Creative Health: The Arts for Health and Wellbeing

July 2017
Second Edition

All-Party Parliamentary Group on Arts, Health and Wellbeing
Inquiry Report
"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 mind, enriching the mind through creative and cultural activity, can mitigate the negative effects of social disadvantage.

Creative Health should be studied by all those commissioning services."

Professor Sir Michael Marmot, Director, Institute of Health Equity, University College London

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

Moira Sinclair, Chief Executive, Paul Hamlyn Foundation

"At least one third of GP appointments are, in part, due to isolation. Through social prescribing and community resilience programmes, creative arts can have a significant impact on reducing isolation and enabling wellbeing in communities.”

Dr Jane Povey GP, Director, Creative Inspiration Shropshire Community Interest Company

"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

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

Sir Nicholas Serota, Chair, Arts Council England

"This report sets out the significant contribution that arts and culture can make to keeping our communities healthy and happy. It is a call for action and a powerful argument for continuing to expand the artistic and cultural offer that complements and enhances our health offer.”

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 Partnership NHS Foundation Trust; Lead Chief Executive, West Yorkshire and Harrogate Sustainability and Transformation Partnership

"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.”

Professor Lord Layard
Creative Health:
The Arts for Health and Wellbeing

July 2017
Second Edition
Contents

Foreword 4
Summary 10

1 The Arts for Health and Wellbeing 14
1.1 Defining Health 16
1.2 Defining Wellbeing 17
1.3 Defining the Arts 19
1.4 Interactions Between the Arts, Health and Wellbeing 20

2 The Arts and the Social Determinants of Health and Wellbeing 24
2.1 The Social Determinants and Health Policy 27
2.2 Environmental Adversity 28
2.3 Health Inequalities and the Arts 29
2.4 Arts Participation Across the Social Gradient 30

3 Considering the Evidence 32
3.1 Quantitative Methods 34
3.2 Measuring Wellbeing 35
3.3 Qualitative Methods 36
3.4 Economic Analysis 37
3.5 Deploying the Evidence Base 39
3.6 Inquiry Meeting on Evidence 39

4 The Policy, Commissioning and Funding Landscape 44
4.1 An Emphasis on Prevention 46
4.2 Management of Long-Term Conditions 47
4.3 Commissioning in Health and Social Care 50
4.4 Integration of Health and Social Care 50
4.5 Parity of Esteem Between Physical and Mental Health 51
4.6 Policy for Arts, Health and Wellbeing 52
4.7 The Funding Landscape 55
4.7.1 Health and Social Care Funding 55
4.7.2 Arts and Heritage Funding 58
4.7.3 Charitable Funding 59
4.7.4 Private-Sector Funding 60

5 Place, Environment, Community 62
5.1 The Natural and Built Environments 64
5.2 Healthcare Environments 66
5.3 Devolution 69
5.4 Place-Based Commissioning 70
5.5 Arts on Prescription 72
5.6 Museums, Libraries and Health 76
5.7 Age-Friendly Cities and Communities 77
5.8 Dementia-Friendly Communities 77
5.9 The Arts andMarginalised Communities 79

6 Childhood, Adolescence and Young Adulthood 82
6.1 Gestation and Birth 84
6.2 Perinatal Mental Health 85
6.3 Early Childhood Development 86
6.4 Education 90
6.5 Recovery from Illness and Management of Long-Term Conditions 93
6.6 Improving Mental Health and Wellbeing 94
6.7 Children’s Healthcare Environments 98
7 Working Age Adulthood 100
7.1 Workplace Health 102
7.2 Improving Mental Health and Wellbeing 103
7.3 Recovery from Illness and Management of Long-Term Conditions 105
7.4 Adult Healthcare Environments 109
7.5 The Criminal Justice System 109
7.6 Post-Traumatic Stress 112
7.7 The Arts in Health Education 113
7.7.1 Undergraduate and Postgraduate Education 114
7.7.2 Improving Staff and Patient Wellbeing 115
7.8 Health and Care as Routes for Arts Professionals 116
7.9 Public Engagement Platforms 117

