"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 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, 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 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

"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

"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.”

Lord Layard

"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.”

Izzie Seccombe, Leader of Warwickshire County Council; Chair, LGA Community Wellbeing Board

"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

"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

"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

"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.”

Lord Layard
Creative Health: The Arts for Health and Wellbeing

July 2017
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>4</td>
</tr>
<tr>
<td>Summary</td>
<td>10</td>
</tr>
<tr>
<td>1 The Arts for Health and Wellbeing</td>
<td>14</td>
</tr>
<tr>
<td>1.1 Defining Health</td>
<td>16</td>
</tr>
<tr>
<td>1.2 Defining Wellbeing</td>
<td>17</td>
</tr>
<tr>
<td>1.3 Defining the Arts</td>
<td>19</td>
</tr>
<tr>
<td>1.4 Interactions Between the Arts, Health and Wellbeing</td>
<td>20</td>
</tr>
<tr>
<td>2 The Arts and the Social Determinants of Health and Wellbeing</td>
<td>24</td>
</tr>
<tr>
<td>2.1 The Social Determinants and Health Policy</td>
<td>27</td>
</tr>
<tr>
<td>2.2 Environmental Adversity</td>
<td>28</td>
</tr>
<tr>
<td>2.3 Health Inequalities and the Arts</td>
<td>29</td>
</tr>
<tr>
<td>2.4 Arts Participation Across the Social Gradient</td>
<td>30</td>
</tr>
<tr>
<td>3 Considering the Evidence</td>
<td>32</td>
</tr>
<tr>
<td>3.1 Quantitative Methods</td>
<td>34</td>
</tr>
<tr>
<td>3.2 Measuring Wellbeing</td>
<td>35</td>
</tr>
<tr>
<td>3.3 Qualitative Methods</td>
<td>36</td>
</tr>
<tr>
<td>3.4 Economic Analysis</td>
<td>37</td>
</tr>
<tr>
<td>3.5 Deploying the Evidence Base</td>
<td>39</td>
</tr>
<tr>
<td>3.6 Inquiry Meeting on Evidence</td>
<td>39</td>
</tr>
<tr>
<td>4 The Policy, Commissioning and Funding Landscape</td>
<td>44</td>
</tr>
<tr>
<td>4.1 An Emphasis on Prevention</td>
<td>46</td>
</tr>
<tr>
<td>4.2 Management of Long-Term Conditions</td>
<td>47</td>
</tr>
<tr>
<td>4.3 Commissioning in Health and Social Care</td>
<td>50</td>
</tr>
<tr>
<td>4.4 Integration of Health and Social Care</td>
<td>50</td>
</tr>
<tr>
<td>4.5 Parity of Esteem Between Physical and Mental Health</td>
<td>51</td>
</tr>
<tr>
<td>4.6 Policy for Arts, Health and Wellbeing</td>
<td>52</td>
</tr>
<tr>
<td>4.7 The Funding Landscape</td>
<td>55</td>
</tr>
<tr>
<td>4.7.1 Health and Social Care Funding</td>
<td>55</td>
</tr>
<tr>
<td>4.7.2 Arts and Heritage Funding</td>
<td>58</td>
</tr>
<tr>
<td>4.7.3 Charitable Funding</td>
<td>59</td>
</tr>
<tr>
<td>4.7.4 Private-Sector Funding</td>
<td>60</td>
</tr>
<tr>
<td>5 Place, Environment, Community</td>
<td>62</td>
</tr>
<tr>
<td>5.1 The Natural and Built Environments</td>
<td>64</td>
</tr>
<tr>
<td>5.2 Healthcare Environments</td>
<td>66</td>
</tr>
<tr>
<td>5.3 Devolution</td>
<td>69</td>
</tr>
<tr>
<td>5.4 Place-Based Commissioning</td>
<td>70</td>
</tr>
<tr>
<td>5.5 Arts on Prescription</td>
<td>72</td>
</tr>
<tr>
<td>5.6 Museums, Libraries and Health</td>
<td>76</td>
</tr>
<tr>
<td>5.7 Age-Friendly Cities and Communities</td>
<td>77</td>
</tr>
<tr>
<td>5.8 Dementia-Friendly Communities</td>
<td>77</td>
</tr>
<tr>
<td>5.9 The Arts and Marginalised Communities</td>
<td>79</td>
</tr>
<tr>
<td>6 Childhood, Adolescence and Young Adulthood</td>
<td>82</td>
</tr>
<tr>
<td>6.1 Gestation and Birth</td>
<td>84</td>
</tr>
<tr>
<td>6.2 Perinatal Mental Health</td>
<td>85</td>
</tr>
<tr>
<td>6.3 Early Childhood Development</td>
<td>86</td>
</tr>
<tr>
<td>6.4 Education</td>
<td>90</td>
</tr>
<tr>
<td>6.5 Recovery from Illness and Management of Long-Term Conditions</td>
<td>93</td>
</tr>
<tr>
<td>6.6 Improving Mental Health and Wellbeing</td>
<td>94</td>
</tr>
<tr>
<td>6.7 Children’s Healthcare Environments</td>
<td>98</td>
</tr>
<tr>
<td>7 Working-Age Adulthood</td>
<td>100</td>
</tr>
<tr>
<td>7.1 Workplace Health</td>
<td>102</td>
</tr>
<tr>
<td>7.2 Improving Mental Health and Wellbeing</td>
<td>103</td>
</tr>
<tr>
<td>7.3 Recovery from Illness and Management of Long-Term Conditions</td>
<td>105</td>
</tr>
<tr>
<td>7.4 Adult Healthcare Environments</td>
<td>109</td>
</tr>
<tr>
<td>7.5 The Criminal Justice System</td>
<td>109</td>
</tr>
<tr>
<td>7.6 Post-Traumatic Stress</td>
<td>112</td>
</tr>
<tr>
<td>7.7 The Arts in Health Education</td>
<td>113</td>
</tr>
<tr>
<td>7.7.1 Undergraduate and Postgraduate Education</td>
<td>114</td>
</tr>
<tr>
<td>7.7.2 Improving Staff and Patient Wellbeing</td>
<td>115</td>
</tr>
<tr>
<td>7.8 Health and Care as Routes for Arts Professionals</td>
<td>116</td>
</tr>
<tr>
<td>7.9 Public Engagement Platforms</td>
<td>117</td>
</tr>
<tr>
<td>8 Older Adulthood</td>
<td>120</td>
</tr>
<tr>
<td>8.1 Healthy Ageing</td>
<td>122</td>
</tr>
<tr>
<td>8.2 Dance and Falls Prevention</td>
<td>125</td>
</tr>
<tr>
<td>8.3 Combating Social Isolation</td>
<td>126</td>
</tr>
<tr>
<td>8.4 Museums on Prescription</td>
<td>128</td>
</tr>
<tr>
<td>8.5 Residential Care</td>
<td>128</td>
</tr>
<tr>
<td>8.6 The Arts and Dementia</td>
<td>130</td>
</tr>
<tr>
<td>8.6.1 Delaying Onset</td>
<td>131</td>
</tr>
<tr>
<td>8.6.2 Cognitive Functioning</td>
<td>131</td>
</tr>
<tr>
<td>8.6.3 Personhood and Quality of Life</td>
<td>132</td>
</tr>
<tr>
<td>8.6.4 Music</td>
<td>133</td>
</tr>
<tr>
<td>8.6.5 Singing</td>
<td>134</td>
</tr>
<tr>
<td>8.6.6 Dance</td>
<td>134</td>
</tr>
<tr>
<td>8.6.7 Visual Arts</td>
<td>135</td>
</tr>
<tr>
<td>8.6.8 Digital Arts</td>
<td>135</td>
</tr>
<tr>
<td>8.6.9 Performing Arts</td>
<td>136</td>
</tr>
<tr>
<td>8.6.10 Written and Spoken Word</td>
<td>136</td>
</tr>
<tr>
<td>8.6.11 Community Festivals</td>
<td>136</td>
</tr>
<tr>
<td>8.6.12 Dementia-Friendly Design</td>
<td>137</td>
</tr>
<tr>
<td>9 End of Life</td>
<td>140</td>
</tr>
<tr>
<td>9.1 Dying Well: The Hospice Movement</td>
<td>142</td>
</tr>
<tr>
<td>9.2 Beyond the Hospice Movement</td>
<td>143</td>
</tr>
<tr>
<td>9.3 Environment Design</td>
<td>145</td>
</tr>
<tr>
<td>9.4 Finding Meaning in the Story of Life</td>
<td>146</td>
</tr>
<tr>
<td>9.5 Legacy</td>
<td>147</td>
</tr>
<tr>
<td>9.6 Finding Voice</td>
<td>147</td>
</tr>
<tr>
<td>9.7 Bereavement</td>
<td>148</td>
</tr>
<tr>
<td>9.8 Children and Adolescents</td>
<td>149</td>
</tr>
<tr>
<td>9.9 A Public Conversation About Death</td>
<td>149</td>
</tr>
<tr>
<td>9.10 Training and Professional Development</td>
<td>150</td>
</tr>
<tr>
<td>10 Recommendations and Next Steps</td>
<td>152</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>158</td>
</tr>
<tr>
<td>Inquiry Partners And Funders</td>
<td>166</td>
</tr>
<tr>
<td>Abbreviations</td>
<td>168</td>
</tr>
<tr>
<td>References</td>
<td>170</td>
</tr>
</tbody>
</table>
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:

1. The arts can help keep us well, aid our recovery and support longer lives better lived.
2. The arts can help meet major challenges facing health and social care: ageing, long-term conditions, loneliness and mental health.
3. 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 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 drawn on roundtable discussions, we have 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, legislative and funding landscape as it 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 stages of the life course. The popular 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.

We firmly believe that the arts can be enlisted 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 far more an example of the instrumentalisation of the arts, 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 grounds that the arts confer benefit 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 medical curricula in many countries, such as Australia, Cuba and the Nordic countries. We have been told, yielded new insights and enabling patients to take a more active role in their own health and care; improving recovery from illness; 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 make the case here that the arts are a vital part of the public health landscape and therefore an essential part of the public health system. 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 effective use of medical and social resources.

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 underplayed. 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 arts on health, far fewer seem to be making a contribution they can make to improving health or in extending their audiences through such work. It is difficult to say that these are matters 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 local and city-region expenditure, have not given high priority to spending on the arts. Other discretionary items – well-maintained public spaces, cleaner streets, leisure opportunities, phases of the life course – are often valued as part of the public health agenda 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 system 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
intensely focused on acute medicine and too little on prevention or the management of chronic conditions. Commissioning methodologies have priority been given to outcomes, squeezing innovation out. Unremittent pressures have made it difficult for people to reflect and try different approaches. Perhaps they should be reminded of Lord Buhagiar’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 makers would look 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 these 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 Prime Minister’s 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 it will be followed up, and that leadership by a host of decision-makers. People in positions of responsibility, whether commissioners or arts professionals, are free to mobilise the arts in health and social care if they judge it appropriate to do so.

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

The Prime Minister has signified her commitment to more responsive, patient-focused, and community-oriented care. In deference to the proprieties of devolution, the In this report we are addressing a range of 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 authorising arts on prescription. The NHS England is calling for much greater staff, patient and community involvement in the design and delivery of services while also working collaboratively with and, when appropriate, engaging with other providers. The responsibilities for primary care to design a systematic and equitable approach to self-care and social prescribing. This is a move that will be welcomed by many, but it must be clear about what it is trying to achieve and how it is going to do it.

In this report we are addressing a range of service providers, including primary care, social care, arts organisations, healthcare providers, social care providers, artists, therapists and arts organisations. 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.

Health and wellbeing 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 organisations to have fun 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 particularly the number of our members, including Baroness Andrews, Lord Richard, Lord Crisp, Rt Hon, Baroness Morris of Yardley, Rt Hon, Paul Hamlyn Foundation and Wellcome. They have been extraordinarily fortunate to be supported by them in this project. We have been very much appreciated and acted upon.

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.
**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.

**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.

**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.

After 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.

£1 spent on early care and education has been calculated to save up to £13 in future costs. 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 4,500 practitioners accredited by the Health and Care Professions Council.

As 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.

- Music therapy reduces agitation and need for medication in 67% of people with dementia.
- Arts therapies help people to recover from brain injury.
- Arts therapies have been found to alleviate anxiety, depression and stress while increasing resilience and wellbeing.

**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.

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.

**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.

**Arts Therapies**

- Arts therapies help people to recover from brain injury.
- Arts therapies have been found to alleviate anxiety, depression and stress while increasing resilience and wellbeing.

**Attendance at Cultural Venues and Events**

- 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.

**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.
The creative impulse is fundamental to the experience of being human. We might express this in a range of well, creative writing, dance, design (including architecture), drama, film- or music-making or singing, by ourselves or with others; increasingly, we might make creative use of digital media. We might 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.

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 arts are to our health and wellbeing and form the basis of a separate fifth chapter.

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 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 qualitatively 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.

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 the balance of the arts can be used as an avital 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 systems is facing and improve the humanity, value for money and overall effectiveness of this complex system.

The natural and built environments have a profound impact upon our health and wellbeing. Within this healthcare-centric, 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-prescribing aims to reduce anxiety, depression and stress and aid in the management of long-term conditions.

Given 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 of equal involvement by people using services and people responsible for them, not only in design and delivery but also in evaluation and refinement.

Summary

1. The Arts for 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 countries and within countries creates large differentials in health and wellbeing. To take just one example, children born into families at the lowest economic and 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 countries outside of England are increasingly using arts-based strategies to address the social determinants of health. In attempting to show how the arts can address the range of mental 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.

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 health. 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 troubling problems in children can be addressed through both the participatory arts and arts therapies.

The 2018 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 other supporting 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 derived from disadvantaged backgrounds. This report 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. For example, people with dementia, including young people, improvised dance can diminish acute pain, accelerate rehabilitation from brain injury and aid in the physical and emotional recovery of people with 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.
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 cause of sickness absence from work is 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 staying 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 85,000 older people in the UK have a dementia diagnosis, predicted to increase to one million by 2021 and two million by 2050. 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.
1

The Arts for Health and Wellbeing
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

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.\(^1\) 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.\(^2\)

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’.\(^3\) 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.\(^4\) This report considers the arts as an element of psychosocial care with a part to play in the creation of a healthy society.

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.\(^5\) 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 well-being.

A manifesto for a healthy and health-creating society – drafted by Lord Crisp in a group including Lord Adesowale, Lord Bird, Baroness Lamont 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 included a need for there to be a 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 focused and the need to develop and implement a plan for building a health-creating society supported by all sectors of the economy and the wider population.\(^6\) 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.

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’.\(^7\) 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 individuals are able to fulfill their personal and social goals and achieve a sense of purpose in society’.\(^8\) The ability to fulfill 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’.\(^9\) At the same time, the project noted the damaging effects of the uneven distribution of wellbeing:

Funding aside, the greatest challenges to the health and social care systems are posed by an ageing population and a prevalence of chronic conditions.
Chapter 1

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.

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 concept 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 Economic 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 vegetables a day. To mean feeling good and functioning well, and devised ‘five ways to wellbeing’, recommending that we: connect; be active; take notice; keep learning; and give. Several of these factors are revisited in the next chapter. While, environment is given special consideration in chapter five.

There is a variety of perspectives on wellbeing within public policy. In her 2003 report, the Health and Medical Officer, Professor Dame Sally Davies, examined the evidence for wellbeing as it related to public mental health, to observe that wellbeing is a complex and interrelated construct. Her report to the Government’s What Works Network – examines the factors underlying wellbeing and uses cost-effective ways in which to enhance it. Through a Delphi consensus development process involving 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 inequality and coherence and reciprocity.

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

In The Happiness Industry, Williams argues that the ‘future of successful capitalism depends on our ability to combat stress, sickness, loneliness and ill health, and put relaxation, happiness and wellbeing in their place’. Observing 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. 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.

Another domain from which wellbeing may usefully be distinguished is that of quality of life. When considering care and services for older people, 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, psychological, social, spiritual and economic life. 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. Insecurities, such as employability as well as a physical nature.

Several of these factors are revisited in the next chapter.

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’. The current annual gross value added (GVA) of the creative industries is £76.9bn annually to the UK economy. This category of activity is taken by the Scottish Government to include architecture, advertising, arts, design, cultural industries, design (including fashion, design and crafts), film, interactive leisure software (computer games, consumer packaged software), music, new media, publishing, radio and television. 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 engagement takes place. We understand this to be encompassing the arts, galleries, heritage sites, libraries, museums and theatres. We emphasise the importance to health and wellbeing of architecture, community and environment, which we understand to have profoundly important impacts on health and wellbeing, both in their own right and via their role to capture wider economic value and contribute to the sustainability of our home and community, such as arts and digital creativity. Written evidence submitted by Voluntary Arts England to the Culture, Media and Sport Select Committee in June 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 or work as a help or workers: [sic] making a total of 9.4 million people. A scoping study conducted at the Third Sector Research Centre, University of Birmingham, showed there are 3.5 million volunteer arts organisations. The report stated that 80% of arts organisations, all support and help more than one person at the same time’.

