to a co-produced set of Universal Principles for Advance Care Planning it is 'a voluntary process of person-centred discussion between an individual and their care providers about their preferences and priorities for their future care, while they have the mental capacity for meaningful conversation about these'[397]. The National Framework emphasises that although participation in advanced care planning must be voluntary, the offer should be universal. There are barriers to ACP including public understanding and awareness, patient engagement, and knowledge and competency of healthcare staff[398].

Creative and arts-based approaches have been used to improve access to advance care planning in populations that face inequalities in end of life care. The No Barriers Here approach, originally developed to improve access to end of life care for people with learning disabilities, uses co-produced creative workshops to guide people through the advance care planning process and conversations about end of life, with less focus on verbal interaction[399]. A community-based action research project is now underway to explore its use with minority ethnic groups[400]. The process also incorporates training for healthcare professionals.

Creative health and bereavement

In addition to creative engagement in end of life, which can support both patients and their loved ones to process a life-limiting diagnosis, arts and music activities for families following bereavement can support coping, support the maintenance of stable mental health, help in the development of support networks, facilitate the continuation of bonds with the deceased, enhance meaning-making and reduce sadness[401]. These activities can also support staff in providing empathetic and compassionate care. Music therapy has been used with people who have experienced bereavement to facilitate the expression of emotions and explore concepts of grief, to provide emotional release, to foster a sense of reconnection with the self or with the lost loved one, to facilitate reminiscence and as an opportunity for social support[402]. Within this, activities such as group singing have been used to

End of Life Care and Bereavement – The Weston-super-Mare Community Network

The **Weston-super-Mare community network project**, led by the Palliative and End of Life Care Research Group at the University of Bristol, and part of the Mobilising Community Assets to Tackle Health Inequalities research programme, harnesses creative and community assets to tackle inequities in end of life care and bereavement support and mitigate social isolation and loneliness. The project, which recognises that those living in the poorest areas of the country are less likely to access end of life care or bereavement support, consists of several workstreams of activity supporting collaboration between the local integrated care system, people with lived experience and people providing community assets, including arts and culture initiatives. Outcomes include generating community knowledge, commitment, capacity and outputs that will help counter these inequities.

Through a series of creative workshops participants have explored techniques to facilitate discussions on death and dying and received training in techniques such as **No Barriers Here**, which uses arts-based methods to facilitate conversations about death, dying and advance care planning, and **Grief Gatherings**, small, free informal discussion groups about grief and loss.

As part of the project, collaborators coproduced events and activities for **Good Grief Weston**, a festival held in May 2023 in partnership with **Super Culture**. The festival draws on the approach of **Good Grief Festival**, founded by project lead Dr Lucy Selman in 2020, which aims to open up compassionate conversations around death and bereavement. In Weston-super-Mare, the event included a range of creative workshops and performances including a 'grief rave', film, music, comedy and theatre, and a large-scale community arts project of more than 800 forget-me-not flowers created by members of the community in tribute to those they have loved and lost.

help people to process grief as part of bereavement support therapy services, and have been shown to improve mood, and provide social connection[403].

The UK Commission on Bereavement report, '*Bereavement is Everybody's Business*' finds that increased awareness of bereavement in society can help people to share their experiences and support each other through loss[404]. Informal networks of support such as death and grief cafes and compassionate community initiatives, as well as awareness-raising initiatives such as the Good Grief Festival help to bring people together[405]. Creative approaches are often a key part of such initiatives.

Public health approaches to death, dying and bereavement

Public health approaches to palliative care place a focus on community-based and social support

Still Parents – Life after baby loss

The Whitworth Art Gallery and Manchester SANDS (Stillbirth and Neonatal Death Society) have partnered on an award-winning project, providing a creative outlet for parents who have suffered the loss of a baby during pregnancy or just after birth. It is estimated that one in four pregnancies end in loss during pregnancy or birth. However, the subject is not often spoken about, and this can lead to stigma and shame for those who experience loss. **Still Parents** aims not only to support parents through their bereavement, but also to open up conversations about baby loss more widely.

Participants come together monthly at the Whitworth Art Gallery in Manchester, drawing on the museum's collections and using creativity to explore and express their feelings in a supportive community. The sessions, led by professional artists in a range of media, focus on making rather than talking, and conversations arise as a result of the art-making.

"There comes a point where you've talked about it so much that you need something else. So having that physical thing to hold onto, to make something once a month, it made a huge difference to me." - Participant in Still Parents, End of Life Care and Bereavement Roundtable

The programme led to a public exhibition '*Still Parents: Life After Baby Loss*' - an honest and powerful portrayal of baby loss told by those who have experienced it first-hand. It displayed artworks produced by participants alongside pieces from the collection, selected by participants, which resonated with their stories. These stories and the participants voices helped to personalise the statistics around baby loss and raise awareness. The exhibition helped break the silence surrounding baby loss and has become a catalyst for open conversations. Visitors have described the space as a positive, healing space, essential for building empathy.

The Whitworth is situated opposite Manchester's largest maternity unit and Tommy's, the largest stillbirth research centre in the UK. Throughout the project there has been regular contact with the bereavement midwives and counsellors at the hospital who advocate for the workshops and regularly refer bereaved families to the Still Parents programme. In 2023 the Whitworth was awarded funding from the Rayne Foundation to develop a new strand of work called Still Care focussing on midwives and other health professionals and their experiences of baby loss.

Still Parents and Still Care model a new, collective and creative approach to bereavement support that expands on and complements traditional, clinical provision. For the partners Manchester Sands, Still Parents has enabled the charity to scale-up their work, to increase public awareness and understanding of the role of arts in health and to embed more creative practice into the support mechanisms they currently use.

for end of life care. Creative health providers and cultural institutions can be integral.

By community, we mean not merely community services or volunteers but members of neighbourhoods, faith groups, workplaces, schools, local government agencies, as well as sporting clubs, and cultural organisations such as galleries and museums. Death, dying, loss, and caregiving are experiences that occur within these kinds of community contexts, each providing love and support, practical care, policies for support, or educational experiences[406]*."*

The 2022 Lancet Commission on the Value of Death proposes a new vision for death and dying, with greater community involvement alongside health and social care services, and increased bereavement support. The five principles of the vision are: the social determinants of death, dying, and grieving are tackled; dying is understood to be a relational and spiritual process rather than simply a physiological event; networks of care lead support for people dying, caring, and grieving; conversations and stories about everyday death, dying, and grief become common; and death is recognised as having value[407].

Creativity can be used to raise awareness and spark discussion around death, dying and bereavement. This could be through an exhibition or event, or a participatory intervention. For example, storytelling has been used as an intervention in schools to explore conversations around end of life[408]. Creative approaches can also be used with specific populations facing inequalities, providing culturally appropriate ways to address death, dying and bereavement, thereby beginning to address inequalities.

Maximising the potential of creative health

In shifting towards such an approach, more people will be able to access the care and support they need in the community and will be empowered to make decisions about their end of life care, and how they wish to spend their time. Creative health, as a personalised approach to end of life care and bereavement, will support services to meet the aims of the National Framework, and may reduce the burden on acute care settings.

In order to achieve this, sufficient resource must be available for community and hospice care, and people must be able to access creative opportunities when and where they need it. Currently, with community-based end of life care services experiencing funding cuts, and inequalities in provision, there is a risk that creative activity, though demonstrably important to people at end of life, can become an add-on rather than part of a core offer.

Integrated Care Systems offer the potential to embed creative health into end of life care pathways, bringing together the NHS, local authorities, the VCSE, cultural institutions and creative practitioners as part of a collaborative approach which will allow people to be easily directed to the kind of support they may most benefit from during end of life or bereavement.

> ***"When you are in this space, it's hard to know which way up you are, let alone what might be beneficial as some sort of activity. Any offer has to be made incredibly easy to access: it needs to be signposted by the places we might already be finding support (e.g. Cruse, Maggie's Centres, Counselling); it needs to be accessible (right across the country); it needs to be funded, and there should be a menu of options - group or individual"***
>
> *Phillipa Anders, Lived Experience Speaker, End of Life Care and Bereavement Roundtable*

04 Implementing Creative Health

Mindsong Music Therapy, Gloucestershire Creative Health Consortium
© Ruth Davey

Arts interventions are often low-risk, highly cost-effective, integrated and holistic treatment options for complex health challenges to which there are no current solutions[409]"

World Health Organisation (WHO) Regional Office for Europe, 2019

We have seen the strengthening body of evidence supporting creative health, and the benefits it has had for individuals, communities and systems when applied to address challenging topics in relation to health, social care and inequalities. We must now look at how to spread, scale and support this work, to ensure that it is available equitably across the country, and applied more widely in order to maximise its potential.

There has been increasing interest from policymakers internationally in the role of creativity and culture in supporting health and wellbeing and tackling health inequalities. Following the publication of the WHO scoping review '*What is the role of the arts in improving health and wellbeing?*' in 2019, the WHO's Regional Office for Europe recognised the potential of the arts to tackle complex health challenges and contribute to the UN's Sustainable Development Goals. It recommends that governments take an intersectoral approach to realise this potential[410]. Meanwhile, the European Commission-funded Culture for Health programme is a multi-partner project investigating the role of culture and the arts in improving wellbeing, with the aim of influencing EU policy across health, culture and social policy[411]. A recent scoping review of 172 global policy documents looked at how policymakers are exploring the relationship between arts and health and found that 'the most promising and concrete commitments are happening when health and arts ministries or agencies work together on policy development[412]'. Existing examples include Australia and USA at federal levels, and nationally in Greece, Finland and Ireland. One of the most concrete commitments to arts and health in policy was found to be in Wales, where a strong partnership has been established between the Welsh NHS Confederation and the Arts Council of Wales.

Leadership at all levels of the system is required to establish a thriving creative health sector. In this section we will explore examples of where this is emerging and consider what more could be done at national level to enable more widespread implementation of creative health.

4.1 Cost and Value - The Economics of Creative Health

To widely implement creative health, we must demonstrate that the approach offers good value. This report makes the case for creative health as a personalised and holistic approach to health and wellbeing, one which can reduce pressures on health and social care systems, help to address health inequalities and contribute to productivity, by keeping people healthier for longer.

In addition to the impact on the individual, we know that poor health and wellbeing are detrimental to economic growth and productivity. Inactivity in the labour market has risen sharply since the pandemic, attributed largely to long term sickness. This, accompanied by an increase in ill health amongst those in work, is considered a risk to fiscal sustainability, simultaneously reducing productivity and economic growth prospects, whilst increasing health and welfare costs[413,414]. With the prevalence of major health conditions expected to rise considerably over the coming years, the situation is unlikely to improve without action[415].

Up to 40% of the burden on health services is thought to be avoidable through preventing the onset of chronic conditions[416]. Despite this, NHS spend on prevention remains minimal, whilst cuts have been made to funding that addresses the social determinants of health, including to local authorities and, in real terms, the public health grant[417]. A shift in focus from an illness to a wellness model, along with investment in prevention, will help to mitigate the impact on the future economy, and reduce the expected burden on the NHS[418]. Creative health will be an important component of this approach.

In creating the conditions for creative health to thrive, we not only add value through the direct benefits to health. Investment in creativity and culture supports the UK's vital creative industries sector, which generates £108bn annually[419]. Cultural placemaking and investment in the arts in historically underserved areas form part of the levelling up agenda, in which narrowing the gap in health and wellbeing outcomes is considered a key driver to improving the UK's productivity.

Funders and commissioners must also be convinced of the value of creative health to their systems, and the long term benefits of investing their limited budgets for future gain. In systems that have already embraced creative health, value has been added by a switch from project-based to routine commissioning of services, and innovative commissioning models have emerged that combine the strengths of local creative health providers, with benefits to patients and the system.

Articulating the value of creative health

Creative health operates within complex systems, and a creative health intervention can have multiple outcomes for individuals, often going beyond the direct health impacts to improve quality of life. These outcomes can manifest over the short, medium and long term.