8 Older Adulthood 120
8.1 Healthy Ageing 122
8.2 Dance and falls Prevention 125
8.3 Combating Social Isolation 126
8.4 Museums on Prescription 128
8.5 Residential Care 128
8.6 The Arts and Dementia 130
8.6.1 Delaying Onset 131
8.6.2 Cognitive Functioning 131
8.6.3 Personhood and Quality of Life 132
8.6.4 Music 133
8.6.5 Singing 134
8.6.6 Dance 134
8.6.7 Visual Arts 135
8.6.8 Digital Arts 135
8.6.9 Performing Arts 136
8.6.10 Written and Spoken Word 136
8.6.11 Community Festivals 136
8.6.12 Dementia-Friendly Design 137
9 End of Life 140
9.1 Dying Well: The Hospice Movement 142
9.2 Beyond the Hospice Movement 143
9.3 Environment Design 145
9.4 Finding Meaning in the Story of Life 146
9.5 Legacy 147
9.6 Finding Voice 147
9.7 Bereavement 148
9.8 Children and Adolescents 149
9.9 A Public Conversation About Death 149
9.10 Training and Professional Development 150
10 Recommendations and Next Steps 152
Acknowledgements 158
Inquiry Partners And Funders 166
Abbreviations 168
References 170

Culture Shots 2015, partnership between Central Manchester University Hospitals NHS Foundation Trust, The Whitworth and Manchester Museum, University of Manchester
Photographer: Andy Ford
Foreword

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

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

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

It is our intention to make these contributions, in concert with our colleagues in other chapters, and with ministers in the Departments of Health and Social Care,包括 the prison service and end-of-life care, commissioners, funders and academics – have come together to share their thoughts on these themes. 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 underpin 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 in health and wellbeing, and makes recommendations for the development of research and evaluation. Chapter four sketches the policy, educational 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 national levels.

Chapters six to nine review significant research and exemplary practice through successive phases 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 all the potential contribution of the arts to health and wellbeing.

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

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

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

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

Some defenders of the arts may object that this is an over-exaggerated public relations opportunity for 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 arts and medical education with conviction as a part of their mission, far fewer are seriously interested in the arts organisations from remaining available to promote health and wellbeing, can help to realise the Prime Minister’s vision of a shared society. The arts can help to humanise the system, not just as a nice add-on but in complementing and enhancing the effectiveness of the medical workforce.

Some 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 undervalued. Nor, as Professor Sir Michael Marmot and Sally Davies put it to us, has wellbeing been rigorously conceptualised. Whereas many cultural and health professionals have been superbly capable and committed, they have not 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 in health and wellbeing, and makes recommendations for the development of research and evaluation. Chapter four sketches the policy, educational 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 national levels.

Chapters six to nine review significant research and exemplary practice through successive phases 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 all the potential contribution of the arts to health and wellbeing.

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 an over-exaggerated public relations opportunity for 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 arts and medical education with conviction as a part of their mission, far fewer are seriously interested in the arts organisations from remaining available to promote health and wellbeing, can help to realise the Prime Minister’s vision of a shared society. The arts can help to humanise the system, not just as a nice add-on but in complementing and enhancing the effectiveness of the medical workforce.

Some 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 undervalued. Nor, as Professor Sir Michael Marmot and Sally Davies put it to us, has wellbeing been rigorously conceptualised. Whereas many cultural and health professionals have been superbly capable and committed, they have not 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 in health and wellbeing, and makes recommendations for the development of research and evaluation. Chapter four sketches the policy, educational 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 national levels.

Chapters six to nine review significant research and exemplary practice through successive phases 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 all the potential contribution of the arts to health and wellbeing.
The essential need we identify is culture change: change in conventional thinking leading to change in conventional practice.

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 integrating arts and culture into their practice, as the NHS is calling for much greater staff, patient and community involvement in the design and delivery of services while also working collaboratively. We ask whether collaborative approaches to the designing and delivery of services would result in better thinking about the arts and wellbeing.

The APPG AHW is part of a growing movement. As Lord Crisp and colleagues have put it, in their manifesto for a healthy and health-creating society, we must aim for ‘the transformation of the health and care system from a hospital-centred and illness-based system to a person-centred and health system from a hospital-centred and illness-based system to a person-centred and health-based system’.

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

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

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

We are extremely grateful to everyone who has so far joined us in this work. We have been particularly guided by the knowledge, experience and good judgement of a number of our members, including Baroness Andrews, Lord Richard, Lord Crisp, Rt Hon Barnabas Morris of Yardley, Rt Hon. Ed Vaizey, much appreciated collaboration with colleagues in Northern Ireland, Scotland and Wales.

We have benefited continuously from the advice and ideas of colleagues, including Crisp, Rt Hon. Baroness Morris of Yardley, Rt Hon. Ed Vaizey, much appreciated collaboration with colleagues in Northern Ireland, Scotland and Wales.