We seek to expand consideration of the arts beyond publicously funded activities and acknowledge the benefits of activities that take place in school, home and community, such as arts and digital creativity. Written evidence submitted by Voluntary Arts England to the Culture, Media and Sport Select Committee in June 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 or work as a help or workers: [sic] making a total of 9.4 million people. A scoping study conducted at the Third Sector Research Centre, University of Birmingham, showed there are 3.5 million volunteer arts organisations. The report stated that 80% of arts organisations, all support and help more than one person at the same time’. Another domain from which wellbeing may usefully be distinguished is that of quality of life. When considering care and services for older people, Williams 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, psychological, social, spiritual and economic life. 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. Insecurities, such as employability as well as a physical nature.

Several of these factors are revisited in the next chapter.

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’. The current annual gross value added (GVA) of the creative industries is £76.9bn annually to the UK economy. This category of activity is taken by the Scottish Government to include architecture, advertising, arts, design, cultural industries, design (including fashion, design and crafts), film, interactive leisure software (computer games, consumer packaged software), music, new media, publishing, radio and television. 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 engagement takes place. We understand this to be encompassing the arts, galleries, heritage sites, libraries, museums and theatres. We emphasise the importance to health and wellbeing of architecture, community and environment, which we understand to have profoundly important impacts on health and wellbeing, both in their own right and via their role to capture wider economic value and contribute to the sustainability of our home and community, such as arts and digital creativity. Written evidence submitted by Voluntary Arts England to the Culture, Media and Sport Select Committee in June 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 or work as a help or workers: [sic] making a total of 9.4 million people. A scoping study conducted at the Third Sector Research Centre, University of Birmingham, showed there are 3.5 million volunteer arts organisations. The report stated that 80% of arts organisations, all support and help more than one person at the same time’.

We seek to expand consideration of the arts beyond publicously funded activities and acknowledge the benefits of activities that take place in school, home and community, such as arts and digital creativity. Written evidence submitted by Voluntary Arts England to the Culture, Media and Sport Select Committee in June 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 or work as a help or workers: [sic] making a total of 9.4 million people. A scoping study conducted at the Third Sector Research Centre, University of Birmingham, showed there are 3.5 million volunteer arts organisations. The report stated that 80% of arts organisations, all support and help more than one person at the same time’.
Engaging with the arts has a significant part to play in improving physical and mental health and wellbeing.

The creative impulse is fundamental to the experience of being human. 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.’ A 2017 book on health and wellbeing, Greater Manchester is All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report

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

 arts’.

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.’ A 2017 book on health and wellbeing, Greater Manchester is

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.

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, whereby emphasis is on the intrinsic value and quality of the creative process and what it produces. The transition from therapy to the therapeutic, from patient to person, forms part of the healing process.
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 Marpower Services Commission’s job creation programme. 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 Greater Manchester arts and health organisations 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.’ 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. 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 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. The APPG 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. 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 has been 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 reassuringly 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 1980, have been decommisioned.

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.
The Arts and the Social Determinants of Health and Wellbeing
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.”

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.

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 Arts and the Social Determinants of Health and Wellbeing

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, Fair Lives: The Marmot Review. The review reinforced the finding that health inequalities resulted from social inequalities, 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 2035’.

This analysis points to a salutogenic approach, which aims to generate health by reducing social inequalities across public policy. 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. 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 health standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

In later chapters of this report, we detail the quality and 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 Health 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 calling for a redefinition of responsibility from central government to local government and to citizens and communities.

In 2012, announcing a new Public Health Act – with its new 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, health and education, housing, employment, crime and pollution’. 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. 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. 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, which the Outcomes Framework had identified as a way to iron out health inequalities. 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. There has been wide-spread adoption of the Marmot principles in local authorities, with assets-based approaches often benefiting from political support and being integral to the local plan. The social determinants of health are increasingly recognised throughout the NHS and care sectors. 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’.

Work on the social determinants of health has been carried out in the devolved administrations. In Scotland – where health inequalities account for three to four times more likely to develop mental health problems, including depression. While research in this area is at an early stage, it is possible that the arts can indeed contribute to 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 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 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 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 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 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 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 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 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 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 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 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 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 educational outcomes and employment prospects.
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 could 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 help people to 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 resources that can impact on inequalities, and 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.

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 mean that arts and health activities often 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 help people to 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 resources that can impact on inequalities, and 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.

In the same way, the Scottish Household Survey has captured data on arts and sport since 2007. This shows that ‘cultural engagement levels are highest in the highest household income groups in Scotland and decline with area deprivation.129 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 might 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 are increasingly being considered as part of the population’s health strategy 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 encouragement of policy makers 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 and our understanding of ourselves. The chance to have this kind of encounter should not be limited by social, educational, or economic privilege’.130 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.131 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 work focuses on cultural health policy interventions.132 A Culture White Paper, launched by the Minister for Culture, Communications and Creative Industries, Ed Vaizey, in March 2010, rightly asserted that ‘We need a more diverse and inclusive leadership in the cultural sector’.133 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’.134 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 encouragement of policy makers and advocate that it is extended to include health.’

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. This report is envisaged as a first step towards achieving such a framework.
3

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

**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. A search of the Cochrane library found that reviews relating the arts to health drew upon more than 1,000 RCTs.

Arts therapies have amassed evidence of the impacts of precise interventions, but this is less the case for the participatory arts. Within 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. Such research has sometimes been hampered by poor cooperation from health professionals when working with four universities to conduct concentrated, including grey literature derived from project evaluations. These reviews are available on an open-access basis, the first of which was published, exploring the impact of music and singing upon wellbeing in healthy adults and adults with health conditions and dementia.

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. This gave rise to the Measuring National Well-being project, aimed at developing subjective measures of wellbeing. Favouring quantitative approaches, this defined wellbeing by reference to five dimensions— including health and personal wellbeing— subdivided into 10 indicators. Since the ONS study began, the health dimension has shown moderate increases both in healthy life expectancy and in illness, disability, and depression (which imply reduction in healthy life expectancy). The dimension documenting personal wellbeing, which takes account of happiness and life satisfaction, shows that a third of the population feel very happy or satisfied.

The Cultural Value Project report noted that the ONS’s response 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.

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 was published, exploring the impact of music and singing upon wellbeing in healthy adults and adults with health conditions and dementia.

In 2011, a team involving Lord Layard contemplated the measurement of subjective wellbeing by the ONS. The report arising from this work stated that, in order to improve the account of wellbeing needed to be theoretically rigorous, policy relevant and empirically robust. It concluded that the measurement of subjective wellbeing was isolated – evaluation (based on life satisfaction), experience (based on the extent to which people felt happy or worried) and eudaimonic (the extent to which life felt worthwhile) – and it was argued that each of these components should be measured separately.

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).” In the meantime, the Organisation for Economic Co-operation and Development (OECD) produced guidelines for measuring subjective wellbeing as a component of wellbeing that ‘life-satisfaction plus a eudaimonic (the extent to which life felt worthwhile) – and it was argued that each of these components should be measured separately.

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).” In the meantime, the Organisation for Economic Co-operation and Development (OECD) produced guidelines for measuring subjective wellbeing as a component of wellbeing that ‘life-satisfaction plus a...
of quality of life taking account of jobs, health and housing.64

In 2008, a scale was launched to enable the measurement of wellbeing at a population level: The Warwick-Edinburgh Mental Wellbeing 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.65 It is based upon the understanding that subjective wellbeing should 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, yielding a dataset of around 17,000 entries, which enables cross-sectional associations between subjective wellbeing and arts engagement to be studied accurately.

Telephone interviews with more than 700 Western Australians, conducted using WEMWBS, found that respondents with high levels of arts engagement enjoyed significantly better mental wellbeing than their low-engagement counterparts.66 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 be studied accurately.67

The Cultural Value Project report noted that explorations of the relationship between the arts and wellbeing had largely been centred on self-reports or focus groups used and critiqued for their focus on transient gratification, or hedonic wellbeing, as opposed to a more sustained sense of meaning in (de)subjective 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,68 the EQ-5D Health-Related Quality of Life Questionnaire69 and Dementia Care Mapping.70 The Canterbury Wellbeing Scales, developed by researchers and clinicians at Canterbury Christ Church University, provide a simple snapshot of the subjective well-being 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.71 This then moves to a detailed assessment of whether particular initiatives include the three factors shown to promote wellbeing, namely control, resilience and inclusion. This method also encourages consideration of wider structural determinants including creativity and culture.

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 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 methodological relationships between 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.

This is a welcome acknowledgement of the part that arts-based methodologies can play in the future of public health research.72

Economic Analysis

HM Treasury periodically publishes The Green Book: Appraisal and Evaluation in Central Government, offering guidance on how projects should be appraised to yield 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 human experience’.73 In recent years, economic evaluation has been increasingly framed as a research method in itself—a way of understanding the world and our place within it.74 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 empathy and power and strengthening participants’ voices’—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—genius and 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 humanitarian care. In recent years, a strand of critical consideration of the specific skills and attributes of artists which make such projects effective.

The Academy of Medical Sciences has been looking at ways in which health challenges and opportunities might 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 all this as well as the arts and humanities, which directly or indirectly influence the health of the public’.75 This is a welcome acknowledgement of the part that arts-based methodologies can play in the future of public health research.76

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.
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.163

In a similar vein, under the rubric of Where We Live Now, the British Academy recommends that ‘public health’ be replaced with ‘health and wellbeing’ measures throughout our lives should be pursued, rather than adopting solely economic measures of project impact.164

Where it is not possible to monetise the benefits of projects, HM Treasury says cost effectiveness may be considered. Our report detail the cost effectiveness of various forms of arts engagement in health – set up Creative Minds to promote dialogue and thereby avoid increasing pressure and costs’.175

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.176

We urge arts and health researchers to register as stakeholders with the National Institute for Health and Care Excellence (NICE). updates every two, three or five years, a list of which is available online.144 While reviews are generally focused on diagnosis, there is a move towards more holistic approaches. Evidence pertaining to the arts might usefully be orientated towards public health (which focuses on prevention and individual engagement) or social care.

The arts can help to reduce demand for more acute services while projects might 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 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 transcends economic value.

The Green Book requires that account is taken of the ‘impact on health of poverty, deprivation and disadvantage, 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 effect on 1 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, Dr Marie Polley, co-chair of the network, reported that for every £1 invested in social prescribing programmes (discussed in detail later in this chapter), 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.180 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. At St Helens, an arts-on-prescription service has shown an SROI of £1.55 for every £1 invested.181 Development of research in this area would better enable SROI to be captured more broadly.
is advice, an antidepressant, 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 the situation is the only difference. Between the experimental group and control group – by considering neither intervention nor group a stable construct, especially where social outcomes are concerned. Rejecting outcome-driven, quasi-experimental approaches imported from clinical trials, a realist approach seeks to adapt and extend the complexity of the topic being studied.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 detailed questioning of citizens about how different modes of engagement 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 the arts 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 detailed analysis of the degree to which a creative or arts-based intervention in a particular community will enable 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 analysis on arts engagement, it has adopted a realist approach by looking at what works, for whom, and in which circumstances. In a realist approach, evaluative work is needed 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, freely available platform has been devised, alongside a translation of research into language more intelligible to practitioners.191 The University of Florida has compiled a sizeable database of 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 neurophysiology’.192 Mindfulness in the field has been shown to offer benefits of mindfulness as healing trauma and reducing depression and anxiety, and may be helpful in well-being.193 There are areas of overlap with mindfulness and the ‘flow’ state, which is typical of arts engagement – both require the 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 researchers.

As this report shows, multifarious physical and population-based benefits have been observed to arise from arts engagement in ways that evade simple description, and a theoretical framework for these findings has been advanced.194 The Inquiry described a range of searchable resources not easily found on the main websites dedicated to covering arts and health, 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

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.197

In considering the breadth and depth of the evidence base, two major omissions were noted. The first is that the body of research available to date is too small to allow us to draw meaningful conclusions about the results of arts and health activities at scale, as they tend to be single projects or limited geographical areas. The second is that of study length. Funded studies tend to be limited to five years, which prevents 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 that studies, largely centred on the Nordic countries, in which people are 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 BC57, mentioned above). There are also cohort studies that are not explicitly about health but in which health data are gathered together with much else, says 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 the impact is and how the findings are evaluated [...] It is designed to enable commissioners, practitioners and policymakers to better understand how projects can work together and what their particular strengths are. Beyond this, evaluation and research methodologies cannot be improved – they need to be tailored to specific evaluation questions.198

In the UK, we lack the kind of population records and longitudinal cohort studies linking health and the arts which make possible the longitudinal analysis seems to suggest that arts engagement may have a causal relationship, between arts engagement and health, with the effect presumed to be more preventative than remedial. Yet, however neuroscientifically and technically sophisticated art engagement and health is important and needs to be understood.201 Genuinely interdisciplinary longitudinal research is indicated. The Inquiry notes that the ESRC is conducting a review of that is typical of arts engagement – both require the 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 researchers.

As this report shows, multifarious physical and population-based benefits have been observed to arise from arts engagement in ways that evade simple description, and a theoretical framework for these findings has been advanced.194 The Inquiry described a range of searchable resources not easily found on the main websites dedicated to covering arts and health, 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

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.197

In considering the breadth and depth of the evidence base, two major omissions were noted. The first is that the body of research available to date is too small to allow us to draw meaningful conclusions about the results of arts and health activities at scale, as they tend to be single projects or limited geographical areas. The second is that of study length. Funded studies tend to be limited to five years, which prevents 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 that studies, largely centred on the Nordic countries, in which people are 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 BC57, mentioned above). There are also cohort studies that are not explicitly about health but in which health data are gathered together with much else, says 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 the impact is and how the findings are evaluated [...] It is designed to enable commissioners, practitioners and policymakers to better understand how projects can work together and what their particular strengths are. Beyond this, evaluation and research methodologies cannot be improved – they need to be tailored to specific evaluation questions.198

In the UK, we lack the kind of population records and longitudinal cohort studies linking health and the arts which make possible the longitudinal analysis seems to suggest that arts engagement may have a causal relationship, between arts engagement and health, with the effect presumed to be more preventative than remedial. Yet, however neuroscientifically and technically sophisticated art engagement and health is important and needs to be understood.201 Genuinely interdisciplinary longitudinal research is indicated. The Inquiry notes that the ESRC is conducting a review of that is typical of arts engagement – both require the 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 researchers.

As this report shows, multifarious physical and population-based benefits have been observed to arise from arts engagement in ways that evade simple description, and a theoretical framework for these findings has been advanced.194 The Inquiry described a range of searchable resources not easily found on the main websites dedicated to covering arts and health, 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

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.197

In considering the breadth and depth of the evidence base, two major omissions were noted. The first is that the body of research available to date is too small to allow us to draw meaningful conclusions about the results of arts and health activities at scale, as they tend to be single projects or limited geographical areas. The second is that of study length. Funded studies tend to be limited to five years, which prevents 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 that studies, largely centred on the Nordic countries, in which people are 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 BC57, mentioned above). There are also cohort studies that are not explicitly about health but in which health data are gathered together with much else, says 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 the impact is and how the findings are evaluated [...] It is designed to enable commissioners, practitioners and policymakers to better understand how projects can work together and what their particular strengths are. Beyond this, evaluation and research methodologies cannot be improved – they need to be tailored to specific evaluation questions.198

In the UK, we lack the kind of population records and longitudinal cohort studies linking health and the arts which make possible the longitudinal analysis seems to suggest that arts engagement may have a causal relationship, between arts engagement and health, with the effect presumed to be more preventative than remedial. Yet, however neuroscientifically and technically sophisticated art engagement and health is important and needs to be understood.201 Genuinely interdisciplinary longitudinal research is indicated. The Inquiry notes that the ESRC is conducting a review of...
Chapter 3  Considering the Evidence

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. 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.

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 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 Richard of Llanfair, 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’.213 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’.214

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.215 During his time as Chair of ACE, Sir Peter Bazalgette made the case that the arts had embraced as a diagnostic tool in children with psychosis in young people.216 In chapter six, a case study is provided of dance providing 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.217 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.

Arts activities prevent conditions from developing, recurring or worsening.

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

prevent health conditions from developing, recurring or worsening.

A research report published by DH in 2011 projected the cost of treating eight prevalent mental health disorders if treatment regimes and the social determinants of health remained unchanged. This showed an increase from £44.6bn in 2007 to £58.3bn in 2036 and advocated action across the life course, including early detection and intervention.218 In February 2016, an independent Mental Health Taskforce, which brought health and care professionals together with service users,219 issued a report to NHS England, entitled the Five Year Forward View for Mental Health.220 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.221

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 (GhSTC), 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 providing an engaging and highly effective form of early intervention in psychosis in young people.

In this report, we give examples of the arts contributing 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’.222 The Five Year Forward View presaged a new era of community involvement in health and envisaged certain groups 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,223 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.224

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 improving their health and well-being’.225 The 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’.226 While prevention is difficult to evidence, this report provides the examples of the ways in which arts activities prevent health conditions from developing, recurring or worsening.

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.227 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.