Effective as a specific intervention for a range of clinical conditions, creative health can serve as a complementary or alternative non-clinical practice in management, treatment and recovery. It has an important function in secondary prevention, supporting the increasing number of people living with one or more long term conditions to manage their health, and reduce reliance on both primary care and acute care services. Applied as part of an upstream approach to health, in which creative and cultural opportunities are available to all as part of a flourishing community ecosystem, creative health can prevent the onset of ill health and improve wellbeing. Given this complexity, it can be challenging to measure and articulate the true value of creative health. Nevertheless, a number of economic analyses have been carried out on creative health interventions which indicate that it can be a cost-effective approach, with significant wider social value.

Healthcare utilisation

Creative health and social prescribing (commonly including creative health activities) can lead to reductions in healthcare usage (e.g. GP appointments, A&E attendance, medication). For example, arts on prescription schemes have been estimated to give a Return on Investment (ROI) of £2.30 for every £1 invested, with savings occurring in health service usage and unnecessary prescriptions[420]. A review of the evidence and cost implications of social prescribing found an average 28% reduction in demand for GP services following referral to social prescribing, and an average 24% fall in attendance at A&E[421], whilst a more recent controlled study found a 40% decrease in GP appointments at 3-month follow-up[422]. Extrapolating from this study, the National Academy for Social Prescribing (NASP) has estimated an annual decrease of 5m GP appointments due to social prescribing[423]. Similarly, the Open Data Institute has

estimated, based on national datasets, that social prescribing could release up to 8m GP appointments per year[424]. Access to healthcare datasets has facilitated larger, controlled studies. One such study of a social prescribing scheme found a 27% reduction in secondary care costs for those who participated in the scheme compared to a control group, equating to an annual saving of £1.56m[425]. Statistical modelling can also be applied to datasets to predict where cost savings may occur. This approach, using data from an area of high deprivation, indicated a reduction of £77.57 per patient per year for patients most engaged with social prescribing[426].

Cost-effectiveness analysis

Cost-effectiveness analysis calculates the costs involved in achieving non-monetised outcomes. In healthcare, this outcome is often a QALY (Quality Adjusted Life Year). A QALY combines a range of health outcomes into an adjusted measure which incorporates both length and quality of life. The National Institute for Health and Care Excellence (NICE), uses a cost-effectiveness threshold of £20K to £30K per QALY to assess whether a new therapy should be recommended. This approach has been used to measure cost-effectiveness in creative health and social prescribing programmes. For example, a randomised controlled trial assessing cost-effectiveness of community singing on quality of life of older people found that the intervention was effective and at a threshold of £20,000 was 60% more likely to be more cost-effective than usual treatment[427]. Evaluations of social prescribing programmes (including creative activities) have also employed this approach. In Doncaster, the estimated cost/QALY gained in a social prescribing programme was £1,963, equating to benefits to the system valued at £1.83m, or £10 per £1 spent[428].

Social Return on Investment (SROI)

Incorporating broader social value into economic analyses can be more complicated, but to not do so would undersell the potential of creative health. Social Return on Investment allows for the wider societal benefits of an intervention to be considered in the analysis, and incorporates a range of stakeholders, including participants, in the identification of measurable outcomes. It is therefore a useful measure of value for creative health interventions. An evidence summary produced for the Department of Culture, Media and Sport (DCMS) on the role of the arts in improving health and wellbeing found that arts-based social prescribing programmes have shown SROIs of between £1.09 and £2.90 for every £1 spent[429]. A recent review of the economic impact of social prescribing for NASP finds that where a broader range of outcomes are considered as part of an SROI the results are consistently favourable. Included studies showed an SROI ranging from £1.09 to £8.56 per £1 invested[430].

A range of creative health activities have demonstrated a positive SROI. For example:

- The Dementia and Imagination Study, a 12-week visual arts intervention with older adults with mild-severe dementia in residential care homes in England and Wales found a SROI of £5.18 per £1 invested[431].
- The House of Memories Family Carers programme, which uses museum objects to supports carers to engage with people living with dementia found an SROI of £18.73 per £1 invested over a 5 year period[432].
- A 2019 SROI of arts activities for older people in residential care homes found a SROI of £1.20 for every £1 spent[433]. cARTrefu, a programme offering arts activities for older people in residential care was found to deliver a SROI of £6.48 per £1 invested[434].
- An evaluation of Craft Café, a community-based initiative for older people in areas of multiple deprivation in Scotland reported an SROI of £8.27 per £1 invested[435].
- A Men's Shed initiative in Scotland estimated a SROI of £10 per £1 invested[436].
- An economic evaluation of Helium Arts, an Irish organisation providing arts-based workshops for children with lifelong physical health conditions reported an SROI of €1.98 per €1 invested[437].
- A study of the impact of children's participation in circus-arts training on mental health and wellbeing in the USA calculated a SROI of $7 per $1 invested[438]

A scoping review of SROI of mental health-related interventions, including arts-based interventions, found the approach to be a useful tool to inform policy and funding decisions for mental health and wellbeing, incorporating the social, economic and environmental benefits. The arts-based initiatives included in the study reported SROI values between £3.31 and £9.30 for each £1 invested, and included activities such as taiko drumming, community-based arts activities, and circus skills[439]. SROI can also be used to assess the wider impact of a cultural institution. For example, an SROI of the Turner Gallery in Margate evidenced the social impact of the gallery and provided evidence for the use of the arts as part of a regeneration strategy. Over one year, for every £1 invested, the gallery generated £4.09 in wider social value[440].

Valuing wellbeing

We have seen evidence of the positive impact of creative health on wellbeing. Although a developing area, value can be attributed to this wellbeing impact and wellbeing evaluation is incorporated into the HM Treasury Green Book guidance on appraisal of projects and programmes. WELLBYs (Wellbeing Adjusted Life Years) offer a single unit through which to make comparisons between programmes or interventions in a similar way to QALYs but incorporating wider social impacts beyond healthcare. Wellbeing measures are collected routinely by the Office for National Statistics (ONS), and therefore national comparisons can also be made.

Work carried out as part of the AHRC Cultural Value Project employed wellbeing valuation techniques to assess the economic value of cultural institutions and estimate the amount of money that would generate the same effect on an individual's wellbeing as cultural engagement. The research found a strong positive association between activities in cultural institutions and wellbeing and calculated a value per visit of £6.89 for the Natural History Museum and £7.13 for Tate Liverpool[441].

The value of place-based creative health

Wellbeing can also be a lens through which to consider the value of place-based approaches which incorporate creative health. A recent review by the What Works Centre for Wellbeing synthesised the ways in which place-based arts initiatives add social value through improving wellbeing and suggests that a wellbeing lens offers the opportunity to assess the social impact of creative health at individual, community and national levels, including the links between arts and culture, wellbeing and health inequalities[442]. This approach is being incorporated into evaluations of place-based cultural initiatives such as Cities of Culture[443]. Similarly, the Centre for Cultural Value will research the impact of Leeds 2023, a year-long programme of culture, with a focus on happiness and wellbeing[444].

> ***"We need more agreement at a high level between key government departments, policymakers and funders around what economic evidence is required for them to accept that creative health approaches do deserve equal recognition, in many cases, to medical approaches"***
>
> *Dr Marie Polley, Director, Marie Polley Consultancy and Co-lead, International Evidence Collaborative, National Academy of Social Prescribing, Cost-effectiveness, Evidencing Value for Money and Funding Models Roundtable*

Investing in culture in place will have wider impacts relating to the social determinants of health. The Local Government Association Commission on Culture and Local Government considered the role of culture in sustainable and inclusive economic recovery as one of its key themes, providing case studies highlighting how culture has been central to the regeneration of high streets and in growing local commercial economies[445]. Initiatives such as Arts Council England's Creative People and Places, and a focus on cultural placemaking as part of the levelling up agenda, also offer opportunities to highlight the direct local economic impacts of creative health. Whilst the main aim of Creative People and Places is engagement with arts and culture, case studies have demonstrated indirect economic impacts through partnerships with local businesses, bringing visitors to the area, use of public space, and development of skills for local people[446]. Historic England have also begun to develop a bank of values to articulate the wider value of

heritage to society, identifying benefits to health and wellbeing, education, social cohesion and local economic development. Part of the approach will include wellbeing valuation, offering further opportunities to demonstrate the value of creative health in economic terms[447].

Making the case to policymakers

There are a range of approaches that can be employed to demonstrate the cost-effectiveness of creative health and methods that can take into account wider social impacts and articulate the full value of creative health interventions. This needs to be presented in a way that is useful to policymakers and commissioners. Given the benefits across departmental remits, a cross-departmental strategy on creative health should include a shared outcomes framework, including a consistent approach to measuring the economic impact of creative health.

Cultural and heritage assets can be undervalued when using existing approaches to measuring public value, as there is no consistent approach to measuring the wider social impacts. The DCMS Cultural and Heritage and Capital Framework will provide a means through which cultural and heritage assets can quantify their economic value in a way that conforms with the Treasury Green Book standards, including value not incorporated in market prices such as health, wellbeing and wider benefits[448]. The framework will be used to inform and justify investment in culture and heritage as well as decisions which impact upon it, and will help to demonstrate the value for money of investment in culture for health and wellbeing outcomes in a consistent way.

The HM Treasury preferred approach to economic valuation is Social Cost Benefit Analysis, which expresses all costs and benefits in monetary terms to establish value for money. Whilst wellbeing measures can be incorporated into this valuation, we would encourage the Treasury, and the Government more widely, to take a broader definition of value, and consider the long term benefits of investing in creative health as a holistic and preventative approach. We know that creative health can make savings for systems through reductions in healthcare utilisation and can improve productivity and support local economies. Wellbeing economics, in which national prosperity is considered in terms of the life satisfaction of the population and public policy decisions are guided by the impact on wellbeing of current and future generations, is one way through which the wide-ranging benefits of creative health could be fully recognised in policy decisions[449]. Scotland and Wales are already part of a group of nations aiming to develop wellbeing-focussed economies, along with New Zealand, Iceland, Canada and Finland.

Further Research

The evidence to date indicates that creative health (including creative health as part of a social prescribing pathway) is cost-effective and adds wider social value. Further rigorous economic evaluation is desirable to improve our understanding in this area. Larger scale, long term, controlled studies which analyse the full economic impact of creative health will strengthen the evidence base and help us to understand which populations can benefit most, and where resources should be directed. Economic analysis can be complex and requires specific expertise. Much of the creative health sector is small-scale and may lack the capacity and experience to carry out this analysis. Resource and support for long term economic evaluation should therefore be incorporated into funding and commissioning processes. There is also a role for creative health infrastructure organisations, including NCCH, to work with the sector to develop a consistent economic outcomes framework, and build partnerships with academic partners and policymakers to support the development of methodologies that can accurately assess the long term impact and articulate this in a way that is useful for policymakers.

Funding and commissioning creative health

The creative health sector is diverse, incorporating major cultural institutions and healthcare organisations as well as grassroots community groups. A large proportion of those working in creative health are small community-based

organisations or freelance practitioners. The 2023 Creative Health UK State of the Sector survey indicated that the majority of funding for creative health work comes from UK Arts Councils or independent trusts and foundations, along with the National Lottery, with smaller amounts from local authorities and the NHS[450]. Whilst it is estimated that between one-third to half of the creative health workforce work in partnership with the NHS, few receive funding directly from the NHS. The situation is different in Wales where joint investment into creative health capacity building has been very successful and this will be explored in more detail in Section 4.2.

Whilst we have shown that creative health can offer value for money, it should not be considered simply as a cheap alternative to traditional biomedical approaches. Rather, we suggest that investment in this rapidly developing sector is necessary in order to fully realise its potential. This should include investment in the creative health infrastructure, to support the professional development and wellbeing of practitioners in the sector, and the development of sustainable partnerships between community and grassroots organisations and systems.