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

We are extremely grateful to everyone who has so far joined us in this work. We have been particularly guided by the knowledge, experience and good judgement of a number of our members, including Baroness Andrews, Lord Richard, Lord Crisp, Rt Hon Barnabas Morris of Yardley, Rt Hon. Ed Vaizey, much appreciated collaboration with colleagues in Northern Ireland, Scotland and Wales.

We have benefited continuously from the advice and ideas of colleagues, including...
**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.

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.

After engaging with the arts of people in deprived communities in London, 79% ate more healthily, 77% engaged in more physical activity, and 82% enjoyed greater wellbeing.

£216 per patient.

A social return on investment of between £5 and £11 has been calculated for every £1 invested in arts on prescription.

**Arts on Prescription**

Part of social prescribing, this involves people experiencing psychological or physical distress being referred 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.

**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.

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.

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

After engaging with the arts 79% of people in deprived communities in London ate more healthily, 77% engaged in more physical activity, and 82% enjoyed greater wellbeing.

£34 in community benefits.

**Arts Therapies**

This refers to drama, music and visual arts activities offered to individuals, usually in clinical settings, by any of 4,400 practitioners accredited by the Health and Care Professions Council.

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

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

Within the NHS, some 10 million working days are lost to sick leave every year, costing £2.4bn.

**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.

**Attendance at Cultural Venues and Events**

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

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

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

**The Built and Natural Environments**

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

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

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

**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.

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

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

Arts participation is a vital part of healthy ageing.

Health and Care Professions Council.
Summary

1. The Arts for Health and Wellbeing

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

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

The World Health Organization defines the social determinants of health as the ‘conditions in which people are born, grow, work, live, and age, and the wider social and physical environments in which they live’. Many would agree that unequal distribution of power, income, goods and services within societies in low- and high-income countries creates large differentials in health and wellbeing. To take just one example, children born into families at the lower end of the social gradient are more vulnerable to heart disease, mental health problems, obesity, respiratory disease and stroke than their more affluent peers. Learning that persists across the social gradient. Learning outcomes of creative processes. This report introduces us to 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 of impact quantifiable and qualitative, we need 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 piecemeal 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 and health and wellbeing.

3. Evidence

The evidence base linking arts engagement to health and wellbeing comprises both research and evaluation, and it spans a range of methodologies and practices. This report introduces us to the various types of evidence that are typically encountered in the field, including evidence of impact, qualitative and quantitative, that 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 piecemeal 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 and health and wellbeing.

4. Policy, Commissioning and Funding

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

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

5. Place, Environment, Community

The natural and built environments have a profound impact upon our health and wellbeing. Within this healthcare system, art and natural materials aids healing, restoring the integrity between mind, body and soul. Patients and staff alike appreciate health and wellbeing environments which are well designed and animated by the arts. The ongoing shift from an acute and costly hospital-centred, illness-based system to a personalised, health-based system relies upon individual and community assets. The contribution of the arts to person-centred, place-based care urgently needs to be recognised.

Social prescribing sees people finding solutions to psychosocial problems in the community. A wide range of schemes and referral pathways is in operation. Hosted by community organisations and cultural venues, arts-on-prescription can help reduce anxiety, depression and stress and aid in the management of long-term conditions. Group arts at the intersection between health and social care, the arts form an integral part of age-friendly cities and dementia-friendly communities. The participatory arts provide a prime site for co-production of health and social care. Arts participation helps to overcome anxiety, depression and stress in parents and their children, encouraging bonding and emotional expression. NHS England has made mental health

6. Childhood, Adolescence, Young Adulthood

Even before we are born, exposure to environmental influences can increase our susceptibility to chronic health conditions and lead to diminished health and wellbeing. Life chances, however, are not set in stone, and an improved environment, such as that produced by engagement with the arts, can help to mitigate the effects that persist across the social gradient.

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 challenging problems in children can be addressed through both the participatory arts and 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 counselling services. At the same time, arts activities in the community can provide a welcoming non-school environment, which is particularly important for children and young people derived from quintile 5 and quintile 1. The Arts Council England and 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. Illness and natural materials aids healing, restoring the integrity between mind, body and soul. Patients and staff alike appreciate health and wellbeing environments which are well designed and animated by the arts. The ongoing shift from an acute and costly hospital-centred, illness-based system to a personalised, health-based system relies upon individual and community assets. The contribution of the arts to person-centred, place-based care urgently needs to be recognised.