Since 1986, WHO has been promoting a ‘process of enabling people to increase control over, and to improve, their health’.228 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’. It also implies that ‘health promotion is not just the responsibility of the health sector, but goes beyond healthy life-style programmes’.229 Throughout this report, we present ways in which the arts contribute to public involvement in the creation of health and the shaping of environments.
role in managing their own health and to work with communities and their assets. 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.224 The report arising from this programme, which uses creative group activities, could aid mental health and help people to fulfill 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 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.225 Think Local Act Personal (TLAP) – a strategic decision-making about policies as well as commissioning programme – a new relationship between people with long-term conditions, people who use services and the people responsible for services [...] from design to delivery, sharing strategic decisions-making, policies as well as decisions about the best way to deliver services',226 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.227

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’.228 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.229 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, Art and Wellbeing Network at the University of Nottingham has been set up to encourage co-production.230

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, Arts Council England’s Gloucestershire Clinical Commissioning Group (GCCG) and the AHRC-funded Dementia, Art and Wellbeing Network at the University of Nottingham.231 It is instigated by the CCG, draws on the work of GloucestershireCommissioning Development and 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 new health and care landscape, emphasis is 

Next Steps

4.3 Commissioning in Health and Social Care

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. 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 lead on improving public health and wellbeing while providing ‘advice and expertise on how to ensure that the health services (which CCG) commission for primary care health, and reduce health inequalities. Increasingly, JSNAs take account of the Marmot Review recommendations. DH holds NHS England accountable for ensuring that health services, which both it and the of high quality, are welcomed and deliver value for money. However, the Health and Social Care Act stipulates CCG autonomy in meeting local need. CCGs have the freedom to commission services. In 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. This opens the door to innovation, and CCGs commission several 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 might best be met and health inequalities reduced. Each STP was required to develop a multi-year plan, the 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 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. 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 lead on improving public health and wellbeing while providing ‘advice and expertise on how to ensure that the health services (which CCG) commission for primary care health, and reduce health inequalities. Increasingly, JSNAs take account of the Marmot Review recommendations. DH holds NHS England accountable for ensuring that health services, which both it and the of high quality, are welcomed and deliver value for money. However, the Health and Social Care Act stipulates CCG autonomy in meeting local need. CCGs have the freedom to commission services. In 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. This opens the door to innovation, and CCGs commission several 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 might best be met and health inequalities reduced. Each STP was required to develop a multi-year plan, the 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 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.

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. 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 lead on improving public health and wellbeing while providing ‘advice and expertise on how to ensure that the health services (which CCG) commission for primary care health, and reduce health inequalities. Increasingly, JSNAs take account of the Marmot Review recommendations. DH holds NHS England accountable for ensuring that health services, which both it and the of high quality, are welcomed and deliver value for money. However, the Health and Social Care Act stipulates CCG autonomy in meeting local need. CCGs have the freedom to commission services. In 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. This opens the door to innovation, and CCGs commission several 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 might best be met and health inequalities reduced. Each STP was required to develop a multi-year plan, the 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 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.

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

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

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 to a pressing need to reinvoke the integration of health and social care and rethink the statutory mechanisms needed to deliver it. 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. To a great extent, this £2.3bn 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.

Staying Out, operated at ARC – a multiiform 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 were socially isolated. Beginning in September 2014, the project has been commissioned until October 2019, initially with funding through Hartlepool and Stockton on Tees CCG’s Health Initiative 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 artist’s 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 hospital readmission cases. We hope that, in signing off plans for the Better Care Fund, local authorities and CCGs will remain open to local arts and 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 artist’s 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 hospital readmission cases. We hope that, in signing off plans for the Better Care Fund, local authorities and CCGs will remain open to local arts and health initiatives.

In 2014, the project has been commissioned until October 2019, initially with funding through Hartlepool and Stockton on Tees CCG’s Health Initiative 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 artist’s 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 hospital readmission cases. We hope that, in signing off plans for the Better Care Fund, local authorities and CCGs will remain open to local arts and health initiatives.

In January 2015, NHS England invited organisations to become vanguards for the new development of joint-up care via partnerships between the NHS, local government, voluntary, community and other organisations. There is scope for the arts to be involved in this scheme, and we would welcome greater dialogue between NHS England and ACE.

The Children and Families Act of 2014 outlined the duty of local authorities and CCGs to provide decide which health and education 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 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. The partnerships were developing plans to improve services for people with learning disabilities and/or autism. The plans make provision for enhanced community services, which can include arts engagement. Nationed Organisation (NPO) TIN Arts in Durham offers a contemporary dance course for people with learning disabilities, which is funded through personal budgets.

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 £204bn, roughly equivalent to the total budget of the NHS.

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 younger than other people – one of the greatest health inequalities in England’. 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’.

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

39

Chapter 4 The Policy, Commissioning and Funding Landscape
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 illness are known to both cause and exacerbate depression, occurring in about 30 percent of patients and proving particularly resistant to antidepressants.252 While the intended parallels drawn between mental and physical health has been far from realised as yet, recognition of this interrelationship is highly relevant for 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 have the poorest health and well-being’.256 Welcome recognition of the social causes and effects of poor mental health – which means the most deprived, have the poorest health and well-being.256 Recognition of the social causes and effects of poor mental health, combined with a search for locally based solutions, the social causes and effects of poor mental health, including the role of chronic physical 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.257

By 2015, almost half of NHS mental health trusts were reporting a deficit. In 2016, 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.257

In addressing the mental health challenge, this report details ways in which arts engagement can address a variety of mental health problems, ranging from chronic conditions to psychiatric episodes in adolescents to anxiety, depression and stress in adults. In the discrete sections, we reflect the arts and health ethics 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 commissioning health services. It outlined many examples of practice and a strategy for embedding the arts across the health and social care system with an emphasis on development of services, especially in remote areas.267

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

DH heeded the findings of the review, collaborating with ACE on a Prospectus for Arts and Health.269 The prospectus reiterated that ‘The arts make a significant contribution to improving the lives, health and wellbeing of patients, service users and carers’.270

In 2007, DH published a review of the role of the Arts in Promoting 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 in creating an environment in which arts and health can prosper by promoting, developing and supporting arts and health
- The arts can play a key role in improving health and wellbeing, particularly for those who traditionally have lower levels of engagement with arts and culture, and should be recognised as such by health services. It also makes the case that responsibility for arts in health and wellbeing should be extended beyond DH to DCMS, the Department for Communities and Local Government (DCCLG), the Department for Digital, Culture, Media and Sport (DCMS) and the Department for Education (DfE)

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 was made to protecting local mental health funding from financial exigencies.259 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.257

The arts are integral to health and should be recognised as such by health services.
Chapter 4

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 2013–14. 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.

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 medications and clinicians’ time, diverting or shortening hospital stays, reducing sickness absence from work and delaying the need for long-term care. We hope that such a centre would be supported by philanthropic funding, rather than the national government. 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. We advocate the creation of a national strategic centre for the advancement of arts, health and wellbeing, established and led by those concerned. The Australian Centre for Arts and Health, which frames the arts in health and social care sectors, joined by academics and involving patients and service users, is flowing in the direction of the arts for this purpose at the moment.

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 in many cases they are exceptional. Chief Executive of PHE, Duncan Selbie, has observed that ‘many cultural interventions for health are not installed top-down, but led by practitioners. We believe that such a centre would be not installed top-down, but led by practitioners. We advocate the creation of a national strategic centre for the advancement of arts, health and wellbeing, which provides the secretariat to the APPG on Health and Social Care, and to promote greater integration of arts and health practice and approaches into the healthcare system, settings and facilities.

The national framework is envisaged as a living document that will regularly be reviewed by those concerned. The Australian Centre for Arts and Health has assumed a mission to develop national arts and health activity, fostering cooperation, information- and resource-sharing and provide a repository of evidence and resources.

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. The centre would be supported by philanthropic funders. We would also seek the endorsement of ACE, NHS England and PHE and appropriate government departments to form a new Culture, Health and Wellbeing Alliance (CHASE). 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 and social care collaboration with the centre.

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. We advocate the creation of a national strategic centre for the advancement of arts, health and wellbeing, which provides the secretariat to the APPG on Health and Social Care, and to promote greater integration of arts and health practice and approaches into the healthcare system, settings and facilities.

The national framework is envisaged as a living document that will regularly be reviewed by those concerned. The Australian Centre for Arts and Health has assumed a mission to develop national arts and health activity, fostering cooperation, information- and resource-sharing and provide a repository of evidence and resources.

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. The centre would be supported by philanthropic funders. We would also seek the endorsement of ACE, NHS England and PHE and appropriate government departments to form a new Culture, Health and Wellbeing Alliance (CHASE). 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 and social care collaboration with the centre.

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. We advocate the creation of a national strategic centre for the advancement of arts, health and wellbeing, which provides the secretariat to the APPG on Health and Social Care, and to promote greater integration of arts and health practice and approaches into the healthcare system, settings and facilities.

The national framework is envisaged as a living document that will regularly be reviewed by those concerned. The Australian Centre for Arts and Health has assumed a mission to develop national arts and health activity, fostering cooperation, information- and resource-sharing and provide a repository of evidence and resources.

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. The centre would be supported by philanthropic funders. We would also seek the endorsement of ACE, NHS England and PHE and appropriate government departments to form a new Culture, Health and Wellbeing Alliance (CHASE). 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 and social care collaboration with the centre.

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. We advocate the creation of a national strategic centre for the advancement of arts, health and wellbeing, which provides the secretariat to the APPG on Health and Social Care, and to promote greater integration of arts and health practice and approaches into the healthcare system, settings and facilities.

The national framework is envisaged as a living document that will regularly be reviewed by those concerned. The Australian Centre for Arts and Health has assumed a mission to develop national arts and health activity, fostering cooperation, information- and resource-sharing and provide a repository of evidence and resources.

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. The centre would be supported by philanthropic funders. We would also seek the endorsement of ACE, NHS England and PHE and appropriate government departments to form a new Culture, Health and Wellbeing Alliance (CHASE). 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 and social care collaboration with the centre.

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. We advocate the creation of a national strategic centre for the advancement of arts, health and wellbeing, which provides the secretariat to the APPG on Health and Social Care, and to promote greater integration of arts and health practice and approaches into the healthcare system, settings and facilities.

The national framework is envisaged as a living document that will regularly be reviewed by those concerned. The Australian Centre for Arts and Health has assumed a mission to develop national arts and health activity, fostering cooperation, information- and resource-sharing and provide a repository of evidence and resources.

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. The centre would be supported by philanthropic funders. We would also seek the endorsement of ACE, NHS England and PHE and appropriate government departments to form a new Culture, Health and Wellbeing Alliance (CHASE). 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 and social care collaboration with the centre.

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. We advocate the creation of a national strategic centre for the advancement of arts, health and wellbeing, which provides the secretariat to the APPG on Health and Social Care, and to promote greater integration of arts and health practice and approaches into the healthcare system, settings and facilities.

The national framework is envisaged as a living document that will regularly be reviewed by those concerned. The Australian Centre for Arts and Health has assumed a mission to develop national arts and health activity, fostering cooperation, information- and resource-sharing and provide a repository of evidence and resources.

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. The centre would be supported by philanthropic funders. We would also seek the endorsement of ACE, NHS England and PHE and appropriate government departments to form a new Culture, Health and Wellbeing Alliance (CHASE). 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 and social care collaboration with the centre.

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. We advocate the creation of a national strategic centre for the advancement of arts, health and wellbeing, which provides the secretariat to the APPG on Health and Social Care, and to promote greater integration of arts and health practice and approaches into the healthcare system, settings and facilities.

The national framework is envisaged as a living document that will regularly be reviewed by those concerned. The Australian Centre for Arts and Health has assumed a mission to develop national arts and health activity, fostering cooperation, information- and resource-sharing and provide a repository of evidence and resources.

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. The centre would be supported by philanthropic funders. We would also seek the endorsement of ACE, NHS England and PHE and appropriate government departments to form a new Culture, Health and Wellbeing Alliance (CHASE). 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 and social care collaboration with the centre.
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. Reflecting NHS recommissioning solutions may originate in the VCSE sector, CGGs 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. The hundreds of excellent arts and health case studies 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. In recognition of the need for older people to be in work, healthy and enjoying a good quality of life,287 this new commissioning approach is likely to fail where the cultural offer is already weak with the result that those with most to gain from cultural investment will lose out. 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.288 This need not preclude cross-sector working though. Some Arts organisations with clearly defined remit have been effective in building 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 CGGs as funders in its annual return to the Charity Commission for 2015–16. The organisation has received a year-long contract from St Helens Hospital and a one-year commission from three NHS trusts working together as part of an STP. Live Music Now, running the 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 the QCC, Care England and the National Care Forum (NCF), as well as such providers as the Gloucestershire Clinical Commissioning Group (RUPA), the former Methodist Homes Association (MHA) and Orders of St John Care Trust. The programme sheds light on the ways in which: Gloucestershire CCG and KCC as exemplary pilots, the pilot scheme 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; British United Provident Association (BUPA) is providing an arts-focused on-prescription service in St Helens, funded through local NHS funding. The Cultural Commissioning Programme was set up on the basis that the arts are an essential part of a new model of public health, secured on preventing harm and reducing people’s need for acute services. In its first year of operation, 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; British United Provident Association (BUPA) is providing an arts-focused on-prescription service in St Helens, funded through local NHS funding. The Cultural Commissioning Programme was set up on the basis that the arts are an essential part of a new model of public health, secured on preventing harm and reducing people’s need for acute services. In its first year of operation, 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; British United Provident Association (BUPA) is providing an arts-focused on-prescription service in St Helens, funded through local NHS funding. The Cultural Commissioning Programme was set up on the basis that the arts are an essential part of a new model of public health, secured on preventing harm and reducing people’s need for acute services. In its first year of operation, 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; British United Provident Association (BUPA) is providing an arts-focused on-prescription service in St Helens, funded through local NHS funding. The Cultural Commissioning Programme was set up on the basis that the arts are an essential part of a new model of public health, secured on preventing harm and reducing people’s need for acute services. In its first year of operation, 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; British United Provident Association (BUPA) is providing an arts-focused on-prescription service in St Helens, funded through local NHS funding. The Cultural Commissioning Programme was set up on the basis that the arts are an essential part of a new model of public health, secured on preventing harm and reducing people’s need for acute services. In its first year of operation, 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; British United Provident Association (BUPA) is providing an arts-focused on-prescription service in St Helens, funded through local NHS funding. The Cultural Commissioning
which was thought likely to lead to ‘commissioners refocusing and focusing on more traditional services instead of exploring and co-designing new services in collaboration with the arts and cultural sector’. 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, many want to move in 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’. This report is intended as a contribution to the process of sharing evidence and good practice. The recommendations and next steps outlined in chapter 10 are envisaged as a route to enhancing the contribution to the process of sharing evidence and practice of successful outcomes. The Arts and Heritage 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 arts to our health and well-being. 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 £30m committed to 2019 in areas where arts engagement has been lacking. Supported by this scheme in South-East Northumberland, a consortium of health, educational, heritage, arts and cultural organisations called bait is establishing partnerships in community, health and social care settings which explicitly aim to improve the health and wellbeing of local residents. Data collected to date (via WEMWBS) show a 16 per cent 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’. 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’. The review stated that ‘To strengthen its increasingly place-based approach, the Arts Council should create more broadly-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. Withdrawing support for such partnership working will be needed. Arts Connect in the West Midlands, one of ten ACE-funded bridge organisations, has funded Creative Health CIC, a network of a few, to greater the Black Country on the understanding that this contribution will be matched from health sector funding. 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. The Great Place Scheme – established by ACE, the Heritage Lottery Fund 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 £5,000 and £25,000 are expected to fund projects in England to consolidate their existing strengths and build new partnerships, with a view to realising the cultural, social and economic value of significant cultural resources, including health and wellbeing. 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. There were 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 get 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 arts and cultural sector, local authorities, health and social care funding. Such skills continue developing their skills in bidding for funding from established programmes and not health sources. Arts and cultural organisations will need to rely on non-recurrent pilot funding.

Arts and cultural organisations called bait is establishing partnerships in community, health and social care settings which explicitly aim to improve the health and wellbeing of local residents. Data collected to date (via WEMWBS) show a 16 per cent 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’. 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’. The review stated that ‘To strengthen its increasingly place-based approach, the Arts Council should create more broadly-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. Withdrawing support for such partnership working will be needed. Arts Connect in the West Midlands, one of ten ACE-funded bridge organisations, has funded Creative Health CIC, a network of a few, to greater the Black Country on the understanding that this contribution will be matched from health sector funding. 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. The Great Place Scheme – established by ACE, the Heritage Lottery Fund 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 £5,000 and £25,000 are expected to fund projects in England to consolidate their existing strengths and build new partnerships, with a view to realising the cultural, social and economic value of significant cultural resources, including health and wellbeing. 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. There were 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 get more from existing publicly funded programmes.

Arts organisations need to explain how they will satisfy the requirements of funders, but there is great variation in the approaches of funders. At Arts Connect funding tables were expressed as requirements for evidence and the purpose of grant-giving. Sally Baoon, 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 would ‘move the dial’ with government and lead to ‘systematic 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 Lupton, who has been involved in 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 was ‘who are the leaders of a project are convincing. If persuaded that they are, her foundation would develop a long-term relationship with them. For example, the funding 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 the arts work with really are’, to transcend the barriers of the medical model and to create better lives through the arts.

We were also told 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 and their guidelines. They do not think carefully enough about how to make their presentation. They do not derive applications, maybe written in poor English. They fail to describe how the funding will lead to sustainable results or further development and are instead asking for gifts, implying 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. This, however, compares with £35bn of public funding flowing into the voluntary sector and £112bn into the NHS. 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, £4.8bn of private investment went to culture, of which £2.4bn came from individuals, £1.3bn from trusts and foundations and £967m from businesses, 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.