Creating the conditions for creative health to thrive relies on a wide range of stakeholders, including grassroots providers, philanthropy, private business, local government, the cultural sector and health and social care. Equally, the benefits will be cross-sectoral. Partnerships should be encouraged, and mixed funding streams with shared outcomes may be the most effective approach. This should be modelled by a cross-departmental approach at government level, which reduces the risk of siloed investment. There are positive examples of this sort of approach in practice. The Ways to Wellness programme in Newcastle is a social prescribing programme funded by a social impact bond originally commissioned by the local NHS Clinical Commissioning Group, as well as National Lottery funding and the Cabinet Office's Social Outcomes Fund. This outcomes based funding model provides upfront funding from private enterprise, to be repaid once outcomes are met, meaning that innovative projects can be trialled without risk to public funds. The programme, which aims to improve wellbeing and reduce hospital admissions for people living with a long term condition in deprived areas of the city, has reported improvements in wellbeing for 86% of participants over the first six years, with a 27% reduction in secondary care costs per patient[451]. This equates to £4.6m in savings to the NHS over five years, with net savings of £1m after service delivery costs and repayment of the social investment bond. This could therefore be an important route to financing interventions which focus on prevention.

> ***"I want to make the case for trust in the evolving body of evidence that already exists, and investing in the expertise that is already in the sector, and that means the sustained core and infrastructure costs, to build a representative workforce that is able to meet the new demand and help turn that expertise into leadership"***
>
> *Victoria Hume, Director, Culture, Health and Wellbeing Alliance, Cost-effectiveness, Evidencing Value for Money and Funding Models Roundtable*

The Green Social Prescribing programme, a £5.77m investment aiming to improve mental health through activities in green space is a joint initiative between, The Department for Environment, Food and Rural Affairs (DEFRA), the Department of Health and Social Care (DHSC), Natural England, NHS England, the Department for Levelling Up, Housing and Communities (DLUHC) and supported by Sport England and the National Academy for Social Prescribing (NASP). The seven test and learn sites are funded through HM Treasury's Shared Outcomes Fund, which facilitates collaboration on priority policy areas that require a cross-sectoral approach.

Where creative health programmes form part of specific care pathways, it is more common that providers are commissioned by NHS trusts or local authorities. In this context, funding is often short term and project-based, covering delivery costs but failing to recognise the core costs of the provider. This kind of funding model precludes the opportunity for evaluation, iterative service design and the scale and spread of successful initiatives. These barriers to integration into healthcare systems are recognised by the VCSE sector

Commissioning creative health – One Gloucestershire's approach

Gloucestershire has a long history of supporting creative health initiatives. Building on the work of some early clinical champions of arts in health, and a strong local arts sector, the former Clinical Commissioning Group (CCG) was able to explore and expand creative health commissioning through the Arts Council England Cultural Commissioning Programme and has since embedded cultural commissioning more fully into its approach. Gloucestershire is one of four NCCH Creative Health Hubs, which have explored how best to create the conditions for creative health to thrive at ICS level.

How and why has creative health been embedded into Gloucestershire ICS?

Creative Health in **Gloucestershire ICS** falls under the Enabling Active Communities programme, and is conceived of as 'a continuum of intervention to meet a continuum of need'. This recognises the role of the ICS in not only tackling clinical conditions for which the NHS is directly responsible, but also addressing health behaviours and the psycho-social and wider determinants of health which account for a large proportion of ill health. Gloucestershire recognises a role for the ICS as an anchor organisation to address health and wellbeing across this spectrum, with creative health having a role to play across all domains.

Cultural commissioning in Gloucestershire is sometimes considered 'social prescribing plus', with the population able to access creative health not only through arts on prescription, which connects people to community initiatives to address a non-medical need, but also part of a universal health and wellbeing offer to the population and as part of care pathways providing a non-medical intervention to address a clinical need.

A range of creative health activities have been co-produced with patients, artists, clinicians and commissioners to address specific needs, and have shown positive impacts for both patients and the system. For example, visual arts, circus skills and music making have been used with children and young people with long term mental health conditions to improve adherence to medication but also to improve psychological wellbeing, self-esteem, confidence and social connection. This programme, delivered by **Art Shape**, **Artspace Cinderford** and **The Music Works**, reduced anxiety for participants, and led to significant reductions in healthcare utilisation post-intervention. **Mindsong's** Singing for Breathing programme, in addition to the physiological benefits to lung health, has improved life satisfaction and happiness for adult participants and reduced emergency admissions by 100% at 3 months post-intervention and 78% at 6 months. The need for out-of-hours services for this group has been reduced due to people having more confidence to self-manage their conditions.

The creative health offer is targeted at the most deprived communities in Gloucestershire, therefore also helping to address health inequalities.

Demonstrating impact

Realising a need to legitimise the approach and demonstrate impact, Gloucestershire has been gathering positive patient experiences and pseudo-anonymised patient data over the long term. They have established what they believe to be the world's largest dataset of creative health interventions by requiring all providers to input data, and supporting them to do so by building the administration costs into the commissioning process.

Whilst data collected from each intervention may be a small sample size, outcomes are generated in a consistent way across the programme, also allowing for comparison with other clinical interventions. Information about healthcare utilisation, outcome measures, attendance, referrals and demographics is collected to demonstrate overall impact to the system.

Personal stories, and the opportunity to experience the creative activities has also been vital in generating buy-in from clinicians and senior managers.

"What has been key to me, as a senior leader within my system, to build commitment to the programme, has been about building evidence at scale and over time... the key has been about building confidence in a sustained way, influencing through the dataset but also the testimonies and stories...and then building confidence around their place in the clinical intervention and the health benefits we can demonstrate." – Ellen Rule, Deputy CEO/Director of Strategy and Transformation, Gloucestershire ICB, Cost-effectiveness, Evidencing Value for Money and Funding Models Roundtable

Commissioning creative health

Initially, short term pump-prime funding was available to pilot innovative approaches and build confidence in creative health. Recognising the challenges such a model can present to small providers, the CCG (Now the Integrated Care Board (ICB)) began to mainstream funding for arts on prescription programmes. The ICB is now moving towards further routine commissioning of creative health, so that programmes such as **Artlift's** Living Well with Chronic Pain are also an established part of the offer to patients and commissioned on a recurrent basis. The integrated care model has also allowed for the development of a commissioning framework for the VCSE sector to help foster more sustainable partnerships.

The long term approach to evidencing the impact of creative health has made it easier to assess the return on investment, and make the case for diverting resources upstream with a focus on prevention.

Gloucestershire Creative Health Consortium

Support from ICS leadership and commissioners in Gloucestershire has created the conditions for creative health to be effectively embedded into the system. Innovative approaches on the provider side have also helped to make creative health easier to commission, and led to an improved offer for patients as well as opportunities to increase scale and capacity.

Gloucestershire Creative Health Consortium brings together several long-standing creative health providers (Artspace Cinderford, Art Shape, Mindsong, Artlift and the MusicWorks) offering a range of creative health programmes for diverse target populations. This way of working has advantages for consortium members. Members have been able to partner on pilot projects, cooperate to reduce duplication and wastage in the system, share expertise, and find efficiencies across systems and procedures. Acting as a consortium, they can provide a coordinated offer to external partners such as the NHS and local universities. The consortium model also allows the organisations to look at progression pathways across the programmes offered – for example, someone who has benefited from Artlift's mental health programme can be more easily referred to an employment and skills service offered by Art Shape. Working collaboratively increases access to different funding sources, and initiatives can be more easily scaled up.

The NHS has invested in the establishment and running of the consortium, and benefits from the simplification of commissioning creative health.

The NHS as an anchor organisation

"By choosing to invest and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy"[453]

The Health Foundation

The NHS can influence health and wellbeing through its position as an anchor organisation. It can maximise its contribution to the social determinants of health through sustainable working with local partners, and the purchase of local goods and services. There are various ways the NHS could support a thriving creative health ecosystem. For example, NHS land has been reimagined to develop gardens and outdoor spaces for service users, staff and the local community[454]. Existing legislation, such as the Social Value Act (2013) which requires public services to consider social and environmental wellbeing in their procurement and commissioning process in order to maximise value from public funding, could be used as a lever through which the NHS and local authorities can help to create the conditions in which local creative, cultural and community providers can flourish, whilst at the same time commissioning effective non-medical programmes.

more broadly[452]. Integrated Care Systems offer an opportunity to move towards more strategic partnerships between healthcare systems and grassroots providers.

In NCCH ICS Creative Health Hubs, where creative health has been embedded at system level, commissioning of creative health has shifted from project-based to routine provision, to the benefit of patients, providers and the system.

The collation of data demonstrating the impact of creative health over the long term has been important in making the case for continued investment in creative health. A Social Prescribing Information Standard has been introduced to support consistent data collection[455]. Within this, signposting to creative activity can be specifically recorded. This will help us to understand the extent of activity through this pathway, and identify populations which may not be accessing creative health.

As the example of the Gloucestershire Creative Health Consortium shows, alternative commissioning models such as alliance commissioning and provider collaboratives are being explored which can lead to more successful and sustainable relationships between systems and smaller providers[456]. In models such as alliance commissioning, risks and responsibilities are shared and efficiencies can be made. Providers are able to operate in collaboration rather than in competition. This could be a useful approach for creative health, whereby small organisations or freelance providers could pool their offers, enabling a wider variety of choice for service users and continuity of provision as people's needs change. It can be particularly effective as part of personalised approaches to care, where the desired outcomes of a programme can be co-produced with the end user, and programmes designed to support patients to realise outcomes that are most important to them as individuals.

Within these approaches, it is important that the creative health ecosystem is considered in the round, with resources directed to grassroots providers as well as the healthcare infrastructure that directs people to them to ensure long term sustainability.

Achieving this level of integration requires strong leadership across all levels of the system. In the next section we will explore examples of how this can be achieved, and the support required from national government to ensure that it can be replicated across the country.

> ***"Quite often we try to commission for outcome, but we get those outcomes wrong. We don't necessarily start with the people with lived experience, we follow what the system is telling us, and quite often those outcomes are not actually what matters to people"***

Helen Sharp, Director, Ideas Alliance, Cost-effectiveness, Evidencing Value for Money and Funding Models Roundtable

Workforce Training and Development

Supporting the creative health workforce

With the NHS and social care under extreme pressures, creative health practitioners can complement the health and social care workforce to reduce some of the burden. As we have seen throughout this report, a skilled creative health workforce is already maintaining people's health and wellbeing across communities and in health and social care settings. In order to realise its full potential, the creative health sector must be supported to develop sustainably, with wellbeing, training and professional development of practitioners central to this.

Creative health practitioners often come to the field as a result of their own lived experiences or creative practices. This results in a socioeconomically diverse sector, but brings risks that impact the wellbeing of practitioners, and sustainability, breadth and quality of practice[457]. Training resources such as online toolkits, short term specialist-training and one-off Continuing Professional Development courses are available. However, the Creative Health UK State of the Sector Survey reveals a desire for further development opportunities, and that resource for this be incorporated into delivery contracts. Targeted support for global majority and Disabled practitioners is also crucial[458]. Creative health practice can be complex and emotionally demanding. Professional development pathways and the identification of core competencies that could support practitioners to mitigate some of these challenges should also be built into delivery to support workforce wellbeing and resilience[459]. Equitable funding and commissioning models such as those explored in Section 4.1 could help bring this to fruition.

The Culture, Health and Wellbeing Alliance (CHWA) Creative Health Quality Framework is a new tool, developed in collaboration with over 200 artists, participants, health commissioners and researchers which identifies the key quality principles that underpin good creative health practice and provides guidance on how to use these principles in delivery[460]. As well as supporting practitioners to develop best practice, the framework can be used to underpin training and development opportunities and guide policymakers and commissioners to ensure they support the development of the creative health workforce through funding opportunities that are equitable, inclusive and sustainable, and which build in adequate budget for practitioner support, supervision, training and evaluation.