Social prescribing sees people finding solutions to psychosocial problems in the community. A wide range of schemes and referral pathways is in operation. Hosted by community organisations and cultural venues, arts-on-prescription can help reduce anxiety, depression and stress and aid in the management of long-term conditions. Group arts at the intersection between health and social care, the arts form an integral part of age-friendly cities and dementia-friendly communities. The participatory arts provide a prime site for co-production of health and social care. Arts participation helps to overcome anxiety, depression and stress in parents and their children, encouraging bonding and emotional expression. NHS England has made mental health
a priority, and the Government has committed to improving access to prevention and early intervention. Supported by compelling evidence, we advocate that the arts are taken seriously in helping to overcome the impediments to prevention and early intervention, perhaps especially in black, Asian and minority ethnic communities.

7. Working-Age Adulthood

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

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

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

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

8. Older Adulthood

Within the growing population of adults beyond working age, health inequalities affect vitality, mobility, mental acuity and life expectancy. The arts have a part to play in fostering healthy ageing and 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 850,000 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. 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.

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’. 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 also being part of the equation.

The WHO definition of health includes wellbeing as an essential component, but these two factors are not always seen as the same. Defining wellbeing is not a straightforward task, as it 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’. 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 the individual is able to fulfill their personal and social goals and achieve a sense of purpose in society’.

The declaration of a healthy society has a relationship with the concept of ‘salutogenesis’ – a phrase coined by Aaron Antonovsky, a medical sociologist, to denote the creation of health and wellbeing. This is in contrast to pathogenesis (the development of disease), which health and wellbeing are seen as a counterpoint to. 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 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.

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. 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.

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’. 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 also being part of the equation.

The WHO definition of health includes wellbeing as an essential component, but these two factors are not always seen as the same. Defining wellbeing is not a straightforward task, as it 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’. 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 the individual is able to fulfill their personal and social goals and achieve a sense of purpose in society’.

The declaration of a healthy society has a relationship with the concept of ‘salutogenesis’ – a phrase coined by Aaron Antonovsky, a medical sociologist, to denote the creation of health and wellbeing. This is in contrast to pathogenesis (the development of disease), which health and wellbeing are seen as a counterpoint to. 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 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.

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. 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. 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’. 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 also being part of the equation.

The WHO definition of health includes wellbeing as an essential component, but these two factors are not always seen as the same. Defining wellbeing is not a straightforward task, as it 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’. 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 the individual is able to fulfill their personal and social goals and achieve a sense of purpose in society’.

The declaration of a healthy society has a relationship with the concept of ‘salutogenesis’ – a phrase coined by Aaron Antonovsky, a medical sociologist, to denote the creation of health and wellbeing. This is in contrast to pathogenesis (the development of disease), which health and wellbeing are seen as a counterpoint to. 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 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.
...people with a low level of wellbeing, even if they do not have a mental disorder, function far less well and have poorer health and life expectancy. This latter group is unlikely to come to the attention of specialist mental health services, but constitutes a large part of the population who are neither flourishing nor disordered, yet could benefit greatly from having access to interventions to improve their wellbeing. They are frequently seen in GP surgeries, primary care settings, social work departments and many other front-line public services.16

Confining its focus to mental wellbeing (rather than the physical and social components included in the WHO definition), this explanation usefully distinguished wellbeing from mental health and introduced us to the concept of resilience and flourishing, which recur several times in this report. The Foresight definition also drew attention to the ‘criminological’ and social distinction 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 pressures on front-line public services.

As part of the Foresight project, the New Economics Foundation (NEF) was commissioned to develop a set of evidence-based actions aimed at improving wellbeing, analogous to the WHO definition of mental health. In its 2003 report, The Foresight Project: A New Strategy for Health and Well-being, the NEF distinguished wellbeing from mental health and environmental conditions which affect wellbeing, thereby relieving pressures on front-line public services. As will be seen, the arts enjoy a significant role in this context.

Defining the Arts

The process of the Inquiry has required us to adopt a working definition of what we mean by the arts. When we talk about the arts, we include the visual and performing arts; crafts; dance, film, literature, music and singing. To this list, we add gardening – which is considered as a form of creativity in chapter five – and the equally absorbing culinary arts, which, aside from their contribution to wellbeing, has a practical connection to diabetes and renal dialysis35 and to loss of taste during chemotherapy.