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. 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. 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. 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. 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.
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’.

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 and wellbeing. It looks at a possible future arts and environment for the encouragement of Arts, Manufactures and Commerce — seeks to understand how to strengthen the links between heritage, identity and place, including through health.

The poorest people in the UK tend to live in environments with the greatest number of hazards, such as pollution, noise and flooding. 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 diminishing people's sense of themselves, and in turn, physically worse than other members of society.

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.’

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. To coincide with a DCLG White Paper about the powers of local planning authorities in 2006, CABE published a framework that aimed to improve the quality of the public realm, including the design of public spaces.

The arts and culture – including architecture, design and heritage – enrich environments, making them beneficial to our health and wellbeing.
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, provide inspiration and be special place for people’.343

In April 2011, CABE was integrated into the Design Council. Recognising the deficit caused by this degrading, the House of Lords Select Committee on National Policy for the Built Environment published a report in February 2016, entitled Building Better Places.344 This sought a co-ordinated long-term and high-quality approach to the built (and natural) environment, predicated on a sense of place and a consideration of health.345 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’.346 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 matters. When we are in a beautiful built environment, we feel better. We are happier, saner and more secure – we are more optimistic, and enjoy more fulfilling lives’.347 Several of our interlocutors reiterated the need for a long-term approach to building that prioritised the health and wellbeing of users.348 In this regard, recognition of the value of the Future of Cities project of the contribution of cities to health and the role of culture within cities is encouraging.349

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 new chapter on the role of culture within cities is encouraging.350 According to the criteria that:  

- an art coordinator has been appointed for the specific project  
- an art policy and an art strategy have been prepared for the development at the feasibility/design brief stage (e.g. RIBA stage B (or equivalent) and prepared and approved by 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 of Revolutions, Jackie Saunders, 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, has determined that the involvement of an art coordinator in building projects was now considered standard. They concluded that BREEAM was no longer needed to drive best practice in this area.

We suggest that the wording of the BREEAM UK 2001 NHS Estates funded the Centre for Healthcare Architecture and Design, and, coincident with a shift to patient-centred care, DH launched an initiative called Better Health Buildings. Since then, it has been standard practice to consider the psychosocial properties of healthcare environments. 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.351

Charging 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, Tova Hesse, referred to the substantial expertise that had been dedicated to DH, about healing buildings and pointed to the vital expertise that had been dedicated to thinking about healing buildings and pointed to the vital expertise that had been dedicated to thinking about building design which go beyond the regulatory requirements of arts policy, strategy and coordination, in discussion with arts coordinators. We believe that planning should 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, provide inspiration and be special place for people’.343

To this end, the framework advises community involvement in the development of residential areas. 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 building developments – may play a part in reducing health inequalities.344 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.

In the introduction to Better Public Buildings, DCMS noted that ‘The best designed hospitals help patients to recover their spirits and their health’.345 In response to this and to the advocacy of CABE, in January 2001 NHS Estates founded the Centre for Healthcare Architecture and Design, and, coincident 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. 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.351

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, Tova Hesse, referred to the substantial expertise that had been dedicated to DH, about healing buildings and pointed to the vital expertise that had been dedicated to thinking about building design which go beyond the regulatory requirements of.
navigated buildings; it changed ambiances, provided a positive distraction and created an increased sense of calm; staff morale was improved, and local culture was celebrated. More broadly, the programme provided a better understanding of the ways in which environment affects wellbeing. Long-term benefits that started to emerge from the programme included reduced aggression from patients towards staff and improved staff recruitment and retention. The programme began to reduce anxiety. Arts programme, bringing music, dance and visual art and medicine, which has operated in hospitals, containing information ranging from contracts and rates of pay to advice on working with patients and staff. 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.

5.3 Devolution

In 1995, both Scotland and Wales voted in favour of the devolution of executive powers to the Scottish Parliament and the Welsh Assembly respectively. The following year, the Northern Ireland Assembly was created as the result of prolonged power-sharing negotiations. Devolved governments in each country now 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’, the arts-length 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 services in response to local needs. The potential of participants in a way that is both challenging and realistic, although not without its challenges. 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. More recently, ArtWorks Cymru has produced a useful guide for artists working in hospitals, containing information on how to discharge. The Healthcare Innovation Exchange (HEIX) Centre, funded by the Helen Hamlyn Foundation at St Mary’s Hospital, London, is a centre for best practice in visual art and medicine, which has operated in Greater Glasgow since 1991, seeks to place the arts at the centre of decision-making processes, Paintings in Hospitals organises curator-facilitated sessions to aid in the selection of artworks. Artworks may help visitors to navigate often-forbidding facilities by providing distinctive landmarks. 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 arts at the centre of decision-making processes, Paintings in Hospitals organises curator-facilitated sessions to aid in the selection of artworks. Artworks may help visitors to navigate often-forbidding facilities by providing distinctive landmarks. In 2004, EHE generated a practical guide for front-line staff wishing to improve their environments, which emphasises the importance of design and included artwork as one of five main themes. Much of the advice contained within this document is still relevant today, making it worthy of republishing.

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 visual arts were ‘an effective therapy to improve the perception of work and their environment’. Building on knowledge gained during this review, a three-year study of an arts-based collaboration with Arvon 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. Most major health trusts nowadays acknowledge the importance of the arts and design to the fabric of their buildings and act upon this acknowledgement. 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 their 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 the design, the 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 Angel, expert patient at UCL Hospitals Cancer Centre, noted, that in an ‘art-filled hospital environment, Acute medicine and art walk hand in hand’ whereas ‘ […] the first saves our lives, the second nourishes our spirit, allowing us to know what it is to be human, to know ourselves, other’. 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. Artworks may help visitors to navigate often-forbidding facilities by providing distinctive landmarks.

In her Cross-Party Group on Arts, Health and Wellbeing report, Baroness Andrews conceived the arts as ‘an aspect of social justice in itself and a powerful weapon against poverty’. This urged the Welsh Government to ‘go further and faster’ and promote the role of culture in supporting a broad range of policy objectives. The Well-Being of Future Generations (Wales) Act 2015 outlined a new approach to improving health and wellbeing through a ‘process of improving the economic, social, environmental and cultural well-being of Wales’. The Welsh Government’s cultural strategy aims to now ‘seize the moment and build on the established, strong foundation of arts and health and wellbeing benefits of engaging with creative and cultural activities as a supplement to medicine and care’ with a reported £1.2 billion in 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 across from 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 wellbeing. The group is made up of AMs from across the political spectrum and convenes representatives from healthcare, adult social care, charities and special education across from 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 wellbeing. The group is made up of AMs from across the political spectrum and convenes representatives from healthcare, adult social care, charities and special education across from 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 wellbeing.
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 projects 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’. City and Growth Deals have been a key part of a wider devolution of responsibility for public health to local authorities (comprising local government, health service 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). 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.

This strategy of being ‘locally led’ challenges the standardisation and the presumption of economies of scale that have prevailed over many years. 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’. 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’.

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’. 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. This led to the populations they served, orientated towards NHS priorities and involving local and specialist expertise. In 2016, the Place-Based Health Commission, chaired by Lord Adesbawale, hailed the NHS and local government focus on place as the best hope for the future sustainability of the health system. 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’. 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.

This strategy of being ‘locally led’ challenges the standardisation and the presumption of economies of scale that have prevailed over many years. 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’. 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’.

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’. 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. This led to the populations they served, orientated towards NHS priorities and involving local and specialist expertise. In 2016, the Place-Based Health Commission, chaired by Lord Adesbawale, hailed the NHS and local government focus on place as the best hope for the future sustainability of the health system. 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’. 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.

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.

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

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.

In his 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 services and new approaches to meet the needs of local communities according to the Marmot principles. This will involve improving the health, wellbeing and long-term outcomes of millions of 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. In the year Forward View cited Greater Manchester as an example of partnerships being formed between the NHS, local government and the third and fourth sectors, giving rise to wider strategic leadership for health and social care. 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.
recommendation that ‘specific place-based elements e.g. heritage, arts, culture and environmental attributes should form a positive part of plans rather than being seen as optional extras.’ In the same publication, Professor Ruth Finnegan evoked ways in which the power of place is captured in music, poetry and colour.390

Increasingly organisations within and beyond healthcare and social care are working together to serve whole communities.388 In Halton – a Well North pioneer 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.389 Studio-based organisations in Run comb 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-minded 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 equation.388

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.383 Estimated to reach 300,000 over a week, and disseminated versions of the collected poems have sold 250,000 copies as evidence of their popularity. Creator of Poems on the Underground, Judith Cherniak, 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.395 In April 2016, the General Practice Forward View acknowledged the increasing demands being placed on GPs and announced an additional £2.5bn a year for general practice by 2020-21.398 An estimated one in five GP visits is made for psychological, rather than medical, reasons,399 which equates to the cost of 3,750 GPs’ salaries.398 Professor Stephen Pattison, Honorary Fellow of the Royal College of General Practitioners (RCGP), points 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.’398 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.400 This might 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, support, volunteering or creative 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,401 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.402 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’.403 As a community-based service, 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 its first year in operation report reductions in GP visits.410 A cost benefit analysis of Artlift counted face-to-face GP consultations in the year before and after the year an artist had seen patients; at the same time, health spending data (hospital and primary care) recorded a saving of £216 per patient.410 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.411 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. A Local Information System for Scotland signposts people to health and wellbeing services in the community, including those which might be described as social prescribing. In response to the prevalence of chronic conditions and an ageing population, the LGA has produced a useful guide for local authorities, linking social prescribing with pathways being offered by councils and via their public health work. 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. Yet, despite the fact that arts on prescription predates discussions of social prescribing, there remains an absence of emphasis on arts as part of social prescribing.

In 1995, the incoming minister of the church at Bromley by Bow, Andrew (now Lord) Mawson, and his wife Susan founded a community-based arts centre, Start. It 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 arts 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). This was later substantiated with evidence of diminishing GP visits and increasing social participation. One of the reservations 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 community arts activity has since been prescribed around the UK.

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

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 physical and mental health, and wellbeing. Consistent with the approach advocated by the Mental Health Taskforce, they tend to treat the person and not the diagnosis; they are person-centred, illusory-centred, rather than diagnosis-centred, and encourage a multidimensional approach. As part of the Cultural Commissioning Programme, NCVO has produced a useful guide on prescription schemes and their methods of evaluation.

At the round table on Arts on Prescription, Director of Arts and Minds, Gavin Clayton, 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’. Arts participation has been made integral to some forms of social prescribing, such as the GP practice in Gloucestershire and Wiltshire mentioned in the case study provided in this chapter. At the round table on Place, Environment, Community, we heard from Kentish Town, 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 problems as referred to the programme. Through validated wellbeing scales, participants are encouraged to consider themselves aspiring artists, rather than mental health problems. The programme is delivered 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 discussed.

Once clinicians have been persuaded to prescribe the arts, clear and trackable pathways need to be in place allowing 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.

Just as is happening in the health and social care sectors, there is a 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 health funders have become involved, with the health service to co-create much-needed services. In Rotherham, representatives of VCSE organisations to which patients are referred at 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 the need for a better evaluation was needed. Ideally, a forum of organisations offering arts-on-prescription services would pool evaluations and resources to yield a sizeable dataset. If such collective evaluation would contribute to, and indeed support the new strategy for arts and health that health professionals become involved. There is also scope for international cooperation on evidence gathering, and we learnt that Denmark has a similar social prescribing fund for cultural organisations.

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

The Museums Association estimates there are some 3,500 museums and galleries in the UK,104 a suitably wide national alliance for Museums, Health and Wellbeing found over 600 different museum-based programmes targeting health and wellbeing outcomes.105 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.106

Museums and galleries offer a non-clinical, non-stigmatising environment in which to undertake journeys of self-exploration.107 PHF’s Our Museum programme,108 funded through the ACE Research Grants and Community,109 and the case is being advanced for museum objects provided personal routes to stimulation, self-exploration and distraction.110 In 2005, the Association of Suffolk Museums received funding from the Heritage Lottery Fund and Suffolk County Council to use the arts and heritage to improve mental health and wellbeing among older people.111 The one-year project, supported by staff at Norfolk and Suffolk NHS Foundation Trust,112 led by an artist, brought small groups of people together to respond creatively and to intrigue them with 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.113

Another Heritage Lottery Fund project, delivered by Manchester Museum and the Imperial War Museum in Salford (2013–16), looked specifically at people engaging in creative pursuits and volunteering in 10 museums and galleries in Greater Manchester. Among the 321 participants to inspire Futures, 75 percent reported 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.114

While the contribution of cultural venues to health and wellbeing measures were used before and after sessions, alongside qualitative analysis.115 Qualitative measures showed significant increases in wellbeing and happiness scores.116 Qualitative analysis revealed that museum objects provided personal routes to stimulation, self-exploration and distraction.117

In 2007, Age-Friendly Manchester was launched, supported by the Whitworth, a cultural organisation in Greater Manchester. The initiative was based on an understanding that the 850,000 people over the age of 65 in Greater Manchester ‘to extend the reach of the city’s world-class arts and culture to older people in Manchester’.118 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 enjoy those events.119 As well as being members of the project’s steering group and 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.120

In this report, examples are given of the library network being used to encourage reading among children, those experiencing isolation and to support refugees. However, 500 libraries and almost 9,000 librarians have been lost in the UK since 2006.121 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, Norfolks 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.122 Building on the position of libraries, the evolution of a similar approach could be adopted throughout the library network, which would fit well with ACE’s role as a development agency.123

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’.124 As well as being part of a ‘loving, cultural and social’ environment, 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 under the title of ‘Ageing in Place and Beyond’.125 The Age-Friendly Museums Network, supported by the Baring Foundation, a cultural organisation in Greater Manchester, encourages the sharing of good practice and partnership working between health, social care and museum professionals.126 A report by the Oxford Institute of Population Ageing on the challenges and benefits of an ageing population for museums and galleries, together with exploring demographics not only of audiences but also of volunteers.127

Dovetailing with the age-friendly museums movement is a local, town or city initiative, the Age-Friendly Communities, which is an international phenomenon that is beginning to be adopted in the UK. Trafford General Hospital, for example, aims to make improvements to the environment and services of mental health and community welfare, and promotes their inclusion in all aspects of hospital management.128

Alzheimer’s Society defines a dementia-friendly community as one where people, including those 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.129 The Society has looked at the role of arts centres within such communities and published a guide to creating dementia-friendly arts venues.130 This is the Cabinet Office’s Dementia Friendly Communities initiative.131 This is based on an understanding that the 850,000 people in the UK diagnosed with dementia and this suggests that museums and galleries provide a significant opportunity to make a difference to people represent a significant audience that arts venues may have overlooked.

Careers play an essential part in enabling people with dementia to remain in their own homes and...

5.6 Museums, Libraries and Health

5.7 Age-Friendly Cities and Communities

5.8 Dementia-Friendly Communities
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 Commons also calls for volunteers to help someone providing minimal personal details at the door). There are around 200 patrons, including people with lived experience of mental ill health. 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 medicating with continuing substance oversees eight members of staff and 50 volunteers, all of whom have undertaken safeguarding training.

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

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.

Founded by service users in 2005 and initially funded by GSTC and SLaM, the café was a response to the model of day centres in which people were ‘parked’ between breaks of residential care. It is open to everyone who registers as a patron (by

Memories in Liverpool offers training programmes for the carers of people with dementia. Alzheimer’s Society also calls for volunteers to help someone to live well while reducing the risk of costly crisis intervention. 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’. This implies the pursuit of measurable increases in quality of life for people with dementia and their carers through evidence-based co-produced interventions.

Dementia Action Alliance aims to precipitate a society-wide response to dementia, supporting communities and organisations across England to take practical action to enable people with dementia to live well while reducing the risk of costly crisis intervention. 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’. This implies the pursuit of measurable increases in quality of life for people with dementia and their carers through evidence-based co-produced interventions.

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’. This implies the pursuit of measurable increases in quality of life for people with dementia and their carers through evidence-based co-produced interventions.
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.475

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.476

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 multitude 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, enriching 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.
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 my 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 every aspect of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic potential’. Studies show that children who grow up in poorer households are more susceptible to disease in later life and have lower life expectancies. The Children and Young People’s Health Review, 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 western Europe’, leading to the recommendation that closer attention be paid to inequalities within the wider health system. 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.

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 addressing inequalities after the birth of their children, particularly in terms of nutrition, smoking, consumption of alcohol, substance misuse and breastfeeding. 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. 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.

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. Listening to self-selected music distractions women from the pain of childbirth and diminishes anxiety about caesarean section. 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 activities in maternity units normalise arts interventions in maternity units. The heart rate of new-born babies is positively affected by the playing of lullabies. 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. A Celtic harp played in the Special Care Baby Unit at Gloucester Royal Hospital calms babies and mothers alike and assists parent–child bonding. A visual art project at Southern General Hospital in Glasgow alleviates the stress of parents waiting at bedside, simultaneously providing a welcome distraction from, and a focus of artistic attention onto, their premature babies.

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. Maternal depression in the period immediately before or after birth is estimated to carry a long-term cost to society of about £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 itself.