Creating the conditions for a creative health workforce to thrive will also provide an additional, complementary source of support for healthcare providers. The NHS Long Term Workforce Plan recognises the need to shift care from acute settings into primary care and communities and sets out expansions in roles related to personalised care approaches with an increased breadth of skills in multidisciplinary teams[461]. This indicates opportunities in the near future for creative health to be more closely linked to the NHS workforce, as part of a system which prioritises prevention and person-centred care.

Training a new generation of creative health practitioners

A recommendation of the 2017 APPG on Arts, Health and Wellbeing Inquiry Report '*Creative Health*' was that the education of clinicians, public health specialists and other health and care professionals includes accredited modules on the evidence base and practical use of the arts for health and wellbeing outcomes.

Opportunities to develop skills and qualifications in creative health are increasing. This can be as an element of clinical training, as part of creative education or as a standalone qualification. University College London's Masters in Arts and Sciences (Creative Health), for example, offers students from diverse backgrounds and disciplines the opportunity to develop an in-depth understanding of creative health and learn skills in practice, policy and research to contribute to the sector.

Within clinical training, arts have been used in medical education for some time, to help students foster an understanding of patient experience, and to improve communication skills[465]. Visual arts approaches have been used to develop observational and diagnostic skills, empathy,

resilience and cultural sensitivity[466]. A forthcoming interdisciplinary scoping review investigating creativity in clinical health education has identified an important role for a range of art forms, including the use of poetry in reflective practice, theatre to build cultural competency, film to reduce stigma, particularly in relation to mental illness, and dance to support movement workshops. The review also highlights an absence of literature focussing on patient-centred outcomes, indicating that there may still be a gap in clinical education around the evidence-base for creative health and in teaching students how creativity can be used to improve health and wellbeing. Creativity also forms an important part of the training of some Allied Health Professionals, in particular Art Therapy and Occupational Therapy.

Creative approaches have been used in medical education to humanise the patient in support of students developing person-centred approaches[467].

"As we humanise the patient, we also humanise the medical student as well" – Dr Louise Younie, GP and Clinical Reader in Medical Education at Queen Mary University of London, Workforce Development and Wellbeing Roundtable.

In addition to the development of clinical skills, engaging with creativity as part of clinical training can support students to maintain their own wellbeing. Work on the concept of 'flourishing' in medical education draws on creative enquiry to enable students to express their lived experience, explore their emotions and vulnerabilities and connect with peers. In a time when many clinicians are experiencing loneliness, burnout or anxiety, it offers an alternative to the concept of resilience and bouncing back. Flourishing invites growth, meaning and purpose, connecting with rather than discarding that which might be painful or difficult, thereby supporting wellbeing[468]. Clod Ensemble's Performing Medicine Programme delivers arts-based training to medical students and healthcare professionals which focuses staff wellbeing, including stress management and building confidence, as well as the development of skills in compassionate care and effective communication[469].

Social prescribing is increasingly covered as part of a clinical education. The UK National Social

Diversifying Creative Health

Whilst creative health can be used to improve health and wellbeing of individuals from marginalised communities and to overcome barriers to accessing services, we are mindful there are also inequalities in access to creative health and that the creative health workforce is not as representative as it could be. CHWA's data suggests an urgent need to address representation in relation to a diversity of heritage in the workforce.

The Baring Foundation report '*Creatively Minded and Ethnically Diverse - Increasing creative opportunities for people with mental health problems from ethnically diverse backgrounds*' investigates the barriers to participation in arts and mental health initiatives for people from ethnically diverse backgrounds both as practitioners and service users[462]. It identifies themes of best practice, including co-production and participant-led programmes, understanding cultural sensitivities, consideration of locality, incorporating lived experience, provision of safe spaces, and challenging hierarchies.

A number of initiatives are arising to diversify the creative health workforce. For example:

- The Artists' Represent Recovery Network is a joint initiative between London Arts and Health, Raw Material and Arts & Health Hub. It is a professional development programme for London-based, freelance, ethnically diverse artists who identify as black, brown, people of colour who have faced systemic racism, and who are working in arts and health in a participatory or community setting[463].
- The '*Queering Creative Health Report*' produced by QUEERCIRCLE, a space where culture and the arts intersect with social action, investigates how specific marginalised communities, including LGTBQ+ communities, and the forms of discrimination they face, can be addressed through creative health policy or practice, and makes several recommendations to further this work[464].

Prescribing Student Champions scheme was established to enable medical and healthcare students to promote social prescribing among colleagues in healthcare and to provide evidence supporting its introduction into the undergraduate and postgraduate medical and Allied Health Professional school curriculums[470].

Many of these developments have been built from grassroots approaches led by passionate individuals, but there is an increasing demand from institutions to embed these concepts more formally into clinical curricula. Incorporating creative health and social prescribing into the curriculum in this way not only aids the development of specific skills and supports student wellbeing, it provides students with an experiential understanding of the value of creative health, and holistic, person-centred approaches, which they will carry forward into their future practice.

As explored in Section 3.3 (Creativity for Health and Wellbeing in the Education System), opportunities for a creative education are important to maintain a thriving creative industries sector. Incorporating knowledge and understanding of the ways in which creativity can support health and wellbeing and creative health practitioner skills training into creative arts courses and arts education institutions will open up new career avenues for creatives and support the creative health sector to grow.

University of Chester Creative Health Placement

In 2022, the Faculty of Health, Medicine, and Society at the University of Chester in partnership with the **Philip Barker Centre for Creative Learning**, trailed a creative placement for undergraduate student nurses. Sixty Year 1 Bachelor of Nursing undergraduate students were allocated a creative health placement as part of their practice learning experience.

Students worked with four experienced artists using dance, music, and visual arts to explore creative health practices through experiential process. Students also experienced creative health activities as participants and visited social prescribing offers in the area. Each week the students had time for reflection and action learning, and to meet their practice supervisor.

Through the placement students came to appreciate the benefits of creative health both for their practice and for their own health and wellbeing. Students reported increased confidence, and self-awareness, greater ability to network and the ability to communicate more effectively and were more reflective. They saw the value of holistic care and the importance of a non-medicalised approach as well as how this experience would impact on their future practice. They also had a greater appreciation of the community benefits of social prescribing.

In the academic year 2022-2023, all Year 1 Bachelor of Nursing students have undertaken this placement – a total of 450 students. In response to feedback from the pilot, a wider range of artists have been used, and connections made to themes such as mother and baby and dementia. Links to social prescribing providers have been formalised and local organisations have been invited to participate in a creative health cafe. The placement has received national recognition by winning the Student Nursing Times Awards 2023 for Student Placement of the Year: Community.

Significant groundwork was necessary for this placement. In addition to recruitment of artists, partners and practice assessors, a programme aim linked to creative health was written and approved at validation in 2020. The learning and teaching philosophy of the programme acknowledged the integration of arts and humanities and provided direction on how this could be implemented, such as experiential learning and assessment. An asset map of all social prescribing in the area was completed and a mapping exercise was conducted to ensure that students undertaking this placement would be able to achieve practice assessment requirements.

Reference to creative health in the Nursing and Midwifery Council Future Nurse Standards would help facilitate more widespread creative health education.

4.2 Leadership and Strategy

Creative health requires creative leadership. This may involve new ways of working, and a distinct form of leadership, described as 'collaborative and distributed' in our roundtable on leadership and strategy. As an interdisciplinary and cross-sectoral approach, creative health thrives on strong partnerships between different parts of society, professions and sectors. Research has shown that in order to provide more coordinated care across health, social care and community services, leaders must play a critical role in modelling collaborative behaviours[471]. Building this collaborative approach requires the development of safe, inclusive and trusting environments in which everyone can contribute, establishing and maintaining healthy relationships and setting out a shared purpose and decision-making process[472].

Partnerships develop in response to local need, and will vary depending on local assets, relationships and priorities. However, there are actions that can be taken at all levels of the system to create the conditions in which innovative creative health solutions can emerge, develop and flourish. National policy choices strongly influence local health-related partnerships[473]. National level strategy and adequate investment in the public services involved in the partnership can support place-based collaboratives to meet their objectives. In this section we highlight examples where cross-sectoral approaches to creative health have been established at different levels in the system, resulting in improved health outcomes.

National level leadership for creative health

At national level, policymakers have the power to legitimise investment in creative health approaches and remove barriers to cross-sectoral working. A very successful example of this is found in Wales, where a combination of forward-thinking legislation in the form of the Wellbeing of Future Generations (Wales) Act 2015 and the development of effective and sustainable partnerships between the Arts Council of Wales and the Welsh NHS Confederation has led to the establishment of an Arts and Health Coordinator post in every health board, with demonstrable positive impacts for both patients and the healthcare system.

Creative health in combined authorities

Combined authorities are collaborations of two or more local authorities, often led by a directly elected Metro Mayor. There are currently ten combined authorities within England, covering 40% of the population. Devolution deals transfer decision making powers across a range of policy areas from the centre to the combined authority. These powers are different in each combined authority but they commonly include a focus on local economic growth and cover areas such as skills, transport, planning and housing. Combined authorities are well placed to strategically address cross-cutting issues such as health inequalities and the social determinants of health, by recognising local priorities and coordinating a joined-up approach between local cross-sectoral partners.

Many of the issues intersecting with creative health are devolved to combined authorities, and this provides an opportunity for Metro Mayors to draw on their local powers to integrate creative health into their strategies to improve population health. Responses will be bespoke in each region, but combined authorities are already aligning creative health with regional strategies to meet locally identified priorities.

The Greater London Authority, has recognised the value of creative health, and is developing a strategy for a 'Creative Health Capital City'[475]. The vision for the Creative Health Capital City has been co-produced with those who will most benefit from it. As part of the GLA's commitment to make London a healthy place to live for all Londoners, the creative health approach will focus on

> ***"The strength of creative health is that it operates in the space between, so our leadership and responsibility for the strategy should also be about that space in between and come from all the different sectors involved"***
>
> *Carol Massey, Ministry of Others, Leadership and Strategy Roundtable*

Wales – Enabling arts and health capacity building at national level

The **Arts and Health Capacity Building Programme** is a strategic initiative designed to grow arts and health practice in Wales and raise awareness of the health and wellbeing benefits of the arts within the NHS. In 2017, a Memorandum of Understanding was formed between the Welsh NHS Confederation and Arts Council Wales (ACW) which facilitated the appointment of an Arts and Health Coordinator (AHC) in each of Wales's seven integrated health boards, jointly funded by the health boards and ACW. These posts, which embed a specific creative health post within the health board, allow coordinators to understand the challenges facing the healthcare system and align with strategic priorities, providing effective support to meet the needs of individuals, staff and the system. They also provide an infrastructure to support the creative health ecosystem and form a national network that can work together on key priorities such as the **Arts & Minds** programme (co-funded by the Baring Foundation and ACW) which aims to embed creative activities within NHS mental health services in Wales.

"The MOU is much more than a written agreement on a shelf. It's really enabled us to take action together in partnership, and has led to a lot of practical and tangible things over the last six years to respond to the current and previous pressures that the healthcare sector, and the arts sector, have faced" – Nesta Lloyd-Jones, Assistant Director, Welsh NHS Confederation, Leadership and Strategy Roundtable

An independent evaluation of the programme found it to be a 'successful and relatively low-cost intervention in stimulating and supporting the role of the arts in achieving positive health and wellbeing outcomes'[474]. The partnerships have resulted in the establishment of substantive, permanent posts in most health boards, and the conversation is now turning to how to translate the benefits into long term strategies.