Raymond Williams described culture as a whole way of life within which the arts are a process of discovery and creative effort.36 This report considers individual discovery and creative effort in its immediate and societal context. We adopt and broaden Pierre Bourdieu’s designation of the ‘cultural field’ as the territory in which the arts engagement takes place. We understand this to embrace concert halls, galleries, heritage sites, libraries, museums and theatres. We emphasise the importance to health and wellbeing of architecture and design of the built environment, which we understand to have profound impacts on health and wellbeing, both in their own right and via their role in enhancing or defeating health.40

We seek to expand consideration of the arts beyond public funded activities and acknowledge the benefits of arts and culture in the workplace, the home and community, such as crafts and digital creativity. Written evidence submitted by Voluntary Arts England to the Culture, Media and Sport Committee in Inquiry 1 mentioned that ‘There are more than 49,000 amateur arts groups in England with an estimated 5.9 million members, in addition, 3.5 million people volunteer as extras or helping making a total of 9.4 million people engaged in arts’.

A scoping study conducted at the Third Sector Research Centre at the University of Birmingham, Exeter and Glamorgan, in partnership with Voluntary Arts and with funding from the Arts and Humanities Research Council (AHRC) – identified and mapped the impacts of grassroots arts activities upon civil society, including improvements in health and wellbeing, workplace functioning, all of which are relevant to the Inquiry.

In this report, then, ‘the arts’ is used to mean different things than referring to a lofty activity which requires a potential for wealth and job creation through the creative industries as defined by the Department for Culture, Media and Sport (DCMS) as ‘those industries which have their origin in the creative and cultural sectors and which include architecture, design, planning and the visual and performing arts...’.41 Instead, the arts embrace concert halls, galleries, heritage sites, museums and theatres. We emphasise the importance to health and wellbeing of architecture and design of the built environment, which we understand to have profound impacts on health and wellbeing, both in their own right and via their role in enhancing or defeating health.

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

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

During the course of the Inquiry, a great range of first-hand benefits was attributed to the arts. This included recognition that creativity can: stimulate imagination and reflection; encourage a sense of belonging; prompt collective working; and promote healing. Creativity was also seen as a means of empowerment that can help us to face our problems or be distracted from them. Consistent with all this, it was acknowledged that the arts allow us to access a range of emotions, including anguish, crisis and pain, which can serve as a preferable alternative to being sedated.\(^{42}\)

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

Individual experiences of the arts can lead to recovery from illness, injury or addiction or to the prevention of disease or infirmity. Equally, arts engagement contributes to the attainment and maintenance of wellbeing in healthy people or those experiencing ill health and their carers. This report explores the implications of these two statements for our society by investigating the impact of the arts upon health and wellbeing. In general, so far, it appears 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,\(^{45}\) whereby emphasis is on the intrinsic value and quality of the creative process and what it produces.\(^{46}\) The transition from therapy to the therapeutic, from patient to person, forms part of the healing process.

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

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. Although we do not have a comprehensive count of the number of health and social care programmes operating across the UK, the AHRC estimates that there are currently 700 such projects.\(^{47}\) And while there is evidence of what we have come to call “the arts”, it is important to stress that good-quality arts activity is not always easy to find.\(^{48}\) Missing from the arts and health canon is attendance at arts events, which, as we shall see, has a contribution to make to longer lives better lived. Also absent from this list is everyday creativity,\(^{49}\) which may be undertaken as a hobby or a leisure activity in one’s own time.

**Arts in health and care environments – most commonly arts in hospitals, which is considered at some length in later chapters together with arts in social care settings.**\(^{50}\) Participatory arts programmes – individual and group arts activities aimed at attaining and maintaining health and wellbeing, in health and social care settings and community locations, discussed as this report progresses.\(^{51}\) Arts on prescription – the referral of people to take part in creative activities, often but not exclusively in response to mental health problems;\(^{52}\) examples from Gloucestershire and Cambridgeshire illustrate chapters four and five, and the role of such initiatives within the commissioning process beyond the clinical environment is outlined.

**Arts therapies – drama, music and visual arts activities targeted at individuals, usually in clinical settings, by any of 3,600 practitioners accredited by the Health and Care Professions Council (HCPC), examples of which will be provided throughout.**\(^{53}\)

**Medical training and medical humanities – inclusion of the arts in the formation and professional development of health and social care professionals, in ways that will be considered in chapter seven.**\(^{54}\)

**Disciplinary demarcations are breaking down, partly as a result of work by special interest groups of the RSPH and the Faculty of Public Health (FPH).** Yet, while many of the mechanisms are similar, a distinction remains between therapy and the therapeutic by virtue of intention and mode of action. The former generally refers to a service being offered to patients with a particular clinical goal in mind; the latter tends to be centred on the stimulation of creative activity with an indirect effect on health,\(^{55}\) whereby emphasis is on the intrinsic value and quality of the creative process and what it produces.\(^{56}\)

55. The former Secretary of State for Health, Alan Johnson, put it, ‘Access and participation in the arts are an essential part of our everyday wellbeing and quality of life.’