After the 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. 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. Early intervention is crucial, yet the Five Year Forward View for Mental Health estimated that ‘fewer than 15 percent of localities provide effective specialist community perinatal services for women with severe mental health conditions, and more than 40 percent provide no service at all’.

The Health Select Committee recommended that this uneven provision be addressed. 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. Next Steps on the Five Year Forward View stated an aim of helping 9,000 more mothers and their babies in 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. The Music and Motherhood study found that women who engaged with the arts were 47 percent more likely to experience a faster recovery from postnatal depression than in either of the control groups, reducing cortisol, stimulating a positive emotional response and music distracts mothers from the more pronounced in mothers with severe postnatal depression, who recovered a month faster than mothers without music.

The pilot – initiated as a co-production between Southwark Council’s nurse-led Parental Mental Health Team and South London Gallery, funded by GSWT and led by a dedicated group of local children’s centres – worked with mothers experiencing mental distress and their children under the age of five. Between June 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 an 11 percent reduction in anxiety and depression and an 86 percent reduction in stress. They increased in self-confidence and self-determination, and their sense of isolation decreased. Mother–child attachment improved, and the emotional, developmental and parenting ability, which has a knock-on effect on children’s long-term development.

Visual art and music relieve the pain and anxiety of childbirth, lead to weight gain in premature babies and encourage parent–child bonding.
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 creche. Activities absorb participants, offering reprieve from their anxieties (57 percent reduce anxiety). 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.299

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 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 2013 report of the Chief Medical Officer,300 and it resulted in DH making an explicit commitment to giving every child the best start in life.301 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.302 But the relationship between family income and early childhood development is not fixed.303 Engaging children in art, dance, music and reading 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 Get on and the Book Trust’s guidance on reading aloud.304 Reading Well for young people, a programme run by the Reading Agency, is available in public libraries across England as part of a wider books-on-prescription scheme.305

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.306 With 25 percent of children in London living in overcrowded conditions, rent is 43 percent in the social rented sector, and low incomes putting a strain on family relationships, Creative Homes identifies the need to avert the impact of 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 data showed a 64 percent improvement and for quality of household routines, a 23 percent increase in play at home and a 27 percent increase in singing with children.307 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 Movement Works (Ealing) targets children aged 3 to 6 with special educational needs. By using music, movement and play, they engage children to initiate and develop understanding of self and others.308

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

Children with additional needs are able to express themselves through music. The connection between music therapy and autism spectrum disorders (ASD) has been explored since the 1970s.309 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’.310 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 effect of music therapy on young children with autism spectrum disorder (ASD). The UK part of this project is being coordinated at Imperial College London and Anglia Ruskin University, funded by NHR, 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.311 Jessie’s Fund helps children with additional needs or serious illness to communicate by using music.312

Key Arts since 2003, responds to the lack of activity for children with ASD. The UK part of this project is being coordinated at Imperial College London and Anglia Ruskin University, funded by NHR, 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.311

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

Transformations in the brain develop quickly, but music practice needs to be sustained over time for these effects to be retained. On these grounds, they mirror the neurological organisation of the brain. The Developmental Dance Movement 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

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

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.312

Programmes like Creative Homes Dance and Developmental Dance Movement increase school readiness,313 defined by the Government as the level of preparedness to succeed cognitively, socially and emotionally in school.314 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 £1.5 in future costs.315 Sure Start Children’s Centres could be sites for delivery of the arts for health and wellbeing, but one third of them have been site since 2010.316 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 encoding of sounds leading to enhanced performance on a range of listening and aural processing skills’.317

Reading aloud to children increases literacy and comprehension and helps to narrow socio-economic differences in educational attainment.
The benefits of music have also been experienced by young people fleeing war and persecution. Following a 2007 tour of Bosnia with a chamber orchestra, composer, Nigel Osborne, Emeritus Professor at the University of Edinburgh. 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 18, 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 10 children attend sessions lasting up to two hours each 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. A 2016 review by the Department for Education showed that sessions significantly reduced students’ emotional and behavioural problems and increased their pro-social engagement engagement 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 pro-social engagement and self-esteem by the end of the programme.

Conduct disorders, manifested as sustained disruptive and violent behaviour, are one of the top ten reasons for exclusion 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 teenager with an arrest record and four times more likely to end up in prison’ than those without. The lifetime cost of early intervention for the management of early conduct disorders is estimated at £260,000 per child, leading DH to advocate evidence-based and cost-effective treatment of childhood conduct disorders. 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 insecure attachments to caregivers, which had negatively impacted on their emotional development, usually combined with experience of trauma such as domestic violence. 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

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

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. 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 2001. 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 the University of Edinburgh – 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 knowledge, socialising and protection from home stresses, alcohol, drugs and antisocial behaviours; 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 Tory in Ayrshire in Scotland 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’. In 2016, DfE committed to In Harmony £500,000 per year to 2018.

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. 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. 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 £270,000 by the time they reach 26, three times more likely to end up in prison. 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. 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.

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 insecure attachments to caregivers, which had negatively impacted on their emotional development, usually combined with experience of trauma such as domestic violence. 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.

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

Edu

Education 6.4

Education is one of the determinants of health, but the benefits of education are unevenly distributed across the social gradient. Children born into families enjoying a high socio-economic position are able to maintain high scores at school or to progress 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. 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. 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. 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’. 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, where learning is being cut from primary school onwards. The introduction of the English Baccalaureate (Ebac) – 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. Supported by Lord Puttnam, Lord Richard and Baroness McIntosh, the arts education company Artsworks fills the gap in cultural education, using music, drama and movement in the classrooms of state secondary schools to stimulate imaginative thinking that relates to class and disadvantage. 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 the benefit of an important part of every child’s education and pledged that DfMS would ‘put in place measures to increase participation in culture, especially among those who are currently excluded from the opportunities to improve their scores in these subjects. In particular, we will ensure that children and young people from disadvantaged backgrounds are inspired by and have new meaningful relationships with culture’. Responding to this, the ACE Cultural Citizens programme will give an initial 6000 schoolchildren exclusive access to cultural institutions. In the 2016 Autumn Statement, a scheme was announced to promote cultural education in schools.

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 rigour of ‘rich provision of Cultural Education both in school and out of school’. The Jack Arts programme, supported by the Heritage Lottery

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

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

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.

All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report
Participatory arts have the potential to enhance educational outcomes across whole schools.

Fund and run by the Oxford Youth Action Partnership in Oxford and Banbury, is aimed at 11 to 25 year olds from all walks of life who 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 Art Awards.

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 15 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.

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 2020–2030. DCMS and DCLG might work together to ensure that arts participation, to build skills, develop self-confidence and assist young people in preparing for the transition into life after residential care.

In light of the evidence presented in this review conducted by Baroness Young, the Care Leavers Association and others might wish to consider the inclusion of arts-based activities in the repertoire of services.

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 15 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.

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 2020–2030. DCMS and DCLG might work together to ensure that arts participation, to build skills, develop self-confidence and assist young people in preparing for the transition into life after residential care.

In light of the evidence presented in this review conducted by Baroness Young, the Care Leavers Association and others might wish to consider the inclusion of arts-based activities in the repertoire of services.

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 2020–2030. DCMS and DCLG might work together to ensure that arts participation, to build skills, develop self-confidence and assist young people in preparing for the transition into life after residential care.

In light of the evidence presented in this review conducted by Baroness Young, the Care Leavers Association and others might wish to consider the inclusion of arts-based activities in the repertoire of services.

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 2020–2030. DCMS and DCLG might work together to ensure that arts participation, to build skills, develop self-confidence and assist young people in preparing for the transition into life after residential care.

In light of the evidence presented in this review conducted by Baroness Young, the Care Leavers Association and others might wish to consider the inclusion of arts-based activities in the repertoire of services.
television and playing computer games; by their parents’ account, 46 percent of the children reduced their screen time compared to increases across the cohort.206

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 (0.5 percent) and hyperkinetic disorders (1.5 percent, including ADHD).203 Reports of anxiety and depression in children have doubled since the 1990s.206 Children from low-income families are up to three times more likely to experience mental ill health.204 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, locally-grown, and the Government prescribing a reduction in their use).208 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 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’,208 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.206 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.209 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 generally dispersed, subject to lengthy waiting times and unresponsive to individual need.206 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 hospital for children and adolescents experiencing mental health problems. Every year, more than 1,000 music workshops in inpatient settings and hospital studio sessions in the community are delivered to over 3,000 people in London, Manchester, Sheffield, Woking and Chelmsford, including a programme of tailor 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 2014.208

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.206 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.208 Most serious mental health problems begin before the age of 24, with half of conditions being manifested by the age of 16.208 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.208 No Health Without Mental Health advocated early intervention for psychosis.205

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.208 Between one in 12 and one in 15 children and young people self-harm, leading to 25,000 hospital admissions every year.207 At the round table ‘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.208 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. I 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 managed to keep on top of 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 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 those 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.

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

204206208209
Chapter 6
Childhood, Adolescence and Young Adulthood

and the Children and Young People's Mental Health Taskforce advanced a compelling moral, social and economic case for change. 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 £35 per day. Early intervention in psychosis is calculated to save £6,780 per person over four years, or £25 in costs avoided per £1 invested over ten years, putting it well within the NICE guidelines for cost-effectiveness. 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. After controlling for socio-economic factors, people from minority ethnic groups and of mixed race are at increased risk of all psychotic illnesses. It is estimated that between 50% and 60% of people with psychosis in black African communities is six times higher and in African–Caribbean communities eight times higher than the national average in the UK. This calls for urgent action in tackling the social determinants of psychosis in marginalised groups. The Alchemy Project provides an excellent example of an arts and health initiative overcoming the barriers to early intervention that persist in BAME communities.

From April 2015, 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. 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. The use of the participatory arts and arts therapies 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.

In November 2014, more than 90,000 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. The Committee found that triggers for mental ill health in young people included academic pressure and exam stress. It 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 antide to a relentless curriculum and endless testing.

Among its recommendations, the Youth Select Committee included targets for young people’s mental health akin to those for physical education in schools. 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 recognise the signs of mental distress and more effective communication between health professionals and other professionals, particularly in the early stages of intervention. 

A three-year external evaluation found that Music in Mind diminished anxiety, stress and self-harm and increased communication and coping strategies. 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. This has been described by NHS England and others as a ‘cliff edge’. It is disproportionately the case for vulnerable and disadvantaged young people, who are exposed 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 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, De Lauren Cagaghan, 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.

A 40-minute film, documenting the Alchemy Project, was screened in Parliament by the APPG on 23 May 2015. Commissioners may find this film to be impressive evidence.
service users. 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 and wellbeing, these activities could serve as a conduit for maintaining contact with specialist services as necessary. The transition from inpatient services to the community-based arts activity has 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.

Children experiencing poor wellbeing are more likely to experience poverty, unemployment and ill health as adults. 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. 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, all of which contributed to diminished wellbeing. A collaboration between the Children’s Society and the University of York looking at supporting wellbeing in children has suggested that increases in life satisfaction evident from 1994 halted from 2007 onwards. This research has also found quality of relationships and support structures and face an uncertain future. A time for young adults as they depart from familiar environments and stress-reducing activities can also improve wellbeing. A book has been published about the role of applied theatre in enhancing the emotional benefits. Young patients said how much pleasure from creative activities. Staff took up rate among students. We would like to see the benefits of arts activities as part of a whole-university approach to health and wellbeing.

6.2 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. The disconcerting 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 emotional benefits. Young patients said how much pleasure from creative activities. Staff took up rate among students. We would like to see the benefits of arts activities as part of a whole-university approach to health and wellbeing.

A well-designed environment in children’s hospitals helps to overcome fear and pain. The significance of place in relation to healthcare environments is not confined to thermometer and health conditions. 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, 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.

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 1956, said that if children at an early age are to make art as a part of everyday life, they are more likely in maturity to accept and then demand it. 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 the picture changed as children aged. Work is needed to nurture lifelong habits of arts engagement beginning in early childhood.
Working-Age Adulthood
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 high-status jobs – 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 –442 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.443 In Britain, the number of working households in poverty has been increasing.444 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.445 Absence from work annually costs the Government around £6bn in health-related benefits and £2bn in healthcare, sick pay and foregone taxes. Employers’ share of sick pay amounts to around £6bn, while individuals lose out on earnings of £6bn per year.446 A cross-governmental initiative, known as Health, Work and Wellbeing, has been set up to improve and protect the health of working-age people.447 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.448 A review of health at work by Professor Dame Carol Black identified that ‘As employers, we have a duty to create good working conditions for our workers’.449

One in six adults has a diagnosable mental health condition,450 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.451 The main causes of sickness absence from work are anxiety, depression and stress (0.7 million days).452 This is estimated to cost the economy £6bn 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.453 In 2007, a survey of 2,250 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.454 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.455 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.456 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.

Arts and Minds is 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 Heritage Lottery Fund among other sources. Led by a professional artist and qualified mental health counsellor, sessions offer the chance for participants to tackle 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 rated their experience very favourably; 77 percent reported a development in their art skills; 84 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.457
Mental health problems in the under-65s account for almost half of all health problems diagnosed by the NHS.

Physical health problems, although not mentioned in the text, are made of the arts in either case. Between 2013 and 2015, as part of Creative Practice and Mutual Recovery, a study conducted by the Centre for Performance Science at the Royal College of Music. 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 running over six or ten 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 ten weeks. 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 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...
Listening to music, singing and music therapy aid physical and cognitive recovery from brain injury; visual arts activities contribute to emotional recovery.

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.

O
ter 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. 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 reported that 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 relatives.86

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 disease, half of whom experience problems with their voice.86 Parkinson’s UK maintains a database of singing activities for people with Parkinson’s.86 Among these is Skylarks in Canterbury, about which the Sidney De Haan Research Centre has commissioned a short film.86

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.87 This programme draws upon a classical and contemporary repertoiure to provide weekly classes for people with Parkinson’s, their family, friends and carers at a charge of £5 per session. Since 2013, with the support of PHF, the model has been extended into areas covered by MDD (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.85 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.85

Between September 2011 and June 2013, 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.86 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.86 Various groups have been set up around the country to encourage singing so as to improve breathing and wellbeing in people with COPD.86 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.

The British Lung Foundation has embraced the health and wellbeing benefits of singing for chronic lung conditions.86 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.86

A 2013 study showed a connection between singing – as a form of guided breathing – and heart rate.86 A 2014 analysis of cystic fibrosis patients pointed to the beneficial impact of singing on respiratory function and psychological wellbeing.86 Scottish Opera and Gartnavel General Hospital/Stockholm Fibrosis Service collaborated on Breath Cycle, funded by Wellcome and Creative Scotland, a pilot investigation into the impact of classical singing techniques on quality of life.86 A result of forty-nightly lessons with an opera singer over 12 weeks, patients reported increased psychological wellbeing.86

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 to improve their quality of life.86 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.86 This found that music interventions were associated with modest reductions in heart rate, respiratory rate and blood pressure and 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,86 with technical satisfaction, aesthetic beauty and pleasure being implicated in the reduction of symptoms.86 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.86 Analysing data from over 21,000 patients, major depression was found to be most prevalent among patients with lung cancer (13.3 percent) followed by gynaecological cancer (10.9 percent) and breast cancer (9.3 percent). The aforementioned Cochrane Review found that music interventions might 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.86

Another Cochrane Review explored the stress-reducing impact of music in coronary heart
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.79 In the management of cardiovascular disease, researchers have found that the tempo of music influences heart rate and blood pressure.78

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’.79 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.80

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 the emotional wellbeing through the arts.82 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.

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.83 A more recent example is Southmead Hospital in Bristol, which opened in 2014. In this scheme, Willis Newsom managed a £10m 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.84 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’.85

The relationship between Willis Newsom and the trust continues, leading to new artistic commissions and an ongoing community arts room programme.86 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.87 Information from 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.88

The Dymo Kentish Town Health Centre, uniting health and art, was shortlisted for the Stirling Prize in 2009.89 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 pleasurable environment for patients and staff.90

Since the mid-1990s, work has been underway to create Maggie’s Centres at all the major British hospitals treating cancer. Named after Maggie Jenkins 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 centre is psychosocial, helping those who use them to embrace life and live well.91

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.92 In public health circles, it is acknowledged that ‘Health inequalities experienced by people in contact with the criminal system are a consequence of living in a society that is often hostile, with poverty, homelessness, unemployment and discrimination.93

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.92 In public health circles, it is acknowledged that ‘Health inequalities experienced by people in contact with the criminal system are a consequence of living in a society that is often hostile, with poverty, homelessness, unemployment and discrimination.93

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.89
The arts are valued in prisons, offering a range of benefits including improved mental health, reduced the risk of further offending, and support for reintegration. The arts are used as a tool to help prisoners explore their emotions and experiences, and to improve self-confidence and self-esteem. Arts participation can be seen as a stepping stone rather than an end in itself, with the arts providing a means to engage in constructive activities and improve self-knowledge and confidence. Arts participation aids self-reflection and challenging experience. The arts can be a way of expressing thoughts and emotions, and can be used as a method of coping with stress and trauma. Arts participation can also provide a sense of accomplishment and confidence, and can be a way of connecting with others and building relationships. Arts participation has been shown to reduce rates of self-harm and suicide, and to improve the mental health of prisoners. Arts participation is also seen as a way of building self-confidence and resilience, and can be a way of preparing for life outside prison.