The evaluation also finds positive impacts on health and wellbeing in relation to prevention, mitigation, treatment, and recovery, benefiting patients, the wider population and systems. Greatest impact has been seen where AHC have been able to align with the priorities and strategic aims of the host health board. For example, where discharge has been a particular challenge, arts and health coordinators have been able to think about how to use the arts to support people to return home.

Over the last six years Nesta Lloyd-Jones describes:

"...a shift from a push from the arts to a pull from the NHS, because the NHS can really see the health need and how creative solutions can respond to current healthcare challenges."

The programme has benefited from ministerial-level commitment, and long term strategic partnerships established between the Welsh NHS Confederation and ACW. Furthermore, legislation such as the Wellbeing for Future Generations Act (2015), which requires public bodies to work towards long term wellbeing targets, including a healthier Wales and a Wales of vibrant, thriving culture, has also opened opportunities for arts and health providers to think differently and work together. The Act provides a framework for partnership working between cultural and health sectors, with an obligation to improve social, cultural, environmental and economic wellbeing.

Moving forward, the programme is looking to further embed the model into mainstream commitment in the NHS long term strategic plan.

"The ambition has shifted from a single individual for arts and health, to talking about an arts and health service within health boards". – Nesta Lloyd-Jones

Greater Manchester – Towards a Creative Health City Region

Building on a long history of arts and health work, Greater Manchester (GM) has set forward its ambition to become the world's first Creative Health City Region. In 2022, GM launched its **Creative Health Strategy**, taking a population health approach and outlining how culture and creativity can help to address health inequalities in the city region by building on recommendations developed with the Institute of Health Equity as part of the Build Back Fairer in Greater Manchester Framework[476].

The strategy aligns creative health with the priorities of the Combined Authority's Greater Manchester Strategy, positioning creative health as a key part of GM's mission to become a greener, fairer and more prosperous city region where everyone can live a good life; grow up, get on and grow old.

Leadership is one of six key pillars of the strategy, which recommends a strategic lead for creative health at combined authority level to connect the creative health ecosystem, with further development of cross-sectoral leadership across local government, health, VCSE, cultural and community sectors.

To facilitate the alignment and delivery of health and local government strategies, staff often work across both organisations and in close partnership with locality colleagues and this is true of the GM Creative Health lead, meaning that creative health can be integrated into locality, public service reform and health strategy and delivery.

The Creative Health Strategy is now incorporated into the **GM Joint Forward Plan for 2023-2028**, which sets out how health and care will be delivered across the region. In Greater Manchester Integrated Care Partnership, creative health is a key pillar of Live Well, a whole system approach to improving personal and community wellbeing, resilience, and social connection. It has also been integrated into clinical areas such as young people's mental health and dementia care and has demonstrated good results.

"As the first city region to publish its own Creative Health Strategy, Greater Manchester Combined Authority is leading the way in realising the potential of creative health to improve the health and wellbeing of our residents."

Creative Health is part of Greater Manchester's wider commitment to addressing health inequities through community led health and wellbeing and as part of that approach, we will be working to develop a sustainable creative health infrastructure including training and support for practitioners and support for communities to develop and explore their own creative health practice.

"*In Greater Manchester we are proud of our cultural richness and creativity and we know that this is core to us becoming a healthier city region*". - Paul Dennet, Salford City Mayor, Deputy Mayor for Greater Manchester and portfolio holder for Healthy Lives and Homelessness.

Alongside this strategic implementation of creative health, the Mobilising Community Assets to Tackle Health Inequalities funded research programme **'Organisations of Hope'**, led by the University of Manchester, brings together multidisciplinary and cross-sectoral stakeholders into a creative health coalition. The research is mapping existing creative health assets across GM and working to understand how these might be better used to improve health and wellbeing and increase equity.

cultural social prescribing and improving access to arts and culture in primary health care and communities, on ensuring London is a dementia and age friendly city and the promotion of better mental health, particularly for young people.

In Greater Manchester the combined authority holds devolved powers on health and social care. The Greater Manchester Creative Health Strategy is therefore integrated into the Integrated Care Partnership Joint Forward Plan, and has a specific focus on addressing health inequalities.

Where health has not been devolved, combined authorities can both benefit from and support creative health through a focus on the local creative economy, skills development and the role for creativity and culture in addressing the social determinants of health. Aligning with the ICS around these issues can create the conditions for creative health to thrive.

In West Yorkshire, where the Integrated Care System (ICS) has a longstanding commitment to creative health, there is synergy with the combined authority's creative industries strategy, which prioritises the role of culture in boosting the local economy and increasing skills. The region is currently hosting several place-based 'years of culture'. These initiatives will contribute to levelling up, and improving the health and wellbeing of the population, and can also support the further development of the creative health sector.

The Levelling Up the UK white paper considered devolution as key to its aim to level up the UK, including a reduction in health inequalities[477]. It committed to the negotiation of a devolution deal for all geographical areas, and a strengthening of local power in existing combined authorities. With some negotiations already underway, the number of devolved authorities can therefore be expected to increase in the near future. It will be important to understand the value that can be added by combined authority involvement in a creative health strategy, and the levers that each combined authority can use to support it. Establishing routes for peer learning and exchange between combined authorities will also help to spread and scale creative health more widely.

Integrated Care Systems

ICSs are partnerships of organisations that come together to plan and deliver joined-up health and care services. They are made up of Integrated Care Partnerships (ICP), an alliance of partners concerned with improving the care, health and wellbeing of the population, responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population, and Integrated Care Boards (ICB), responsible for managing the NHS budget and arranging provision of health services in the area. ICSs therefore hold the convening power to bring together stakeholders and provide a framework through which creative health providers can be better integrated as strategic partners.

In partnership with NHS England, NCCH has worked with Integrated Care Systems in Gloucestershire; West Yorkshire; Shropshire, Telford and Wrekin; and Suffolk and North East Essex to explore models for integrating creative health at a systems level. Based on this work, a Creative Health Toolkit has been developed which will support ICSs across the country to embed creative health[478].

In systems such as West Yorkshire and Gloucestershire, the value of creative health in helping the ICS to improve healthcare and population health outcomes, tackle inequalities, enhance productivity and value for money and support broader social and economic development is well recognised. Other systems are at varying stages of maturity in respect to embedding creative health. A national level Creative Health Strategy would support system leaders to explore the benefits of creative health and help to ensure that it is available and accessible to patients and communities across all 42 ICSs.

Local authority and place-based creative health

Many of the components that contribute to a healthy society fall under the remit of local authorities. Creative health initiatives also commonly operate at place or community level. Supportive leadership within local authorities and communities is therefore vital. Strategies are emerging within local authorities which recognise the wider health benefits of creativity and culture. Health outcomes are being incorporated into cultural strategies, and creative health has featured in a number of

Creative health in East Sussex County Council

East Sussex Public Health now consider arts and creativity as a key component of their prevention approach, improving quality of life and reducing the gap in healthy life expectancy for the population of East Sussex. This thinking is articulated in the **Arts in Public Health Position paper - Creating Healthier Lives, 2023**, which sights three key strategic priorities:

1. Creative Health and the Individual (micro) - Utilising creative health approaches to improve people's health and wellbeing.

2. Creative Health and Community (meso) - In collaboration with partners in the culture, arts, heritage, health, and social care systems, to build and support creative health across East Sussex localities and communities.

3. Creative Health, Systems, Networks and Partnerships (macro) - Work with the ICS and wider cross sector partners to embed and champion creative health across a wide range of service offers and settings, backed up with robust approaches to research and evaluation.

A Creative Health Delivery Action Plan is currently being developed, which sets out a range of key actions and activities that seek to establish, embed and support a sustainable and impactful creative health programme across the East Sussex system linking into the key statutory and voluntary and community systems, partnerships, networks and frameworks.

reports by Directors of Public Health, also informing Joint Strategic Needs Assessments and Health and Wellbeing Plans, which will feed into ICS strategies.

In Torbay, for example, harnessing the health and wellbeing benefits of culture is a key aim of the Cultural Strategy[479]. Torbay Culture has worked with health sector partners to develop pilot projects including singing for wellness choirs for COPD, dance for falls prevention, and mental health and wellbeing projects for both children and young people and older adults. In other councils, the impetus has come from Public Health. South Tees Public Health have been developing their creative health programme, and the Creative Health Strategy will form an integral part of their wider Health & Well Being Strategy, which will be published in March 2024. Birmingham City Council Public Health Division have formulated a three-year programme, 'Creative Public Health' which is dedicated to assessing the landscape, gathering data and identifying the current initiatives and delivery, as well as opportunities for development and growth.

The Local Government Association Commission on Culture and Local Government recommended that 'local government, regional bodies, cultural arms-length bodies and national government work together with cultural organisations and communities to take immediate action to safeguard the future of local cultural infrastructure in the context of rising costs'. This should be followed by a longer-term action plan to include 'a strategic approach to health and wellbeing in place that recognises the preventative and health benefits of culture in supporting our national recovery'[480].

Supporting community leadership

Community-based initiatives, with strong local knowledge, existing connections and established relationships, are often best placed to identify priorities and design appropriate solutions. Throughout this report, we have highlighted instances of innovative, creative solutions developed by communities based on their own assets and needs, and we have emphasised how these initiatives can be supported by systems, whilst maintaining their independent and creative spirit. National and local level networking and infrastructure organisations such as the Culture, Health and Wellbeing Alliance's regional champions[481], and regional sector support organisations, such as Arts and Health South West[482] and London Arts and Health[483], can help community providers and artists to make links with health systems and local authorities and they are an important part of the creative health ecosystem.

Within the healthcare system, Primary Care Networks (PCNs) can be a vital facilitator of

Redesigning GP services to meet community need in Bensham, Gateshead

Developing innovative ways of working closely with communities has helped a GP practice in Bensham, Gateshead, to overcome the challenge of a high number of patients with pressing social needs, exacerbated in recent years by COVID-19 and the cost of living crisis.

To achieve this it was necessary to meet patients in the 'liminal space' between systems and communities, working together to develop personalised approaches to care. The GP practice supported this work, redesigning its workforce around population need and using quality improvement methods to learn on the go. Care navigators (now known as link workers and established in GP practices across the country) were introduced to support people with their specific social needs, and links were made to the VCSE sector and community assets which could help people to improve their health and wellbeing, for example through a community allotment, or through the provision of community clubs. These spaces have proved important to opening up different kinds of conversations with patients. As the work developed, patients became volunteers, building their own skillsets and eventually taking control of the running of a community centre, providing support for their peers. New activities such as insect spotting walks and creating bee-friendly areas are emerging from the allotments, linking patients with nature and the local environment.

> *"In my practice, we have turned a burning platform into a burning ambition to engage with creativity to meet the crisis.... By being creative in this way, we are managing demand, we are growing, we are surviving, we are thriving, and what we are doing is actually working with communities in a very different way"*
>
> *Sheinaz Stansfield, Managing Partner, Oxford Terrace and Rawling Road Medical Group, Leadership and Strategy Roundtable*

Working in this way has not only benefited patients, but there has been a decrease in demand for both A&E and GP services, and the practice now has improved links to carers.

creative health. For many people, a GP practice will be their first point of contact with the healthcare system. 3500 social prescribing link workers are already in place in GP practices and are able to identify where a social activity might benefit a patient, and direct them to an appropriate community resource. There is a focus on personalisation and integration in primary care, as elsewhere in the NHS, and multidisciplinary teams, working at neighbourhood level, will be increasingly important in joining-up care for patients, and supporting PCNs to work more closely with their communities.

"Throughout the stocktake, we heard that the PCNs that were most effective in improving population health and tackling health inequalities, were those that worked in partnership with their people and communities and local authority colleagues. This partnership focuses on genuine co-production and personalisation of care, bringing local people into the workforce so that it reflects the diversity of local communities, and proactively reaching out to marginalised groups breaking down barriers to accessing healthcare". - Fuller Stocktake Next Steps for Integrating Primary Care[484]

Many PCNs are already taking a proactive approach to recognising community assets and working with their communities to build these into their offer to patients, as part of a holistic understanding of health and wellbeing.