Parenetically, certain branches of arts and health activity may be thought of as arts and stealth, inasmuch as arts participation often serves the arts for medical purposes while otherwise be offputtingly arduous, such as occupational therapy (e.g. Breathe Magic for children with hemiplegia)\(^{57}\) or exercise (e.g. dance for older people).\(^{58}\)

In 2016, Chair of NHS England, Professor Malcolm Grant, expressed the view that, where health was concerned, any arts activity was better than none.\(^{59}\) On the one hand, it would be a disservice to participants to offer substandard arts activities under the banner of health and wellbeing, and the examples given in this report show high-quality work being undertaken in an additively way. On the other hand, in participatory arts activities with people who have not previously been encouraged to express their creativity, it is usually the quality of the activity, rather than the content of the challenge, that matters. Similarly, in art therapy, ‘As patients strive to express and explore their inner emotions, landscape through their art there is no expectation that work should be aesthetically “good” in a conventional sense, but rather that it should extend outside the therapeutic space.’\(^{60}\)

Those delivering arts and health work are primarily charities, community interest companies (CICs), small enterprises and individual practitioners working on a freelance basis. The vast majority are arts organisations reaching into the world of health and social care, rather than the other way round. For an overview of the arts and health field, readers are referred to the directory of arts and health organisations published by the National Alliance for Arts, Health and Wellbeing (NAAHW) – which provides the Secretariat to the APPG on the Arts, Health and Wellbeing, and the health policy organisations, such as the Royal Society for the Prevention of Cruelty to Animals or the British Lung Foundation, whose work is largely the responsibility of the arts and health movement.
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.44 The APPGAWH 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.45 The relationship between the arts, health and wellbeing is periodically celebrated during Creativity and Wellbeing Week in London and during the week-long Culture Shots in Manchester, which ‘injects a shot of culture in the arm of the NHS’ by taking over hospitals and enabling staff to gain a fresh appreciation of the wellbeing benefits of the arts.

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

Whereas the many excellent examples of the arts improving health and wellbeing suggest a resoundingly positive picture, it is essential to stress that good-quality arts activity within health and social care is far from universal in England or the UK. The examples and case studies woven into this report are thinly spread and patchy, often short-term and usually dependent upon persuasive individuals and enlightened commissioners. There has, regrettably, been a general refusal to take the arts seriously in the context of health and wellbeing, and long-running, exemplary projects – such as START in Manchester, which grew out of the Manchester Hospital Arts Project in 1996 – have been decommissioned.46

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.”

The Arts and the Social Determinants of Health and Wellbeing, 2008

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.
between local authorities and commissioners of healthcare services, which the Outcomes Framework had identified as a way to iron out health inequalities. In its consideration of action across the life course, the Marmot Review called for action throughout life, across childhood, adolescence and adult life. We present evidence that arts engagement reduces levels of the stress hormone cortisol. Distinguished Professor of Psychology and Management at Claremont Graduate University, Mihaly Csikszentmihalyi, has suggested that our enjoyment to life, increases self-belief, equips us with important life skills and improves our physical and mental wellbeing. The Commission's call for action began with the realisation that conditions exacerbated by inequalities. This has been encouraged both in and out of work at the same time as fair and equitable work is pursued as a goal.

2.3 Environmental Adversity

The conditions in which we experience life have a profound effect upon our physical and mental health and wellbeing. In order to understand how to differentiate between positive stress (eustress), which is necessary to perform well, and negative stress (distress), which depletes and hampers human performance. At a molecular level, socio-economic disadvantage is likely a factor. The Scottish Executive had earlier acknowledged that ‘Participation in culture adds a factor. The Scottish Executive had earlier acknowledged that ‘Participation in culture adds to better health. As part of this consideration of how arts works, we need to consider the problem of ADHD. Studies of brain function have repeatedly implicated excess HPA production of glucocorticoids (cortisol in humans – produced when the body is distressed) in brain deterioration. We present evidence that arts engagement reduces levels of the stress hormone cortisol. Arts engagement needs to be encouraged in and out of work at the same time as fair and equitable work is pursued as a goal.