**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.

*F is the only charity in the UK to have offered veterans access to art therapy since 2000.*

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. In the prison regime where the arts are available through education, this is often limited to a six-week City and Guilds course. The arts can provide a way of exploring and expressing thoughts and emotions, and can be used as a method of coping with stress and trauma. Arts participation can also provide a sense of accomplishment and confidence, and can be a way of connecting with others and building relationships. Arts participation has been shown to reduce rates of self-harm and suicide, and to improve the mental health of prisoners. Arts participation is also seen as a way of building self-confidence and resilience, and can be a way of preparing for life outside prison.
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 a 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 with healing and bonding, and told of how this experience had given her the freedom to believe she had a ‘right to a life again’.744

Focused Psychological Treatment (trauma-focused therapy) is available to service personnel and the Right to a Life Again was 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.745 Foundation for Art and Creative Technology, in partnership with Liverpool Veterans Project HQ, deploys many collaborative visual and digital arts strategies as part of the Veterans in Practice programme, which was founded in 2002.746 Danish Wounded Warriors, in association with the Royal Danish Ballet, draw upon the physical, emotional, and self-discipline required of both soldiers and ballet dancers to offer a Pilates-inflected programme designed to improve motor control and functional mobility of battle injuries.747

The arts also have a role in conveying the horrors of war. Give Me Your Love, a two-acter 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 Kay 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 death in battle and the impact conflict has on the bodies and minds of everyone it reaches’.748

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 a moment upon leaving the body. 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 creative processes of the arts, the ‘left brain, forcing the two halves to communicate with each other’.

What has not been explored is whether the arts can build bridges to the right side of the brain, to the traumatic left brain, forcing the two halves to communicate with each other.750

The NICE guidance for PTSD recommends that all sufferers are offered a ‘course of trauma-focused treatment’ (trauma-focused cognitive behavioural therapy or eye movement desensitisation and reprocessing),751 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 shift from conflict to cooperation in young men aged 20 to 23 with traumatic military experience.752 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.753

This is a proposal that we hope the MoD will carefully consider.754

Of course, soldiers are not the only people to experience post-traumatic stress. In the previous chapter, we encountered art therapies for civilians 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 art 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 London 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.755

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.756 This suggests a role for the arts within the UK-wide City of Sanctuary initiative.757

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 assails the sense of self, but the arts ‘nourish the spirit and help people get through that profound challenge’.758

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’.759

Literature reviews examining the use of arts-based approaches in healthcare show growing scale and momentum.760 At a round table, Dr Iona Heath – former GP and President of RCGP – observed that the fact that medicine has ‘emancipated 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 2007 and 2009, the总面积 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.761 The values of the arts in creativity, compassion and care inform the 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 self, but the arts ‘nourish the spirit and help people get through that profound challenge’.
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 with a background in art education.

At Plymouth University Peninsula Schools of Medicine and Dentistry and Exeter School of Medicine and Health Care, 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 them how to be better care providers. So, for example, Dr. Louise Younie, a GP based at her surgery, has connected with arts projects in her community and has found that the arts programme stimulated empathy and reflexivity.

### Undergraduate and Postgraduate Education

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 academic curricula, professional development within NHS trusts and in 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, 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 STG) 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 Arts and Human Sciences. Professor Kneebone runs the UK’s only Masters of Education (Med) course in Surgical Education, which involves experts from the social sciences, humanities and arts 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 junior surgeon was taken to a pottery class at Central St Martins, which gave rise to a conversation about clay and blood vessels.

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 a parallel project, which aimed to explore the values of medical professionals, the role of the arts in education and training, and the role of the arts in healthcare for healthcare professionals, students, and the public.

Parallel Practices, which aimed to explore the role of the arts in healthcare for healthcare professionals, students, and the public, was launched in February 2016. The project, led by Dr Richard Wingate, was a collaboration between Clod Ensemble and the Royal College of General Practitioners (RCGP) and was supported by the Royal College of Physicians (RCP) and the Royal College of Surgeons (RCS). The project was designed to bring together artists, healthcare professionals, and the public to explore the role of the arts in healthcare and to develop new ways of working together.

Clod Ensemble’s Performing Medicine programme has been running for over 15 years and has delivered courses and workshops to over 5,000 medical students and health professionals. The programme is designed to help students develop skills in communication, empathy, and critical thinking, and to encourage them to think about the role of the arts in healthcare.

The programme has been evaluated by the National Institute for Health Research (NIHR) and has been shown to have a positive impact on students’ attitudes and beliefs about the role of the arts in healthcare. Students who have participated in the programme have 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. 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 compassion, communication and culture. Dr Kenya Butler, Managing Director of the Arts Council England, has said that the arts can have a powerful contribution to the education and development of health care professionals at undergraduate and postgraduate level, and to professional development training.

The Royal College of Physicians has made explicit the relationship between staff health and patient care. The workforce strategy of STPs will be crucial in influencing the culture of care. 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 health and mental health. 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, lower staff turnover, and lower sickness absence. 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 NHS budget. The Boorman Review estimated that this could be cut by a third, by equating to almost 15,000 more ‘frontline staff and saving 650m.’

The Royal College of Physicians has made explicit the relationship between staff health and patient care. The workforce strategy of STPs will be crucial in influencing the culture of care. 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 health and mental health. 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, lower staff turnover, and lower sickness absence. 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 NHS budget. The Boorman Review estimated that this could be cut by a third, by equating to almost 15,000 more ‘frontline staff and saving 650m.’
can bring much needed creativity to address work- stress and increase resilience and well-being.

Strategies to counter burnout have focused on improving the health and wellbeing of staff outside their professional, operational roles. At the University of Manchester in April 2016, seeks to promote healthy staff lifestyles.

None of the three pilot sites for this initiative has embraced the arts, but those with a clear mission to shift the balance from a predominantly illness-focused care to one that promotes health and well-being, have shown increased motivation and a reduced need for sick leave.

The GMC might also acknowledge that as health care becomes more non-invasive, there is a need for 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.

### Chapter 7: Working-Age Adulthood

### 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.

Arts therapists are accredited by the HCPC and recognised as Allied Health Professionals (AHPs), and there is a growing call for AHPs to be involved in transforming health care.

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 Hospital Arts Team that formed in Manchester in the 1970s, for example, describes how they wanted to train to practise their art for the community rather than the market.

At the same time, research shows that music therapy is successful in introducing music, the working conditions of forming a musical career are traumatic. The physical and mental rigours of the performing arts, combined with the precarious nature of performing work lead to anxiety and stress, and depression in professional performers is three times higher than in the general population.

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 where arts therapists can be involved in transforming health care. Much of this work has focused on mental health, and there is increasing recognition that arts and health can play a role in improving outcomes for people with long-term conditions.

### 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, presentations 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.

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.

The Medicine Unboxed is a non-profit organisation which holds an annual international event that is part conference, part festival, curated by Dr Sam Guglielmo and funded by Wellcome, Summerfield Trust and Glasgow 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'.801 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.802
experience mobility difficulties than those in less-deprived neighbourhoods, with high-status people experiencing the vitality of people fifteen years younger at the bottom of the social gradient. In turn, a lack of mobility exacerbates social isolation, has a negative impact upon health and diminishes participation in leisure activities.

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. 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 promoting local and national arts festivals and cultural activities to older people.

The Welsh Government’s Strategy for Older People in Wales 2015–23 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 wellbeing of older people in Wales by enabling engagement with artistic and creative activity.

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. 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. The Northern Ireland Executive’s Active Ageing Strategy for 2016–21 included the provision that older people

### 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 operates around individual conditions and body parts. Consequently, it is less adapted for frail, elderly people with multiple health conditions.

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. 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. Several of the specific and key 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, caring, lovers, citizens, consumers and enjoyers of what society has to offer’. Yet, while many older people lead satisfying and fruitful lives, health in older age is determined by income and by current and previous experience. Educational level predicts life expectancy, and disability-free life expectancy is unevenly distributed across the social gradient. Older people living in deprived neighbourhoods are significantly more likely to experience mobility difficulties than those in less-deprived neighbourhoods, with high-status people experiencing the vitality of people fifteen years younger at the bottom of the social gradient. 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 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.”

Baroness Bakewell, Ageing Artfully, 2009

I n 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. 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. 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.

The charity Sing for Your Life offers participatory music activities to older people.

### Silver Song Clubs

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 of 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.

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. 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 antidote to cognitive decline; provided a regular
Dancing strengthens balance and posture, sharpens mental acuity and reduces the likelihood of falls.

Regular group singing can enhance morale and mental health-related quality of life and reduce loneliness, anxiety and depression in older people.

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 flexibility, which are particularly crucial for older adults. It also meets the social needs of older people and can reduce stress and anxiety. Fall prevention is a key priority for the arts and health sector.

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. It can be adapted to individual capabilities.

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. Another Baring Foundation report documents a significant number of organisations, across the UK, that are bringing 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 planned training for older people as part of a larger remit. A further report looks at the position of local authorities in securing a creative and healthy older age for their populations by exercising their

should have access to the cultural resources of society, but it made no recognition of the value of arts participation.845

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.846 A report by the NEA finds that:

Between 12 January and 12 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 demands 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 value and value could be enhanced through the arts.847

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 dance, music, poetry and drama. The study found ‘true health promotion and disease prevention effects’, including increases in self-reported health and ‘reducing risk factors that drive the need for long term care’, including falls.848 Dr Cohen later reviewed research suggesting that social, psychological, and neurobiological mechanisms were at play.849

The Mental Health Foundation advises reading books and playing musical instruments as a way to preserve mental health in older age.850 In chapter six, we saw that NICE recommends singing, the crafts and other creative group activities to safeguard mental health and wellbeing in older people.851 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.852 As people age, quality of life is ‘largely determined by their ability to access needed resources and maintain autonomy, independence, and social relationships’.853 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 prepping 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 core wellbeing indicators drawn from Understanding Society. This found that, of those older people whose wellbeing was the lowest, 40 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.854 This suggests that, in seeking to improve quality of life for older people, at least some of the social, psychological and neurological benefits that can be adapted to individual capabilities. Dance has physical health benefits, including improvements in balance, strength, gait, posture and flexibility, which are particularly crucial for older adults. It also meets the social needs of older people and can reduce stress and anxiety. Fall prevention is a key priority for the arts and health sector.

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 their homes.855 This resulted in the establishment of a consortium, with academic research led by the Wellcome Trust Centre for Wellbeing.

Dancing strengthens balance and posture, sharpens mental acuity and reduces the likelihood of falls.

This is a common difficulty, caused by the slowing of neural activity in the midbrain.856 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.857 The Wellcome Trust Centre for Wellbeing embarked on 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.858 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.859

A report by 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 2010 and 2016, research conducted as part of the Cultural Value Project studied the Grand Gestures dance project and six other local arts projects. Seeking to identify the somatic properties of dance, the research focused on sensory awareness, connectedness and being in the moment. This found that, as 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’.860 Local dance projects to enhance the health and wellbeing of older people have been set up in many places.861 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 £3bn per year.862 Falls prevention strategies are calculated to reduce falls by 31 to 54 percent, but they are generally quite unappealing.863 One hour
Chapter 8

Protective Factor Against Dementia.

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. 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.

8.3 Combating Social Isolation

Age UK estimates that 1.2 million older people in the UK are chronically lonely. 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. 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.

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.

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.

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.

On the strength of the evidence, the Jo Cox Commission on Loneliness, founded in 2017, might consider arts approaches when developing its work.

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 deprivation and areas of deprivation.

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. 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.
Museums and galleries contribute to increased psychological wellbeing and have a part to play in age- and dementia-friendly communities.

A Museum Directory of Social Prescribing and Wellbeing Activity in North West England has been published by HEE, showing a £3 return on every £1 invested. In seeking to expand their range of visitors, more rural practices in the arts, culture and other activities make up part of the strategy to reach older people in their communities who are at risk of social isolation.

### Residential Care

More than 580,000 people over 65 live in residential care in England and Wales, over 33,000 in Scotland and around 15,000 in Northern Ireland. Sense of meaning and purpose in life can diminish with age. An estimated 20 percent of older people living in care homes are affected by depression, compared with 20 percent of older people living in the community. The Royal College of Psychiatrists estimates that 85 percent of older people receive no NHS help with depression. In chapter four, we saw that NCF 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. A growing body of evidence and practical experience shows that engagement in the arts increases the wellbeing of healthy older adults in residential care.

In England, 11 percent of care home provision is offered free of charge, comprising gallery tours, reading, gardening, arts and crafts, conversation, and singing. The Commission on Residential Care, chaired by Rt Hon, Paul Burstow MP, placed an emphasis on ‘self-determination, self-reliance, fun and community participation’ for people in the community, and families, and made sure the arts were included in the recommendation. The arts and crafts, music and singing in its list of recommendations, including the arts and crafts, music and singing in its list of tools to promote social inclusion. 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 and some upward trend in life satisfaction.

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 ‘Seeds Time’ Arts for Older People programme, which offers 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). A broad programme 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 usability 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 in schools. Evaluated by researchers at the Oxford Institute of Population Ageing, the programme has been found to have preferences from potential visitors to increased confidence and a positive outlook.

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. Building on previous work with older adults, ten week-long two-hour programmes are being offered to vulnerable or lonely older adults (65+) 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. 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 and some upward trend in life satisfaction.

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 ‘Seeds Time’ Arts for Older People programme, which offers 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). A broad programme 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 usability 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 in schools. Evaluated by researchers at the Oxford Institute of Population Ageing, the programme has been found to have preferences from potential visitors to increased confidence and a positive outlook.
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 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). Replicating the health inequalities that persist in society, higher educational levels and occupational attainment, as well as participation in the intellectual, physical and creative aspects of life, are associated with slower cognitive decline in older adults.888 Diet, drinking, exercise and smoking also modify the risk of dementia. Older adults learning to play an instrument.903 A longitudinal study of 469 people aged over 75, who showed no signs of dementia at the outset, had found in dancing in particular to be associated with a reduced risk of delirium when given 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.915

In March 2012, the Prime Minister launched a dementia challenge, advancing a moral, as well as economic, agenda for the condition. Under the Arts and Dementia Research Centre at the University of Oxford, the city of Westminster provides an example of the arts in dementia. The City of Westminster provides an example of person-centred pathway-based care for people with dementia. Group sessions in the community and in people’s own homes offer a range of different activities, including music, visual arts, poetry, dance and the performing arts. Funded by the City of Westminster, 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 from the arts.916 We urge NHS England to include the arts in personalised post-diagnostic support for people with dementia.

We are treasuring the connections 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 contexts.

8.6.1 Delaying Onset

If the onset of Alzheimer’s disease (which accounts for 62 percent of dementia) could be delayed by five years, savings between 2020 and 2035 are estimated at £100bn.898 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, £550m would be saved.905 As already mentioned, research suggests that sustained later-life musical training enhances neural plasticity, potentially bolstering resistance to dementia.899 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.900 A longitudinal study of 169 people aged over 75, who showed no signs of dementia at the outset, had found in dancing in particular to be associated with a reduced risk of delirium when given 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.915

In March 2012, the Prime Minister launched a dementia challenge, advancing a moral, as well as economic, agenda for the condition. Under the Arts and Dementia Research Centre at the University of Oxford, the city of Westminster provides an example of the arts in dementia. The City of Westminster provides an example of person-centred pathway-based care for people with dementia. Group sessions in the community and in people’s own homes offer a range of different activities, including music, visual arts, poetry, dance and the performing arts. Funded by the City of Westminster, 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 from the arts.916 We urge NHS England to include the arts in personalised post-diagnostic support for people with dementia.

We are treasuring the connections 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 contexts.

8.6.2 Cognitive Functioning

NICE and SCI and advocate that people with mild to moderate dementia ‘should be given the opportunity to participate in a structured group cognitive stimulation programme’. 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 people with dementia 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 default mode network, reduced stress and psychological resilience.902 In 2015, researchers at the University of Newcastle showed that BACI and Music for the Brain could establish which activities boosted brain function. Healthy but fairly sedentary adults aged between 50 and 90 were randomly assigned routines of brisk walking, Sudoku or art 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 socially active (standing while drawing or painting and socialising with others in the group) was thought to be especially important:

Art participation in care homes helps to safeguard mental health, wellbeing and independence in older people.
Older Adulthood
Chapter 8

encourage diverse participation, and the model has received national and international accolades. However, remembering can be distressing and not all reminiscence programmes have been found helpful. 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.

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.

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.” 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 (£2,528 for a one-point change), paving the way for a comparison with the cost of care without these improvements or a monetisation of the benefits the participants and their carers gained.

At the round table on Arts and Dementia, held jointly by the APPGAWH and the APPG on Dementia, the Director of Green Candle Dance Company, Fergus Early OBE, observed that artistic languages enable 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’. Here, the focus is on engaging the creative capacity of people with dementia, rather than treating symptoms or addressing disease aetiology.

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”’. DH’s 2009 national strategy for living well with dementia made passing reference to arts therapy.

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. Meet Me at MoMA focused on feelings and emotions, providing a ‘style of communication and self-expression that is particularly able to capitalize on the emotional and social capabilities of people with dementia’. Here, the focus is on engaging the creative capacity of people with dementia, rather than treating symptoms or addressing disease aetiology.