The introduction of ICSs indicates a switch to a collaborative approach between healthcare system and the VCSE sector, people and communities. Since their introduction, cross-sector partnerships have progressed, and some funding has been made available for partnership building[485]. Nevertheless,

West Yorkshire – Strategic system level support for place-based creative health

West Yorkshire has a long history of creative health, with roots in co-produced, creative approaches to mental health, led by organisations such as **Creative Minds**, which co-funds and co-delivers projects with communities. With supportive leadership across local and regional authorities and healthcare systems, the approach has been taken forward within the ICS, which is committed to creative health, and the combined authority, where creative health is aligned with regional priorities.

The successes to date have led to the inclusion of 'Creativity and Health' in the NHS West Yorkshire ICB's **Joint Forward Plan**, which, alongside the ICP's Integrated Care Strategy, sets out how the system will support its population over the next five years. The plan sets out West Yorkshire's commitment to an active, vibrant, creative health sector and states:

"As a national leader in creativity and health, we already have good examples of where we have made a real difference through using a creativity and health approach, for example our Calderdale Creativity and Health Programme working with South West Yorkshire Partnership Foundation Trust and Creative Minds. We know that expanding this learning could help us create stronger, healthier, more resilient communities through working at a population health level. We know that it will support us in delivering targeted interventions addressing the greatest health disparities and importantly, be part of a transformation in the way health and care services look and work for everyone."

West Yorkshire ICS will work closely with the West Yorkshire Mayor's Office to develop a sustainable creative health infrastructure, aligning with the combined authorities' aims to stimulate the local economy and boost skills through the creative and cultural industries. The combined authority can also support creative health in areas such as transport and social infrastructure, ensuring everyone is able to access creative opportunities.

This cross-sectoral approach extends to academic, health and cultural sectors.

The creative health ecosystem in West Yorkshire is made up of five distinct local authority 'places' each with a strong local identity, and a network of health providers and cultural organisations. There is support from the five local authorities. West Yorkshire is investigating the development of a Creative Health Collaborative, with a Creative Health Hub at ICS level responsible to ensuring a coherent approach to strategy, communications and research, and a Creative Health Lead in each place to enable the place-based ecosystem to develop in response to local need. This will ensure bottom-up, grassroots approaches are supported strategically from the top-down.

A Mobilising Community Assets to Tackle Health Inequalities research project led by the University of Huddersfield, in partnership with Creative Minds, South West Yorkshire Partnership Foundation Trust and regional creative partners, is building the evidence-base and infrastructure for integrating creative health, looking in particular at how this work can reach those who need it most, and support the ICS to meet its targets in relation to health inequalities. A Creative Health Living Lab is planned at the University of Huddersfield to support learning and innovation to bring about the systems changes needed, underpinned with education, training and skills development to ensure a pipeline for the creative health workforce.

A series of cultural events over the coming years (Kirklees Year of Music 2023, LEEDS 2023, CultureDale - Calderdale's Year of Culture 2024, Our Year – Wakefield District 2024 and Bradford UK City of Culture 2025), as well as ongoing work in communities and within healthcare settings, will cement West Yorkshire's reputation as a pioneer of creative health and will provide important learning as to how this work can be spread and scaled in other systems.

there is still work to be done to establish an infrastructure across all health systems which provides long term support for capacity building within communities, with funding models which allow resources to reach grassroots initiatives in a sustainable way.

Key Messages

Wales shows us that a coherent approach at national level has facilitated partnerships across every part of the system, which has in turn enabled the development of creative health initiatives, in partnership with communities, to meet local need. This has had a positive impact on population health and has helped health systems to meet their key targets.

In England, creative health initiatives are proliferating from the bottom up, and, in forward-thinking systems, this process has been aided by supportive cross-sectional leadership. Creative health strategies are emerging which align creative health with local and regional strategic goals and set out clear ambitions and targets for this work. However, there is still work to do to embed creative health across all 42 ICS in England and ensure that the benefits can be felt by all.

Cross-departmental leadership from the Government will legitimise and support creative health. A dedicated national Creative Health Strategy will convene governmental stakeholders to develop a shared language and outcomes framework for creative health. It will provide the architecture through which all government departments can recognise the levers through which they can contribute to creative health, and the ways in which this will help them to meet their specific targets, while maximising the impact on population health and its related economic advantages. Removing barriers to integration and cross-sectoral working will create the conditions locally for innovative, grassroots work to thrive and for the learning from this work to be shared and built on across the country in response to local priorities.

Many of the components for such a model are already in place. Creative and cultural assets are already working well within communities, and place-based and regional strategies to support creative health are emerging. Nationally, we have seen a shift towards greater integration of services, and a focus on person-centred care, with a recognition of the link to health inequalities. We propose that bringing together these developments as part of a formalised Creative Health Strategy will have a significant impact on population health and wellbeing.

Plus One
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05 Conclusion

The benefits of creative health

Creativity can support us to live well for longer. In this report, we have presented evidence and examples that show that engaging with creativity and culture improves mental health and wellbeing and can be used across the life course in the prevention, treatment, management and recovery of physical health conditions, including those that place a significant burden on the NHS.

The report describes the diverse mechanisms through which creativity can influence health and wellbeing. It can be applied as part of a targeted intervention or care pathway for a specific health condition or as part of a holistic and person-centred approach, helping people to achieve the health and wellbeing outcomes most important to them, providing a sense of control over their own care, and improving quality of life, particularly in relation to long term conditions. Creative health encourages social connection, and can help to mitigate the effects of loneliness and isolation that we know can be so detrimental to health and wellbeing.

Creative health improves wellbeing at community level, building social capital and cohesion, and it interacts with the social determinants of health, improving the conditions in which people live, grow, work and age to prevent the onset of ill health and reduce health inequalities.

Applying creative health to challenges in health, social care and wider systems

With our health and social care systems under increasing pressure, we have set out how creative health can be applied to help tackle some of our most pressing challenges. With an increasing prevalence of mental health conditions affecting our children and young people and keeping adults out of work, we have shown how creative health can be a vital tool in creating mentally healthy societies, and in the treatment, management and recovery of mental health conditions.

We have highlighted how creative health can be effective in the co-design of services to better meet the needs of underserved communities, thereby reducing inequalities, and we highlight its role in community and place-based approaches to health inequalities, empowering communities to tackle the issues most important to them.

In the education system, access to creativity as part of the school day not only equips children with a broad range of transferrable life skills that will improve their future outcomes, it is also an important element of a whole school approach to mental health and wellbeing – vital in the face of a crisis in young people's mental health. Schools are an important part of a creative health ecosystem, and by linking up with local creative and cultural providers, as well as health and social care services, they can help to reduce inequalities.

The social care sector faces challenges in increasing demand, funding and workforce capacity. Access to creative and cultural opportunities in the community can support people with social care needs to maintain their health and wellbeing and live independently, in a way that allows them to meet their goals and ambitions. In social care settings such as care homes, creative health not only improves the wellbeing of residents, but has been shown to have a positive impact on the workforce, with the potential to improve job satisfaction and retention.

Creative activities have long supported people at the end of life, and their families and carers. We have shown how further integration of creative health into end of life care pathways could help to make sure its important physiological and psychological benefits are available and accessible to all.

Integrating creative health

It is clear that creative health has an important role to play in tackling some of the challenges we currently face. Applying creative health in this way has benefits for individuals and communities, but also for the systems themselves, and will ultimately support government to meet its ambitions.

Creative health is not just a nice to have, but fundamental to a healthy and prosperous society. Our vision is for creative health to be integral to health, social care and wider systems, with creativity recognised by the general public, healthcare professionals and policymakers as a resource to support health and wellbeing. Embedding creative health into health, social care and wider systems is vital to ensure that its

benefits are available equitably. Doing so will also help systems to meet the increasing demands put upon them.

We have set out the economic case for creative health, demonstrating that interventions can offer cost savings through a reduction in the use of healthcare services. Where the wider social value is taken into account, creative health consistently offers good value for money. More broadly, creative health will enhance the economy by reducing the avoidable costs of preventable illness, reducing pressures on healthcare services by supporting people to self-manage their conditions, and enabling people with a long term condition to remain in work.

Creative health both requires and facilitates a whole system approach. Effective and sustainable partnerships must be established between healthcare, local authorities, VCSE and cultural sectors. Cooperation is required between policymakers, funders, commissioners and providers in order to create the conditions for creative health to flourish. Integrated Care Systems present a good opportunity to facilitate this.

We have highlighted examples of systems that have embraced creative health and reaped the benefits of sustained support and investment in the approach. However, this is not happening everywhere, and often not in the areas it is most needed. There is more that we can do to ensure the benefits of creative health are available universally.

Our ask to the Government – A cross-departmental Creative Health Strategy

Leadership at government level will legitimise and support creative health. By recognising creative health as a vital component of a preventative and person-centred approach to health and wellbeing, the Government can support the mobilisation of creative, cultural and community assets to improve the health of the population, reduce pressures on the health and social care system, reduce inequalities and support an economically prosperous society. This is not the responsibility of a single government department, but requires a whole system approach - not only health in all policies, but creative health in all policies. We therefore ask for a cross-departmental approach, facilitating cross-sectoral working at all levels of the system, modelled by national policy.

Throughout the report we have outlined where government departments can benefit from creative health, and the policy levers which can support a dedicated Creative Health Strategy. The benefits of creative health will be amplified by coherent, cross-departmental support. A national strategy will convene governmental stakeholders to develop a shared language and outcomes framework for creative health.

Our recommendations indicate where individual departments can support the creative health agenda and point to areas where cross-departmental collaboration should be pursued. The resulting Creative Health Strategy should be endorsed by the Prime Minister, co-ordinated by the Cabinet Office and supported through ministerial commitment to ensure the integration of creative health across all relevant policies. The Treasury has an integral role to play in supporting the Strategy by recognising the value of investing in the approach and allocating resource. Whilst much of what we propose in this report can be achieved by rethinking the way systems work in relation to creative health, without the need for legislative change or a large amount of investment, creative health should be properly resourced. Investment in a sustainable supporting infrastructure, which allows creative health to thrive, will yield significant returns on investment. We also recommend that the Government be guided by lived experience expertise in the development of the Strategy.

Strong regional leadership is also necessary for creative health to fulfil its potential. Devolution provides opportunities for combined authorities to draw on creative health to improve health and wellbeing in their areas, leading to wider benefits in the long term. Creative health can align with combined authority priorities in relation to cultural policy, creative industries, skills development and economic productivity. We recommend that Metro Mayors consider how their devolved powers can support creative health in their region and work in partnership with ICS leaders to deliver coherent strategies and develop

sustainable creative health infrastructure at scale, making best use of local assets.

In order to create a healthier, happier and economically flourishing society, a new approach to health and social care is necessary. A health and social care system that is fit for the 21st century should be health-creating and not just illness-focused. It should be preventative, addressing the social determinants of health, and person-centred, prioritising the holistic needs of people and patients. Such a shift will require a joined-up approach across society and within government. Creative health should be integral.

Key messages

- Creative health is fundamental to a healthy and prosperous society. Its benefits should be available and accessible to all.
- Creative health should form an integral part of a 21st-century health and social care system – one that is holistic, person-centred, and which focuses on reducing inequalities and supporting people to live well for longer.
- Creating the conditions for creative health to flourish requires a joined-up, whole system approach incorporating health systems, local authorities, schools, and the cultural and VCSE sectors.