2.3 Health Inequalities and the Arts

We have seen that the WHO Commission on Social Determinants of Health prescribed reduction in universal health coverage according to five social, economic, environment and cultural determinants of health. These are likely to be effective in reducing health inequalities across the life course and that health inequalities account for a difference in life expectancy between affluent and deprived areas in men and women of 11 and 12 years respectively – the Government has, since 2007, been allocating resources according to five social determinants of health. The Government 2016–21 included the reduction of health inequalities called for by the Marmot Review have yet to be realised. The Welsh Government launched their Healthy Framework had identified as a way to iron out health inequalities. In 2009, the Welsh Government launched a strategic framework, entitled Our Healthy Future, which prioritised a reduction of health inequalities. The internal market for the NHS is being abolished in Wales, leading to a collaborative, rather than competitive, model. In 2013, NHS Wales was framed as a listening organisation at the heart of person-centred care. Health boards cover all aspects of care and operate according to a set of principles which include the attainment of health and wellbeing through co-production and co-creation. In Chapter six, we consider ways in which these determinants of health are increasingly recognised throughout the NHS and care services.

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 Chapter six, we consider ways in which these determinants of health are increasingly recognised throughout the NHS and care services.
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.

Since 2005, DCMS, in partnership with ACE, English Heritage and Sport England, has carried out a survey of cultural and sporting engagement known as Taking Part. Analysis of data generated by the survey has shown that people who visit museums and galleries are disproportionately prosperous, well-educated professionals in the 55 to 64 age range, who also visited museums and galleries when they were young. It comes to participating in creative activities, the picture is the same in terms of education and occupation, with the older generation joined by those aged between 16 and 19 years and both age groups having been encouraged by their parents to be creative. In both attendance and participation, ethnicity is a factor, with museum and gallery visitors unlikely to be black or Asian and arts participants most likely to be white. Both attendees and participants enjoy good health.

In much the same way, the Scottish Household Survey has captured data on health and sport since 2007. This shows that ‘cultural engagement levels are highest in the highest household income groups in Scotland and decline between 16 and 19 years and both age groups are 20 percent less likely to participate in cultural activities through health routes tend to be lowest in the lowest household income groups. Similarly, adult participation in cultural and sporting activities varies by area deprivation, with participation increasing as area deprivation decreases’. Throughout the UK, the over-representation of certain groups, and the under-representation of others, at publicly funded arts events is acknowledged to be a problem. At the round table on Museums and Health, we discussed widening the accessibility of museums, which it was thought may involve taking arts experiences to the people rather than expecting people to come to them.

In direct contrast to the normal demographics of publicly funded arts, people accessing arts activities through health routes tend to be experiencing poor health. Disadvantaged and marginalised groups are disproportionately affected by ill health and, as a result, are well represented within arts and health activities. In a reciprocal relationship, the arts provide a route to better health and wellbeing while health provides a route to the arts that can help to overcome persistent inequalities of access. This means that arts and health improve each other’s quality of life, but they do not resolve these (or most other) chronic problems. Disease prevention and health promotion 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 target the social (as distinct from the individual) determinants of health. These interventions should have the empowerment of people as their first objective. Thus, a national health policy should focus on the structural determinants of health and should have as its primary components political, economic, social and cultural health policy interventions.

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.
Considering the Evidence
### Considering the Evidence

“Wonder is the beginning of wisdom”

Socrates

There is an expanding body of evidence to support the contention that the arts have an important contribution to make to health and wellbeing. The evidence is being developed in scholarly work and disseminated through dedicated journals and other platforms. There is growing interest in the field from professional bodies, including government agencies, and new strategic partnerships are being developed. Evidence includes both research and evaluation. Research usually involves a project or intervention being designed to test a hypothesis or answer a question, whereas evaluation involves a particular project being assessed, concurrently and/or retrospectively, according to a range of criteria. At a round table held by the Inquiry, Professor Camic noted that evidence is sometimes confused with proof, when a more nuanced question might be “is there sufficient evidence that an assertion, proposition or hypothesis can be supported?” An obstacle to the commissioning of arts organisations in the health sector seems to be that the ‘burden of proof’ forces them to justify the impact of creative approaches as compared to biomedical alternatives.

The evidence base spans a wide range of methodologies and practices. It is unevenly distributed across the field, with concentrations in such areas of scholarly interest as arts and dementia and patchier in relation to, say, prevention and areas of scholarly interest as arts and dementia distributed across the field, concentrated in such methodologies and practices. It is unevenly in the future.