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: ‘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.’

NICE advises that people with all types and severities of dementia who also experience agitation may be offered ‘therapeutic use of music and arts therapy’. At the round table on Arts and Dementia, held jointly by the APPGAWH and the APPG on Dementia, the Director of Green Candle Dance Company, Fergus Early OBE, observed that artistic languages enable 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’. Here, the focus is on engaging the creative capacity of people with dementia, rather than treating symptoms or addressing disease aetiology.

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”’. DH’s 2009 national strategy for living well with dementia made passing reference to arts therapy.

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. Meet Me at MoMA focused on feelings and emotions, providing a ‘style of communication and self-expression that is particularly able to capitalize on the emotional and social capabilities of people with dementia’. Here, the focus is on engaging the creative capacity of people with dementia, rather than treating symptoms or addressing disease aetiology.

Across art forms, creative activity improves quality of life for people with dementia and their carers. 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. 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 dementia-friendly access to the museum’s collections leading to co-produced exhibitions.

Research validates this approach, with an access programme for people with dementia and their carers taking 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.

Music in Mind is a creative music therapy initiative run by the Manchester Camerata chamber orchestra, which seeks to improve quality of life, wellbeing 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 services and medication.

Several quantitative and mixed-method studies have demonstrated a relationship between dementia and music. 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. Another useful overview of music and singing projects for people with dementia is provided in The What Works Centre for Wellbeing review of music and singing in people with dementia pointed to a role for music listening and singing projects for people with dementia. In Arts 4 Dementia’s report, Music Reawakening: Musicianship and access for early to mid stage dementia, another useful overview of music and singing projects for people with dementia is provided in The What Works Centre for Wellbeing review of music and singing in people with dementia pointed to a role for music listening and singing projects for people with dementia. In Arts 4 Dementia’s report, Music Reawakening: Musicianship and access for early to mid stage dementia, another useful overview of music and singing projects for people with dementia is provided in The What Works Centre for Wellbeing review of music and singing in people with dementia 9.139 Another useful overview of music and singing projects for people with dementia is provided in The What Works Centre for Wellbeing review of music and singing in people with dementia pointed to a role for music listening and singing projects for people with dementia. Music Reawakening: Musicianship and access for early to mid stage dementia, another useful overview of music and singing projects for people with dementia is provided in The What Works Centre for Wellbeing review of music and singing in people with dementia pointed to a role for music listening and singing projects for people with dementia. In Arts 4 Dementia’s report, Music Reawakening: Musicianship and access for early to mid stage dementia, another useful overview of music and singing projects for people with dementia is provided in The What Works Centre for Wellbeing review of music and singing in people with dementia pointed to a role for music listening and singing projects for people with dementia. In Arts 4 Dementia’s report, Music Reawakening: Musicianship and access for early to mid stage dementia, another useful overview of music and singing projects for people with dementia is provided in The What Works Centre for Wellbeing review of music and singing in people with dementia pointed to a role for music listening and singing projects for people with dementia.
Older Adulthood

Working with people living with dementia.939 Personhood and nurtured key skills for musicians who had dementia in care homes. Professional musicians were singing, they were bright-eyed, they were full of life. Running since 1993 and managed by Wigmore Hall since 2009, Music for Life offers participatory 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.920 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, they were singing, they were bright-eyed, they were full of life.’

A psychosocial model of music in dementia has been developed, focusing 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.920 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, they were singing, they were bright-eyed, they were full of life.’

Dancing since it began, Eating Well and movement therapy for people with dementia.935 This suggests that people with dementia are singing and gesture in a social setting. Led by a specialist in speech and singing, the programme was the subject of a short film,924 and the programme featured in a BBC Radio 4 documentary.920 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.924

A Cochrane Review of evidence about dance movement therapy for people with dementia highlights the connection between movement, thoughts and feelings. The review found that dance movement therapy delayed cognitive deterioration while reducing challenging behaviour and improving 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 activity; improves mood; and enhances cognitive and physical function.925 External evaluation showed that the programme enhanced staff sensitivity to personhood and nurtured key skills for musicians working with people living with dementia.935

8.6.5 Singing

A Choir in Every Care Home found that ‘Singing activity can positively engage people with dementia of all severity from mild to late-stage.’926 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.927 This was found to have a positive impact on the partners and carers of people with dementia.939

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 had been shown to aid communication by strengthening neural pathways to the vocal and motor areas.928 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 satisfaction even when they have no memory of specific artworks.929 Research conducted at Dulwich Picture Gallery suggested that the episodic memory of people with dementia could be enhanced through aesthetic responses to visual art.929 This added to various individual and social benefits were reported, including improved mood and cognitive capacities and a greater sense of inclusion.924

Supported by the Big Lottery Fund between July 2012 and May 2014, 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.929 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, and enable the participants themselves and others who view their work.’

Canterbury district has the highest number of people with dementia in Kent. A 2015 project called House of Memories used digital technology to enable the viewing of artworks by older people with dementia whose circumstances do not allow for visits to literature specialist libraries or to museums. One of the key aims of 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 difference to quality of life and mental wellbeing of people in different stages of dementia.931

The Dementia and Imagination project takes as its starting point that ‘Observing art and making art seems to make a difference’ in people with dementia948 as an environment, in cases of subjective wellbeing and should be considered part of a health promotion strategy in dementia care.949

The Aesthetics of preferences of people with Alzheimer’s and frontotemporal dementia have been seen to remain constant even when they have no memory of specific artworks.939 Research conducted at Dulwich Picture Gallery suggested that the episodic memory of people with dementia could be enhanced through aesthetic responses to visual art.929 This added to various individual and social benefits were reported, including improved mood and cognitive capacities and a greater sense of inclusion.924

In the Arts and Health and Wellbeing Inquiry Report 2015, one of the key aims of 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 difference to quality of life and mental wellbeing of people in different stages of dementia.931

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

Research has also pointed to the personalised and multi-sensory experiences digital technology could provide for people with dementia. A 2015 update of case studies of digital arts in care homes supported by older people including House of Memories and the following example.962

A 2012 Baring Foundation report called Digital arts and the arts for older people in digital technology being used as a tool (to research and disseminate creative practice) and as a medium (through digital art making). 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 digital arts in care homes supported by older people including House of Memories and the following example.962

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 as an environment, in cases of subjective wellbeing and should be considered part of a health promotion strategy in dementia care.949

The Aesthetics of preferences of people with Alzheimer’s and frontotemporal dementia have been seen to remain constant even when they have no memory of specific artworks.939 Research conducted at Dulwich Picture Gallery suggested that the episodic memory of people with dementia could be enhanced through aesthetic responses to visual art.929 This added to various individual and social benefits were reported, including improved mood and cognitive capacities and a greater sense of inclusion.924

In the Arts and Health and Wellbeing Inquiry Report 2015, one of the key aims of 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 difference to quality of life and mental wellbeing of people in different stages of dementia.931

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 as an environment, in cases of subjective wellbeing and should be considered part of a health promotion strategy in dementia care.949

The Aesthetics of preferences of people with Alzheimer’s and frontotemporal dementia have been seen to remain constant even when they have no memory of specific artworks.939 Research conducted at Dulwich Picture Gallery suggested that the episodic memory of people with dementia could be enhanced through aesthetic responses to visual art.929 This added to various individual and social benefits were reported, including improved mood and cognitive capacities and a greater sense of inclusion.924
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. 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. West Yorkshire Playhouse has issued a guide to dementia-friendly performances.

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

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.

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 arts including dance, music, drama, visual art, digital art, puppetry, poetry, filmmaking and photography. In association with more than 65 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.

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.
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, 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. 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.
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

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’.

In the palliative care environment, researchers have found that music therapy reduces anxiety, pain, tiredness and drowsiness99 and increases wellbeing.99 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.99 Patient-directed art therapy in palliative care settings enables the expression of powerful, difficult feelings about dying, helping to relieve the psychological trauma of living with a terminal illness. Creative work can form a form of companionship 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.

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...’ 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 forget 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.’

In 2008, the Director of Supportive Care (Nigel Harley) 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. The arts, shaped by powerful emotions and new personal relationships and social experiences for patients and their families, offer hope and inspiration and stimulation to artists, and generate important opportunities for new artistic expression.

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’.99 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, as fewer patients take place in hospices, 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.

A majority of deaths in the general population (58 per cent) 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...
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.

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 – you can get so that every tiny twinge is a major catastrophe.

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.

Journal entry 30/01/05
[...] 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.

I was going to draw so it was always a surprise to me, 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.

When my daughter suggested I try out art therapy I didn’t know what to expect.

Creative expression helps us to come to terms with human suffering and death.

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’.

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 and community environments. Nigel Hartley, now CEO of Earl Mountbatten Hospice, says that doing art and writing can be surprising, meaningful, challenging, playful, absorbing, reflective and exciting – and offers participants the opportunity to be fully themselves.

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. This considered how hospital design might have a positive impact upon death and dying for patients, their families, visitors and staff. Consultation revealed demand for an 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 way in which these might 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 (RCOR), which ran between 2006 and 2008. A parallel literature review highlighted the importance of room – or a domestic scale – allowing private facilities for patients, overnight accommodation for family members and appropriate places for viewing the deceased. It also highlighted the importance of access to nature – whether directly or through the window. It’s how we feel.

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. At the Inquiry 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.
reflexive, which lies at the heart of both religion and art. 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’. 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’. In 2008, Professor Lord Darzi, at the Institute for Global Health Innovation, Imperial College London, published a review of NHS England in which his-of-life care formed one of eight key clinical areas. 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 room. 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. 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 andmortuary facilities.

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 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.

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. They can foster creativity and fresh experiences, bring new understandings and insights and offer the potential for pleasure, transcendence and beauty. Participation in these activities 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. 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’. She outlined how such creative processes offer insights into ourselves and our place in the world, enabling us to reflect upon memories, hopes and fears. Through metaphor, characterisation and plot, the creation of literary and dramatic works draws upon emotional and psychological depth. 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 activities generate a legacy that can be left behind for our loved ones.

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 engaging writing and reading meat. The arts 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 - meaningfulness of life, bringing order and a new way of living. Professor Fiona Sampson, a poet who spent a dozen years encouraging writing and reading voice health and social care settings, described at the round table on the Arts and Healthcare interventions how poetry `speaks indirecly, tells a slant’. It acts as a counterpoint to institutional jargon and case-note paraphrase to express experience in personal terms.

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 express his concern and his fears. He chose aႦone, and he seemed to forget about his symptoms while he painted. Michael’s 9-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 project 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.

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 to be heard, the world often retreats from them in embarrassment, anxiety and disquiet, creating a kind of social death long before physical demise occurs’. 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 support, the world often retreats from them in embarrassment, anxiety and disquiet, creating a kind of social death long before physical demise occurs’.
Chapter 9

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’. 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, pouring 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.

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’.

Feelings and experiences are often retained as images whose non-verbal expression needs no interpretation. Rather than retreating into therapy models and professionalised languages, Hartley asserts that ‘the art is the therapy’. 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.

Patients at the end of their lives are often isolated from family and support networks, prodded 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’. 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 caregivers are more able to get more involved in aspects of the management of the lives of those who are seriously ill.

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 Directors funded a study of the socio-economic cost of bereavement in Scotland as part of work to inform national policy on bereavement and care following loss. 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 £200m. 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.

Art can have a powerful effect in easing grief; helping those who have lost their loved ones to find solace in their bereavement.

At the round table, Dr Simon Opher pointed out that bereavement was a normal part of life, which increased as a person’s palliation, leading to regular trips to the doctor and the prescription of anti-depressants and sleeping pills. The Scottish study identified costs of bereavement-related care in primary care at around £2.9m 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. 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. Explorative 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 unseen 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 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.

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 art 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 weeks of 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."

Life can end at any age, and every year an estimated 12,200 parents in the UK experience the loss of a child. 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. 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 2013, six members of the group came together with artist Sofie Layton as part of a research and development programme called RBST. The group explored different creative processes – including drawing, embroidery, screen-printing, sewing and audio recording – to interpret children’s experiences and the essence and memories of lost children. One participant commented that a ‘project 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’.

The project culminated in a public presentation of the installations made during the workshops. Qualitative evaluation reported the value of the project to participants mothers and to stimulating a public conversation about childhood 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 art 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 weeks of 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."

Life can end at any age, and every year an estimated 12,200 parents in the UK experience the loss of a child. 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. 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 2013, six members of the group came together with artist Sofie Layton as part of a research and development programme called RBST. The group explored different creative processes – including drawing, embroidery, screen-printing, sewing and audio recording – to interpret children’s experiences and the essence and memories of lost children. One participant commented that a ‘project 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’.

The project culminated in a public presentation of the installations made during the workshops. Qualitative evaluation reported the value of the project to participants mothers and to stimulating a public conversation about childhood death.2032

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 alloy fears. The National Council for Palliative Care, consultated 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
The arts can open up a public conversation about illness and 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. A survey of more than 500 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’. 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. 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. 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.

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, communication and collaboration. She 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 network 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.’ 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, but neither this strategy nor related sector-specific guides such as that for care homes, made reference to the arts.

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 care and the arts have a crucial 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 considerably in this.

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.
Recommendations
and Next Steps
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 solutions. Policy should work towards creative activity being part of all our lives.

The process of the Inquiry – in particular the extensive and experimental conversations at round tables with service users, health and social care professionals, artists and arts professionals, funders, academics, people from 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 development of good practice, promote collaboration, coordinate and disseminate research and inform policy and delivery. We appeal to philanthropic funders to support our proposal. 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 shown as an example of good practice, and promote collaboration, coordinate and disseminate research and inform policy and delivery. We appeal to philanthropic funders to support our proposal. 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.

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 develop a cross-governmental strategy for the arts in health.

3) We recommend that, at board or strategic level, in NHS England, Public Health England and each clinical commissioning group, NHS trusts, local authorities and the wellbeing board, an individual is designated to take responsibility for the pursuit of 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.

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. Already, arts and culture bodies work together to develop cross-governmental strategies with local health providers to 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 Partnership Commissioning Groups, NHS provider trusts and local authorities to incorporate arts on prescription into their commissioning plans and to redesign care pathways where appropriate.

Development in social prescribing offers models for arts and cultural organisations to engage with the process of creating a healthy society. Arts-on-prescription activities help people to overcome difficulties with personal and practical aspects of health and care, and provide a pathway between the arts and health and social care services. They offer a potential value for money of arts-based approaches to 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.

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 shared not only by individuals who use arts services, but also by all patients and service users who 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 benefitting 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.
Acknowledgements

The members of the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPPG AHW) 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 APPPG AHW 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 APPPG AHW 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 collaborative 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 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 Richard KCMBaroness Finlay of Llandaff
Helen Goodman MP
Baroness GreenoOoG CBE
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 Liston of Burtersett CBE
Jason McCartney MP
Baroness McIntosh of Hudnall
Rt Hon. Fiona MacTaggart MP
Baroness Mecache
Baroness Morgan of Ely
Rt Hon. Nicky Morgan MP
Baroness Morris of Yardley
Baroness Neuberger DBE
Sarah Newton MP
John Nicolson MP
Dr Matthew Offord MP
Lord Ramsbotham GCB CBE
Lord Ribiero 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
Deborah Bull, Assistant Principal (London), King’s College London
Rt Hon. Professor Paul Burstow, Chair of the Inquiry Advisory Group
Professor Paul Camic, Professor of Psychology and Public Health, Canterbury Christ Church University
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 Dippie, 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 Hight, Director, Cultural Partnerships & Enquiry, King’s College London
Dr Vai 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 at the 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 Valverde, 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 QCC 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 Wilson, Artist Director, Gloucester

November 2014: The Care Act and Commissioning Arts and Culture for Wellbeing
Joint event with the All-Party Parliamentary Group on Wellbeing Economies
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, Gaida Music Trust
Julius Masham of Ilton DL, Baroness Masham of Ilton
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 Robyn
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 Nicton Manton, Emeritus Professor of Behavioural Neurology, National Hospital Queen Square, London
Acknowledgements

Joint event with the All-Party Parliamentary Group on Dementia

Chair: Baroness Jolly and Baroness Greenegross
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 Davies, 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 Candles 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

Marie Parsons, Director of the Creative Dementia Network
Professor Justine Schneider, Professor of Public Health, Canterbury Christ Church University

Professor Paul Camic

Dr Iona Health, 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-Olga, Arts Adviser, The Baring Foundation
Dallas Pounds, CEO Royal Trinity Hospice

Christopher Rawrence, Co-Creative Director, Rosetta Life

Michelle 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, Veteren in Practice, Foundation for Art and Creative Technology
Shawn 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 McLaughlin, Founder and Director, Combat Veteran Players

Liz Murphy, Creative Director, Music Action International

Professor Nigel Osborne MBE, Composer and formerly Head Professor of Music at the University of Edinburgh
John Ryan, Co-Founder Lift the Lid Productions, Home Front

Maya Twardacki, 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 the National Trust, Former 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 Grimes, Chair 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

Ezme 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 for Care Northern Ireland

Professor Andrew Davies, Former Member of the Welsh Assembly; Chair of the Aberthaw Bro Morgannwg University Health Board

Alan Grayson, Chair of the National Assembly for Wales

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 Tannherill, Director, Glasgow Centre for Population Health