Bringing Joy to the Streets, East Marsh United
© Kelly McLaughlin, Through My Eyes Photography

Acknowledgements

Our grateful thanks to the Commissioners who provided wise and expert guidance for the Review. They are listed below and you can find out more about them on the NCCH website. We had stimulating and informative meetings with them following each of the roundtables and a meeting at the Garden Museum in September to discuss the final report and recommendations. Our grateful thanks to Christopher Woodward, the Director, for hosting us in their beautiful space. We are also very grateful to our Lived Experience Panel, each of whom contributed to one of the roundtables with powerful testimonies and stories. They are also listed below and you will read their words throughout the report. Thank you also to the artists with lived experience who have made creative commissions in response to the roundtable themes. These can be seen on the NCCH website. We are very grateful to everyone who contributed to the roundtables. They represent a wide range of expertise: artists and arts organisations, academics, health professionals, policy makers and leaders from grassroots to systems. Thank you to the Officers of the All-Party Parliamentary Group on Arts, Health and Wellbeing: Rt Hon. Lord Howarth of Newport CBE; Tracey Crouch CBE MP; Rachel Hopkins MP; Rt Hon. Baroness Morgan of Cotes; Baroness Meacher OBE, and Baroness Andrews OBE, and to the trustees of the National Centre for Creative Health: Bill Boa; Professor Helen Chatterjee MBE; David Clayton-Smith; Dr Guddi Singh; Debbie Teale; Professor Martin Green OBE; and Nancy Hey. Thank you to our funders: Arts Council England: Arts and Humanities Research Council; The Baring Foundation; Oak Foundation; and Paul Hamlyn Foundation. And thank you to David Shrigley for generously allowing us to use images from the 2017 Creative Health Short Report, adapted to say 'creative health', on the covers of this report.

Commissioners

Tracy Brabin
Madeleine Bunting
Tracey Crouch CBE MP
Dame Caroline Dinenage DBE MP
Professor Ilora Finlay, Baroness Finlay of Llandaff
Monty Don OBE
Dr Darren Henley CBE
Rt Hon. Lord Alan Howarth of Newport CBE
Professor Sir Michael Marmot
Professor Martin Marshall CBE
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Lived Experience Panel

Phillipa Anders
Gabby Broadhurst
Lucy James
Kiz Manley
Kelly MacLaughlin
Gemma O'Brien
Mah Rana
Surfing Sofas
Debs Teale
David Tovey

Appendices

Appendix 1 – Roundtable Overview

Creative Health Review Online Launch
Thursday 13th October 2022, 3 – 4pm
Registered attendees: 450
Chaired by Lord Alan Howarth, NCCH Chair, and Co-Chair of the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPG AHW)

Speakers included: Tracy Brabin, Mayor of West Yorkshire; Madeleine Bunting, Author of Labours of Love, The Crisis of Care; Tracey Crouch CBE, MP; Dame Caroline Dinenage DBE, MP ; Monty Don OBE, Writer, Gardener and Broadcaster; Dr Darren Henley CBE, CEO of Arts Council England; Professor Martin Marshall CBE, Chair of the Royal College of General Practitioners and GP; James Sanderson, Director of Community Health and Personalised Care, NHS England; Debs Teale, Lead Peer Support Development Coordinator at the South West Yorkshire Partnership NHS Foundation Trust and NCCH Trustee; Rob Webster CBE, Chief Executive of the NHS West Yorkshire Integrated Care Board; Baroness Lola Young of Hornsey OBE, Crossbench member of the House of Lords, Co-Chair of the Foundation for Future London, and Chancellor of the University of Nottingham.

Mental Health and Wellbeing across the Life Course

Thursday October 27th 2022 10am – 12 noon
Registered attendees: 154
Chaired by Baroness Molly Meacher, Vice Chair, All-Party Parliamentary Group on Arts, Health and Wellbeing (APPG AHW).

Speakers included: Staff and young people from 42nd Street; Professor Dame Sue Bailey, Chair, Centre for Mental Health; David Cutler, Director, The Baring Foundation; Dr Daisy Fancourt, Associate Professor of Psychobiology & Epidemiology and Director, World Health Organisation Collaborating Centre for Arts & Health, UCL; Anne Longfield CBE, Chair, Commission on Young Lives; Kiz Manley, Hip Hop Heals Founder, Tutor, Counsellor; Sue Stuart-Smith, psychiatrist, psychotherapist and author of The Well Gardened Mind; Debs Teale, NCCH Trustee and advocate for creative health; Salma Yasmeen, Deputy Chief Executive and Executive Director of Strategy and Change, South West Yorkshire Partnership NHS Foundation Trust

Health Inequalities

Thursday December 1st 2022 – 10am – 12 noon
Registered attendees: 202
Chaired by Professor. Helen Chatterjee MBE, NCCH Trustee, and Professor of Human and Ecological Health, UCL Biosciences, and UCL Arts & Sciences and Research Programme Director for Health Inequalities, UKRI AHRC.

Speakers included: Dr Ruth Bromley, GP and Clinical Lead for Homeless Health, Greater Manchester Integrated Care, Lead for Ethics & Law, Manchester Medical School; Liz Morgan FFPH, Interim Executive Director for Public Health and Community Services, Northumberland County Council; David Tovey, Artist, educator and activist. Co-Director of Arts and Homelessness International; Rose Sergent, Health and Science Producer, Contact Theatre, Manchester; Josie Moon and Kelly McLaughlin, East Marsh United. Unfortunately, speaker Sandra Griffiths, Founder and Director, Red Earth Collective and Health and Wellbeing Consultant, was due to speak but was unable to join on the day.

Social Care

Thursday January 26th 2023 – 10am – 12 noon
Registered attendees:264
Chaired by Professor Martin Green OBE, NCCH Trustee, and Chief Executive of Care England.

Speakers included: Tom Craig, Community and Learning Producer, with Plus One Composer Lucy James, Plus One, Derby Theatre; Lucinda Jarrett, Rosetta Life, and Anndeloris Chacon, Bristol Black Carers; Douglas Noble, Strategic Director of Adult Social Care and Healthcare, Live Music Now, with Shona Bradbury, Manager, and Tracey Judd, Lead Lifestyle Coordinator at Appleby House Care Home; Arti Prashar, Artist and Consultant; The Southbank Centre Arts & Wellbeing Team - Jessica Santer, Head of Creative Learning with Bernadette Russell, storyteller and author, lead artist on the Skylark Cafe project; Karen Culshaw, Policy Manager, Adult Social Care, Care Quality Commission (CQC); David Cutler, Director, The Baring Foundation; Grace Meadows, Campaign Director, Music for Dementia; Liz Jones, Policy Director, National Care Forum; Edna Petzen,

Specialist Marketing and Communication Consultant to the Adult Social Care sector.

End of Life Care and Bereavement

Tuesday February 7th 2023 10am – 12 noon
Registered attendees: 204
Chaired by Dr Guddi Singh, NCCH Trustee, and Consultant Paediatrician, TV broadcaster.

Speakers included: Anna Ledgard, End of Life Doula, Teacher, Producer and Project Manager; Justine Robinson, Therapies and Wellbeing Manager, Pilgrims Hospice; Dr Lucy Selman, Associate Professor in Palliative and End of Life Care, University of Bristol; Lucy Turner, Producer, Civic Engagement & Education Team, The Whitworth Art Gallery, Manchester – with Laura Gallagher, participant – 'Still Parents', a programme using art to support parents who have experienced the loss of a baby in pregnancy or just after birth; Imogen Thomas, Hospice UK, with Myra Appannah and Simon Wilkinson from BRiGHTBLACK productions and Meg O'Malley and Ruth Milne from Single Homeless Project – The Dying Matters Community Grants Fund; Phillipa Anders - Lived experience speaker; Tim Straughan, Director of Personalised Care NHS @ Home.

Education and Training

This theme includes two roundtables on Tuesday March 21st 2023
Registered attendees:151
10 – 11.30am (Session 1): Creativity for health and wellbeing in the education system
Chaired by The Rt Hon. Baroness Estelle Morris of Yardley.

Speakers included: Sally Bacon, Founder member and Co-Chair, Cultural Learning Alliance; Zoë Armfield, Head of Learning, Royal Liverpool Philharmonic; Sarah Williams, Head Teacher, Faith Primary Academy; Professor Nicola Walshe, Pro-Director of Education, Institute of Education, UCL; Yogesh Dattani, Head of Ealing Music Hub; Alex Evans, Artistic Director and CEO, Kazzum Arts; Martin Wilson MBE, Executive Director at TinArts; Heather Corlett, Programme Lead, North East and North Cumbria Child Health and Wellbeing Network; Cara Verkerk, Art Room Project Leader, Place2Be.

2 – 3.30pm (Session 2): Creative Health – Workforce development and wellbeing
Registered attendees: 132
Chaired by Nancy Hey, NCCH Trustee, and Executive Director of the What Works Centre for Wellbeing.

Speakers included: Victoria Hume, Director of the Culture, Health & Wellbeing Alliance; Nick Ponsillo, Director of Philip Barker Centre for Creative Learning at The University of Chester; Prof Vicky Ridgway, Associate Dean, Faculty of Health, Medicine and Society, University of Chester; Dr Ranjita Dhital- Pharmacist, Sculptor and Lecturer in Interdisciplinary Health Studies, Arts and Sciences Department, UCL; Dr Claire Howlin, Research Fellow in Creative Health, UCL; Dr Louise Younie, GP and Clinical Reader in Medical Education at Queen Mary University of London; Sivakami Sibi, Medical Student; Hamaad Khan, Development Support, Global Social Prescribing Alliance; Laura Waters - Head of Arts, Air Arts, University Hospitals of Derby and Burton NHS Foundation Trust; Claire Cordeaux, Chief Executive Officer, British Association for Performing Arts Medicine; Dr Gail Allsopp - Executive Medical Director, British Association for Performing Arts Medicine; Hannah Sercombe, London Arts and Health and MASc in Creative Health Alumni; Dr. Julia Puebla Fortier, London School of Hygiene and Tropical Medicine, and Research Associate, Arts & Health South West.

Cost-effectiveness, Evidencing Value for Money and Funding Models

Thursday April 27th 2023 – 10am – 12 noon
Registered attendees: 129
Chaired by Professor. Helen Chatterjee MBE, NCCH Trustee, and Professor of Human and Ecological Health, UCL Biosciences, and UCL Arts & Sciences and Research Programme Director for Health Inequalities, UKRI AHRC.

Speakers included: Victoria Hume, Director, Culture, Health and Wellbeing Alliance; Ellen Rule, Deputy CEO/Director of Strategy and Transformation at Gloucestershire Integrated Care Board; Cath Wilkins and Xanthe Wood, Gloucestershire Creative Health Consortium; Helen Sharp, Director, Ideas Alliance; Tim Joss, Chief Executive & Founder of Aesop; Dr Andy Healey, Senior Health Economist, King's College London; Dr Marie Polley, Director, Marie Polley

Consultancy; Co-Founder, Social Prescribing Network and Co-lead, International Evidence Collaborative, National Academy of Social Prescribing; Dr Daniel Fujiwara, CEO, Simetrica-Jacobs & Department of Psychological and Behavioural Science, London School of Economics.

Leadership and Strategy - Embedding Creative Health in Integrated Care Systems

Tuesday May 16th 2023 - 10am - 12 noon
Registered attendees: 218
Chaired by David Clayton-Smith, NCCH Trustee, and Chair of Kent Surrey & Sussex AHSN, and Joint Chair of Dorset County Hospital NHS FT and Dorset HealthCare NHS FT.

Speakers included: Tracey Bleakley, Chief Executive of NHS Norfolk and Waveney Integrated Care Board; Dr Jane Povey, Clinical Lead for Personalised Care, Shropshire, Telford and Wrekin ICB; Deborah Munt and Carol Massey, Ministry of Others - Integrating Creative Health into West Yorkshire ICS; Nesta Lloyd-Jones, Assistant Director, Welsh NHS Confederation; Sheinaz Stansfield, Managing Partner, Oxford Terrace and Rawling Road Medical Group; Mah Rana, Co-Director, Lived Experience Network; Matthew Couper, Co-Director, London Arts and Health.