Prue Thimbleby, Arts in Health Coordinator, Aberthaw Bro Morgannwg University Health Board

April 2016: Arts, Health and Wellbeing and Commissioning

Chair: Lord Richard

Paul Bristow, Director, Strategic Partnerships, Arts Council England

Jane Davis, Chair of Artlift, Reader in the Arts

Penny Haining, Director, Creative Wellbeing Programme, Cambridge University

Trisha Halder, Director, Artlift

Guy Jackson, Programme Manager, Health Education England

Anita Jensen, PhD student, University of Nottingham

Tom Ling, Senior Research Lead, RAND Europe

Carolina Magdalene Maier MFA, 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 Policy, Senior Lecturer, University of Westminster

Dr Gillian Rice, GP and Chair of Artlift

Lucien Paul Stanfield FRSPH, Chief Executive, Clarendon Project

Janet Stevens, Participant, Start in Salvad

Dr Theo Stickleby, Academic Lead for Public Engagement and Associate Professor of Mental Health, University of Nottingham

Lucy Wells, Inclusive Arts Manager, Bromley by Bow Centre

Dr Terry Wilson, Chair of Research, Institute of Cultural Capital, Liverpool
Acknowledgements

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

May 2016: Young People, Mental Health and the Arts, followed by showing of film about The Alchemy Project
Chair: Baroness Meacher, Susan Bissell, 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, London and Maudsley NHS Foundation Trust
Catherine Hearne, Director, Helix Arts
Will Lang, Arts Health
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
Naomi Shoba, Head of Youth Arts, Ovalhouse
Sam Walker, Santamics

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 Experiences, Imperial College NHS Foundation, 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, Architect for Health
Professor Fiona Sampson, Poet and Professor of Poetry at the University of Roehampton
Dr Sue Stuart-Smith, National Institute for Health and Care Excellence
Doctor Graham Bakewell, National Director of Arts in Health

July 2016: Arts and Public Health
Chair: Baroness Young of Horsey
Shona Arora, National Workforce Development Lead, Public Health England
Amaal Azzudin, Community Development Facilitator, Mental Health Foundation
Lois Blackburn, Artist, author+martha
Sheryll Catto, Co-Director, ArtSpace
Dr Nayreen Daruwalla, Programme Director for Prevention of Violence against Women and Children, SNEHA, Mumbai
Philip Davenport, Artist, author+martha
Connie Jungheins, Public Health Commissioner, Westminster City Council
Thompson Hall, Artist, ArtSpace
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 Munro, 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 Parshie CBE, Professor of Health Development, University of Chester; Board Member, Public Health England
Lizzi Stephens, Chair of the Dover Breathethest 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 Horsey
Graham Beck, Governor, HMP Kirkham
Albi Black, HMP Kirkham
Eleanor Byrne, Clean Break Graduate
Dr Laura Caulfield, Assistant Dean, College of Liberal Arts, Bath Spa University
Sarah Colvin, Scholar Professor, University of Cambridge
Allison Fraser, Chair of the National Criminal Justice Arts Alliance
Arthur Macaggaort, 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, Director, Geeze Theatre Company

January 2017: Place, Environment and Community Guest Chair: Sunand Prasad
Rachel Adam, Project Director (hail), 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, CF Moller
Rahel Mohamed, Founder and Director of Mauhla
Professor Jeremy Myerson, Helen Hamlyn Chair of Design, Royal College of Art
Lenny Nair, Design Strategist, HELIX Centre, Imperial College London
Andrew Simpson, Planner and Development Manager and Advisor to Royal Institute of British Architects on Urban design
Sandra Stancilffe, 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, Clare Duffield Foundation
Bill Boa, Director of Finance, Cambridge University Hospitals NHS Foundation Trust
Elaine Burton, Arts and Health Specialist
Nicola Crane, Programme Director and Head of Arts, Guy’s and St Thomas’ Charity
Jane Davis, Chair, 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
Jen Siddall, Director of Funding, Guy’s and St Thomas’ Charity

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

Gillian Wolfe CBE, Former Director of Learning and Public Affairs, Dulwich Picture Gallery
Learning, Arts and Heritage Consultant
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, Newham University College on Healthcare Design
Dr Jo Black, Consultant Perinatal Psychiatrist, Devon Partnership NHS Trust; Associate National Clinical Director for Perinatal Mental Health, NHS England
Steve Chalke, Founder, Oasis
Alli Black, Chair, Arts and Heritage Federation
Shirley Cranner, Chair, The Arts and Health Specialist
Professor Susan Hallam, Emerita Professor of Education and Music Psychology, UCL, Institute of Education
Darren Henley, Chair, Arts Council England
Nancy Hey, Director, What Works Centre for Wellbeing
Poppie Jaman, Chair, Executive of Mental Health First Aid England
Tim Joss, Chair, Executive, Assop
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, Centre for Health Economics, London School of Economics and Political Science
Ewen McKinnon, National Wellbeing and Civil Society Policy 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
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
Rona Vaquer, 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
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

Acknowledgements
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.
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
CCLG: Department for Communities and Local Government
DCMS: Department for Culture, Media and Sport
DCLG: Department of Health
DH: Department of Health
ECOL: Enhancing Care at the End of Life
EHRE: 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
GSCC: Guy’s and St Thomas’ Charity
GVCVA: Gloucestershire Voluntary Community Sector Alliance
HCCPC: Health and Care Professions Council
HEE: Health Education England
HELI: Healthcare Innovation Exchange
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
NCF: National Care Forum
NCJA: 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
NIHR: National Institute for Health Research
NPO: National Portfolio Organisation
ONS: Office for National Statistics
PHE: Public Health England
PHF: Paul Hamlyn Foundation
PSID: Post-Traumatic Stress Disorder
QALY: Quality Adjusted Life Years
RCA: Royal College of Art
RGCP: Royal College of General Practitioners
RCT: Randomised Controlled Trial
RIBA: Royal Institute of British Architects
ROL: Return on Investment
RPO: Royal Philharmonic Orchestra
RSHP: 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
SRG: Social Return on Investment
STP: Sustainability and Transformation Partnership or Plan
TLC: Think Local Act Personal
TRC: 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.


3. For a consideration of the emerging evidence on the role of arts in health and wellbeing, see the report by Life Kitchen.


8. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

9. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.


15. Ibid, p. 6.


18. In his book The Singing Neanderthals, see: www.breatheahr.org/breathe-magic


22. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.


24. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

25. This discussion took place as part of the First National Arts in Health Conference and Showcase for Health Decision Makers on 7 April 1948, since which time the definition has not been amended.


27. WHO Centre for Health Development. (2004).

28. jacq@art-world.org


30. Life Kitchen has been set up by Ryan Riley to offer free cookery classes for people with cancer, in memory of his mother who lost her battle after a long battle with cancer; see: www.life-kitchen.org.uk


33. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

34. The Singing Neanderthals, see: www.breatheahr.org/breathe-magic

35. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.


37. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

38. Loc cit.

39. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.


42. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

43. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

44. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

45. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

46. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

47. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

48. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

49. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

50. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

51. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

52. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

53. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

54. Breathe Magic: breatheahr.org/breathe-magic


56. This discussion took place as part of the First National Arts in Health Conference and Showcase for Health Decision Makers on 7 April 1948, since which time the definition has not been amended.

57. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.


59. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

60. Life Kitchen has been set up by Ryan Riley to offer free cookery classes for people with cancer, in memory of his mother who lost her battle after a long battle with cancer; see: www.life-kitchen.org.uk


62. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

63. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

64. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

65. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

66. Set up by Langley Brown, a member of the second Hospital Arts team, Sheffield Training in the Arts (START) workshop on the basis of creating a new role of theatre director from a local theatre director.

67. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

68. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

69. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

70. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

71. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

72. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

73. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.


75. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

76. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

77. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

78. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

79. For a consideration of the ways in which music and arts are normative reactions on an umbrella project.

175. For a discussion of this, see creativearts.com (2013) where arts and health research is presented.


184. A list of published topics and those in development or planned for future publication is available at what-works-in-arts-and-culture-policy.org.uk.

192. A list of submissions, together with details of projects which
Moving from practice-based research to evidence-based
London: DH.

211. The Happiness Industry
academics/center-for-arts-in-medicine/research-database/
the arts and culture: www.culturecase.org. NCVO has also
The Long-term Sustainability of the NHS and Adult Social Care, op. cit., p. 9.

219. Ibid, p. 26. ResearchNet is a network of linked co-production groups of
3. NHS Confederation, Local Government Association, NHS

220. NHS England’s Self Care programme: www.england.nhs.uk

267. Arts Care: www.artscare.co.uk
271. For an overview, see Hebron, D. & Taylor, K. (2012).
277. For an overview, see Hebron, D. & Taylor, K. (2012).

293. Creative Alternatives: www.creativealternatives.org.uk
294. The Five Year Forward View for Mental Health, op. cit., p. 28.
298. Dementia, Arts and Health: www.cglasgow.ac.uk/dearts/.
303. Arts Connect: www.artsconnect.co.uk

310. This term will be used throughout the report to describe people who have interacted with health and social services.

246. Arts Care: www.artscare.co.uk
272. The Five Year Forward View: Disease prevention, including early
deficits in 2015–16, up from 44 percent and 51 percent in the

280. For example, by co-commissioning with arts organisations and public sector commissioning
money-in-and-out-of-the-voluntary-sector

315. NHS Confederation. Mental Health Network: subsection.org/resources/2016/06/funding-for-mental-health

345. For an overview, see Feibron, D. & Taylor, K. (2012). An overview of the changing state of health funding for arts activity in the UK.
347. Arts in Health: A review of the medical

352. Arts in Health: A review of the medical
353. Arts in Health: A review of the medical
355. Arts in Health: A review of the medical

356. For an overview, see Feibron, D. & Taylor, K. (2012). An overview of the changing state of health funding for arts activity in the UK.
358. Arts in Health: A review of the medical
359. Arts in Health: A review of the medical
361. Arts in Health: A review of the medical
362. Arts in Health: A review of the medical
364. Arts in Health: A review of the medical
365. Arts in Health: A review of the medical

366. For an overview, see Feibron, D. & Taylor, K. (2012). An overview of the changing state of health funding for arts activity in the UK.
368. Arts in Health: A review of the medical
369. Arts in Health: A review of the medical
371. Arts in Health: A review of the medical
372. Arts in Health: A review of the medical
374. Arts in Health: A review of the medical
375. Arts in Health: A review of the medical
377. Arts in Health: A review of the medical
378. Arts in Health: A review of the medical
380. Arts in Health: A review of the medical
381. Arts in Health: A review of the medical
383. Arts in Health: A review of the medical
384. Arts in Health: A review of the medical
386. Arts in Health: A review of the medical
387. Arts in Health: A review of the medical
389. Arts in Health: A review of the medical
390. Arts in Health: A review of the medical
392. Arts in Health: A review of the medical
393. Arts in Health: A review of the medical
395. Arts in Health: A review of the medical
396. Arts in Health: A review of the medical
398. Arts in Health: A review of the medical
399. Arts in Health: A review of the medical

399. Arts in Health: A review of the medical
401. Arts in Health: A review of the medical
402. Arts in Health: A review of the medical
404. Arts in Health: A review of the medical
405. Arts in Health: A review of the medical
407. Arts in Health: A review of the medical
408. Arts in Health: A review of the medical
410. Arts in Health: A review of the medical
411. Arts in Health: A review of the medical
413. Arts in Health: A review of the medical
414. Arts in Health: A review of the medical
416. Arts in Health: A review of the medical
417. Arts in Health: A review of the medical
419. Arts in Health: A review of the medical
420. Arts in Health: A review of the medical
422. Arts in Health: A review of the medical
423. Arts in Health: A review of the medical
425. Arts in Health: A review of the medical
426. Arts in Health: A review of the medical
428. Arts in Health: A review of the medical
429. Arts in Health: A review of the medical
431. Arts in Health: A review of the medical
432. Arts in Health: A review of the medical
434. Arts in Health: A review of the medical
435. Arts in Health: A review of the medical
437. Arts in Health: A review of the medical
438. Arts in Health: A review of the medical
440. Arts in Health: A review of the medical
441. Arts in Health: A review of the medical
443. Arts in Health: A review of the medical
444. Arts in Health: A review of the medical
446. Arts in Health: A review of the medical
447. Arts in Health: A review of the medical
449. Arts in Health: A review of the medical
436. See also NESTA, The Museum Map: Mapping access to culture online.
440. Creative Heritage in Mind: www.artandwellbeing.org
441. Innovating Futures - Volunteering for Wellbeing: A heritage-based volunteer programme from the National Alliance for Mental Health, Wellbeing: Available at: www.museumandwellbeinglondon.com
442. For a more detailed discussion on volunteering and wellbeing in museums, see Chatteary, H. & Noble, G. (2013).
443. UNESCO Library: www.unesco.org
445. This then focused the idea of a House of Lords debate initiated by Lord Bird on 13 October 2016. The Librarian’s Toolkit has been created to re-generate the public library service.
446. To watch a short film about Healthy Libraries, visit: www.youtube.com
447. See Libraries and Health: librarianshipsandhealth.com
450. For insight into the built environment in relation to ageing, see BILBA Building Patina. (2013). ‘Aging and the city’.
454. 454. ‘Age-friendly museums network formally collective’
456. Jane Graeme, Director of Nursing at Trafford General Hospital, Museum and Health Care round table.
459. Alzheimer’s Society: www.aldement.org/jd/idealsdecay,
460. Demetra and Mental Health charity: www.awarehealth.org.uk
461. Internal document kindly made available to the author.
464. The Health Gap, op. cit.
465. The First Year Forward: Voluntary for Mental Health, op. cit.
470. Music and Motherhood. www.nrm.ac.uk
472. Dreams Art: www.artandwellbeing.org
473. Musispaces: www.musispaces.org
478. For an alternative definition, recognising the importance of creativity and social development, see Professional Association for Childhood and Early Years. (2013). What Does School Really Mean? Bremley: Professional Association for Childhood and Early Years.
486. For details of the rationale behind this and projects funded instigated by the Design Council in partnership with GSTC and the Children and Young People’s Health Outcomes Forum.
490. To watch the animation, visit: www.formedfilms.co.uk
494. For details of the rationale behind this and projects funded instigated by the Design Council in partnership with GSTC and the Children and Young People’s Health Outcomes Forum.
In the USA, both the Arts Education Partnership and the
Bungay, H. & Vella-Burrows, T. (2013). The Effects of
[43x20]188 189
968.  Bernard, M., Rickett, M., Amigoni, D., Munro, L., Murray, M., et
967.  The Elderflowers: www.heartsminds.org.uk
966.  BFI Dementia Services Development Centre: www.bfi.org.uk
965.  Chapter dementia-friendly screenings: www.chapter.org
986.  Heath, I. Memento Mori: Death and care at the end of life:
982.  See Wray, F. (2016). Creating Moments and Memories for People
988.  Hartley, N. The Palliative Care Community – Using the Arts in
987.  Arts for Health Manifesto Part One: www.artsforhealth.org
1007.  Ibid, p. 179.
1028.  Horne
1020.  Harmer, L. Pottery and Painting. In
1015.  Hearth, V. Community Arts. In
1014.  Tŷ Gobaith: www.youtube.com
1012.  Tŷ Gobaith: www.youtube.com
1007.  Ibid, p. 16.
1002.  Gathercole, S. & Grant, S. (2012). Healing in a Dementia Care
1000.  Fish, J., & Grocke, D. (2008). The Effect of Music Therapy on the
998.  Hartley, N. The Palliative Care Community – Using the Arts in
996.  Fish, J., & Grocke, D. (2008). The Effect of Music Therapy on the
1002.  Gathercole, S. & Grant, S. (2012). Healing in a Dementia Care
998.  Hartley, N. The Palliative Care Community – Using the Arts in
996.  Fish, J., & Grocke, D. (2008). The Effect of Music Therapy on the
991.   Horne
As we grow to appreciate the social determinants and cultural contexts of health and wellbeing, it seems self-evident that the arts, broadly defined, still play an increasingly important role, erasing 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 help people stay well for longer, we know, through everyday interaction between arts and health, that the arts and culture can seriously improve people’s 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

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

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.

Dr Simon Chaplin, Director of Culture and Society, Wellcome

“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

“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

“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.”

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

“Art 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.”

Jason Bell, Veteran, Veterans in Practice, Foundation for Art and Creative Technology

“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

“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

“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.”

Alice Wiseman, Director of Public Health, Gateshead

“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

“Art 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.”

Jason Bell, Veteran, Veterans in Practice, Foundation for Art and Creative Technology

“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

“Art 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.”

Jason Bell, Veteran, Veterans in Practice, Foundation for Art and Creative Technology
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

You can view submissions to the Inquiry’s call for practice examples here: www.artshealthandwellbeing.org.uk

You can 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 download the full report here: www.artshealthandwellbeing.org.uk

This is not an official publication of the House of Commons or the House of Lords. It has not been approved by either House or their committees. All-party parliamentary groups are informal groups of Members of both Houses with a common interest in particular issues. The views expressed in this report are those of the group.

This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view a copy of this license, visit creativecommons.org or send a letter to Creative Commons, PO Box 1866, Mountain View, CA 94042, USA.

Designed by Steers McGillan Eves