Appendix 2 – Call for Contributions

Our Call for Contributions welcomed submissions from those involved with creative health or who have experienced its benefits. We received 65 submissions covering a diverse range of topics, which demonstrated the breadth and depth of activity across the sector and highlighted exciting new developments. All submissions informed our thinking throughout the process, and we are grateful to those who took the time to contribute.

Submissions were received from researchers, policymakers, local authorities, creative health organisations and practitioners, arts and cultural organisations engaging with health and wellbeing, and educators. We were privileged to read testimony about the benefits of creative health from those with lived experience, many of whom described how they had converted this personal experience into creative health practice.

We were presented with evidence of the benefits of creative health in communities, in rural and coastal areas, hospitals, hospices, care homes, the criminal justice system, galleries and museums, in schools and in further and adult education settings. Activities included visual arts, reading, gardening, cookery, dance, singing, music-making, creative writing, virtual reality and immersive technologies and heritage-based activities. Evidence and examples were provided of the use of creative health in diverse populations and across a range of health conditions. It is also being used to reduce stigma and discrimination, to raise awareness of climate injustice and address eco-anxiety, and applied in communities to provide opportunities for social connection, to improve community spirit and to address health inequalities. Creative research methods are employed with different groups of people to better understand need, and design principles are supporting the co-design of services.

In response to the question 'what do you think is needed to support the widespread use of creative health activities and approaches and/or the integration of creative health into health and social care systems?' some clear themes arose:

- The importance of sustainable funding for creative health practice. Short term, project-based funding was cited as a barrier to creative health provision. Funding models which support not only delivery but also the core costs of the organisation or practitioner, research and evaluation and professional development opportunities were considered necessary. This would help to ensure long term support for participants, with pathways for progression to other programmes and activities.
- A need for joined-up approaches between health and social care and the VCSE sector. This should include clearer referral routes and funding models that consider the creative health ecosystem in the round, with investment flowing from health to community and creative interventions.
- Training opportunities, including education and training in creative health for healthcare professionals
- A greater awareness of the benefits of creative health amongst policymakers, healthcare professionals and the general public

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I am 'Lived Experience and Programme Coordinator' for the 'Mobilising Community Assets to Tackle Health Inequalities Programme', based at UCL. I harness the power of lived experience to promote people-powered change. I am the UK's first Hip Hop Therapist. My MSc in Creative Writing for Therapeutic Purposes thesis explored the lived experiences of rappers and the therapeutic potential of Hip Hop. I founded Hip Hop HEALS to spread knowledge about Trauma-Informed Hip Hop. I host and produce 'Glowitheflow' podcast on therapeutic Hip Hop, offering radical solutions to homelessness and mental ill health.

Kiz Manley

Bertrand Russell was quoted as saying: 'the idea that the poor should have leisure has always been shocking to the rich'. Evidence shows that cultural and creative activities are good for mental and physical health. To reduce health inequalities, then, we need to create the conditions for the benefits of cultural and creative activities to spread to all members of society. It should form a key part of breaking the link between relative poverty and poor health.

Professor Sir Michael Marmot

I am a theatre composer, sound designer, producer, multi-instrumentalist and facilitator based in Greater London. As a queer, care experienced and working class creative practitioner from the Midlands, I take pride in using my lived experience of participating with Plus One to champion underrepresented narratives through my artistic endeavours, including Stage Award winning Plus one VR production 'Odyssey'. I also facilitate many community projects as part of my ongoing inquiry into the relationship between creativity and wellbeing. In 2023, I completed my Songwriting MA at ICMP London where I now work as a lecturer.

Lucy James

When human beings live well, they get the chance both to explore their own creativity and to connect with artists, arts organisations, museums and libraries. So, this review is both timely and vital. Its recommendations build on our increasing investment over the past five years and the growing recognition of the benefits of creative health. When creative professionals and health professionals work together, we can make real change happen, helping more people, in more places, lead more fulfilled, healthier, happier lives. And surely there can be no greater reason for investing public money than that?

Dr Darren Henley CBE

After a career in music, education and creative health, I find myself offering a very different perspective: in December 2020 my husband died. Ever since I've been going through a process of reprioritising ... instead of spending my time enabling others to do creative things, I now find great comfort in also exploring my own creativity. More needs to be done to guarantee an equitable offer for anyone that needs it. Bereavement is a very lonely space – we need to support people better at this incredibly vulnerable time and creativity has a vitally important role to play in this.

Phillipa Anders

Creative health makes compelling sense at two levels. We all know the exercise of personal creativity is good for our wellbeing. The evidence also demonstrates that it is good for our health. We also know that the NHS alone cannot preserve the health of the nation. Creative health practices can help significantly to prevent ill health and should be seen as one of the social determinants of health. Policy-makers should heed the case made here by the commissioners as well as the testimony of many people who have benefited profoundly from creative health.

Rt Hon. Lord Alan Howarth of Newport CBE

Our emotional health is deeply influenced by our surroundings, our ability to find fulfilment and a sense of belonging. An intrinsic part of knowing ourselves comes from our creativity, fostered by our environment and the actions of those around us. Loneliness is a killer – we all need to have a role and be able to find ways to express our inner emotions. This important comprehensive report is a compendium for a more holistic approach to people being able to live well, particularly in the face of difficulties in life. It is a major contribution to the recognition of creative health interventions.

Professor Ilora Finlay, Baroness Finlay of Llandaff

I have advocated the need for a more co-ordinated strategy to improve wellbeing for some time now. The Creative Health Review is another excellent piece of research that proves why and how we can do more to prevent ill health by investing in more than just pharmaceutical products. Every MP will have a brilliant organisation in their constituency doing something creative to support the wellbeing of others and with just a small amount of additional support could be transformational for our local health services.

Tracey Crouch CBE MP

Our western approach to health is dominated by sickness with the assumption that health is the absence of ill-health, not needing attention or resources. But health is always a combination of physical, mental, social and spiritual wellbeing, all of which should be nurtured and encouraged. There is overwhelming evidence that engagement with creative activity can do much to heal mental illnesses such as depression and anxiety, as well as countering loneliness. A government that embraces this is itself being creative as well as contributing responsible, practical measures to reduce the impossible costs of ill-health.

Monty Don OBE

Creative Health is fundamental to human flourishing and essential to tackling the dis-eases of 21st century Britain, in particular that of mental health and of health inequality. It is not optional but vital to bring confidence and vitality to marginalised communities and individuals. And it is cost effective, by reducing costs of medical intervention and by ensuring the wellbeing which is central to the economy.

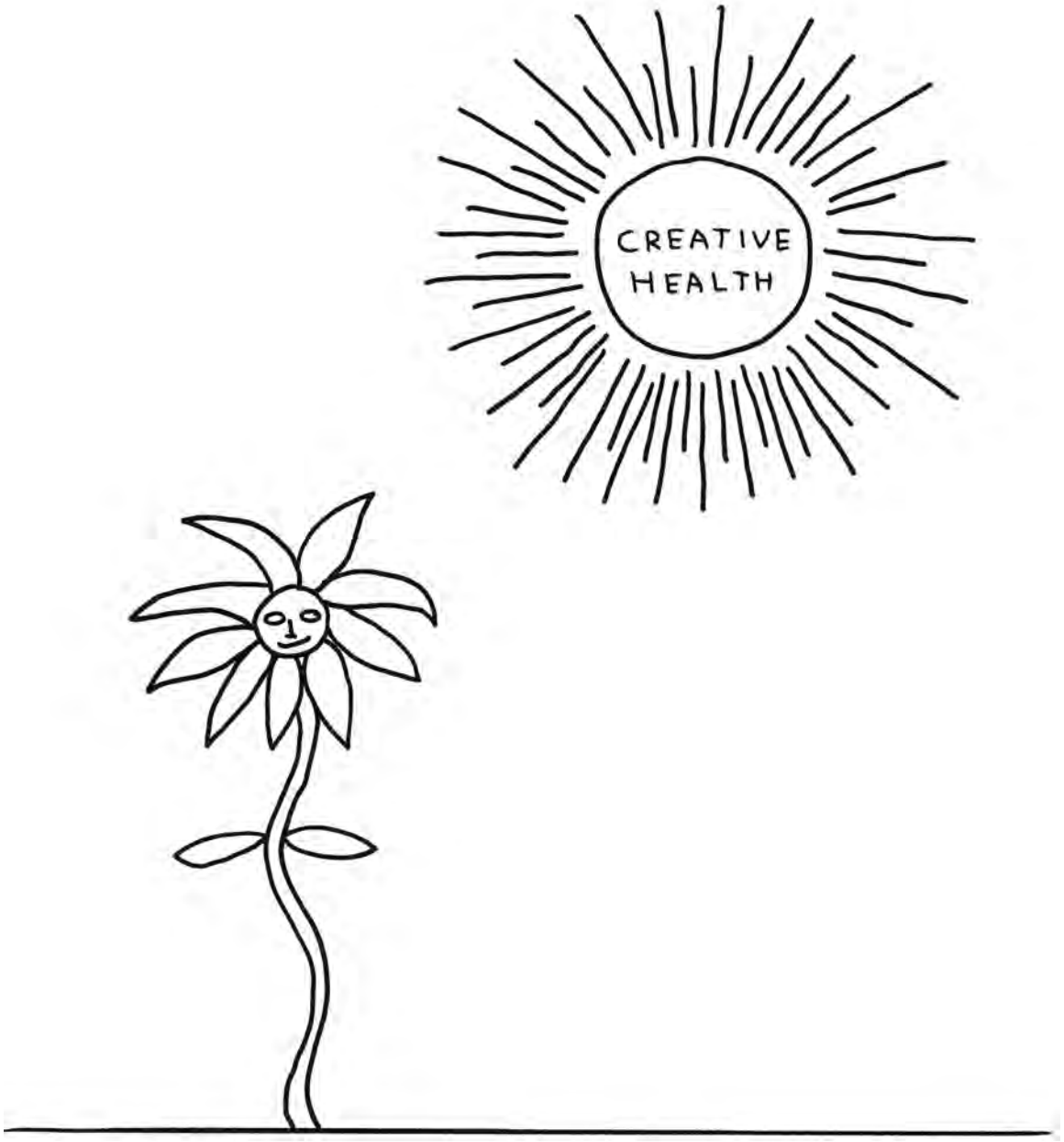
Madeleine Bunting

In many ways the Creative Health Review doesn't tell us anything we don't already know, but brings a range of evidence together in a way that, hopefully, policy makers can no longer ignore. Taking a creative, holistic, approach can improve health, tackle ill health, and drive meaningfully better quality of life .... and death. These do not solely benefit the individuals concerned, but the wider community, health and care system - and our economy. I am proud to have played a part in this project, and I hope those in the driving seat see the power and potential within its pages.

Dame Caroline Dinenage DBE MP

Working with the Integrated Care Board and other partners, we're pioneering West Yorkshire as a region of creative health, boosting inward investment, world-class research and good, well-paid jobs. Our Years of Culture in Calderdale and Wakefield throughout next year, building to Bradford UK City of Culture 2025, will highlight how our thriving creative industries are supporting health and wellbeing across the region. I'm confident that our focus on creative health will deliver healthier, happier communities within a stronger, brighter West Yorkshire.

Tracy Brabin



You can read this report as an interactive pdf here: https://ncch.org.uk/creative-health-review

To contact the National Centre for Creative Health and the All-Party Parliamentary Group on Arts, Health and Wellbeing please email: info@ncch.org.uk

More information about our work can be found here: www.ncch.org.uk

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Designed by Steers McGillan Eves

The Creative Health Review has been part funded by UK Research and Innovation's Arts and Humanities Research Council (Grant Ref: AH/W006405/1; PI HJ Chatterjee) through a partnership between the NCCH and University College London (The Culture Nature Health Research Group), who lead a national programme of research entitled 'Mobilising community assets to tackle health inequalities'.

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