### 3.1 Quantitative Methods

Within clinical research, randomised controlled trials (RCTs) are considered the ‘gold standard’, placing them at the top of the so-called hierarchy of evidence. An RCT takes place within a sizeable, randomly selected group but not within another similar group, the latter of which serves as a ‘control’ or basis for comparison. Drawing upon evidence derived from RCTs, Cochrane Reviews systematically analyse the findings of a range of studies of a particular intervention. To ensure objectivity, more than one person generally conducts a systematic review. Studies are selected for inclusion on the basis of having used established protocols, which means that ‘grey’ literature, such as that arising from project evaluations, is not generally taken into account. A search of the Cochrane library found that reviews relating the arts to health drew upon more than 1,000 RCTs. Arts therapies have amassed evidence of the impacts of precise interventions, but this is less the case for the participatory arts. With the National Institute for Health Research (NIHR) rarely supporting work in this area, as compared to the scientific culture of medicine, the participatory arts foreground experience and process. Much research into community-based arts and health activity has considered small sample sizes without a control group. Such research has sometimes been hampered by poor cooperation from health professionals when recruiting participants. In this report, study sizes are reported where relevant, to aid readers in assessing their respective merits.

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

### 3.2 Measuring Wellbeing

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

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

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 defined wellbeing by reference to 10 dimensions – including health and personal wellbeing – subdivided into 41 indicators. Since the ONS study began, the health dimension has shown moderate increases both in healthy life expectancy and in illness, disability, depression and anxiety (which imply reduction in healthy life expectancy). The dimension documenting personal wellbeing, which takes account of happiness and life satisfaction, shows that on a third of the population feel very happy or satisfied.

The Cultural Value Project report noted that the ONS responded to criticism over its having omitted cultural engagement by subsequently introducing it as one of 4 measures on its ‘Wellbeing 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 have been published, exploring the impact of music and singing upon wellbeing in healthy adults and adults with diagnosed conditions and dementia.

Wellbeing is difficult to measure, but life satisfaction comes closest to capturing it.
Chapter 3  Considering the Evidence

Other psychological scales relevant to this report include the University College London (UCL) Museum Wellbeing Measure, the EQ-5D Health-Related Quality of Life Questionnaire and Dementia Care Mapping. 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, ‘optimistic about the future’ is rephrased to ‘all of the time’ to ‘none of the time’ on a five-item Likert scale ranging from ‘none to all’. This asks users to rate their responses to the following questions on a five-point 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 worthwhile
- I’ve been feeling relaxed
- I’ve been feeling with 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 at scale.

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

The Cultural Value Project report noted that explorations of the relationship between the arts and wellbeing had largely been centred on self-reported impacts and often focused on their ‘tangible’ gratification, or hedonic wellbeing, as opposed to a more sustained sense of meaning in life (eudaimonic wellbeing). Critics of WEMWBS have highlighted its inability to capture how impacts may contribute to participants feeling less isolated and more socially connected, and its failure to capture other factors impacting on wellbeing, including socio-economic inequalities, the vagaries of daily life and the imminent end of enjoyable arts activities.

3.3 Qualitative Methods

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

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

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

Professor the Baroness Finlay of Llandaff has observed that ‘it is the humanities that truly express the human experience’. In recent years, the human experience activity has increasingly been framed as a research method in itself – a way of understanding the world and our place in it. Given that the subjective scrutiny is the impact of the arts, there is scope for a creative form of analysis to be developed.

Working on the basis that creative and arts-based methods are ‘effective for uncovering hidden perspectives, adding empathic power and strengthening participants’ voices’ – 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. Creative evaluation is also used in the filmmaking that sometimes accompanies projects, documenting the distance travelled by participants, examples of which are provided in this report.

In chapter seven, we consider the contribution of the medical humanities to humanising healthcare. In recent years, a strand of critical 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 may be addressed through the gathering and translation of appropriate evidence. A 2016 report explored ways in which the health of the public could be improved within a generation. Acknowledging the limitations of biomedical research, the report advocated research which ‘works across traditional discipline boundaries, integrating arts and humanities, which directly or indirectly influence the health of the public’. This is a welcome acknowledgement of the part that beyond arts-based methodologies can play in the future of public health research.
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."

In a similar vein, under the rubric of Where We Live Now, the British Academy recommends that ‘politics’ should be re-framed by considering well-being measures throughout our lives should be pursued, rather than adopting solely economic measures of progress.

Where it is possible to monetise the benefits of projects, HM Treasury says cost effectiveness may be considered. Our report details the cost effectiveness of the arts in health and social care, through savings and avoided costs. Analysis reveals a strong relationship between socio-economic deprivation and costly emergency hospital admissions.\(^{169}\) Core Arts, which promotes mental health through the arts in Hackney, particularly among black, Asian and minority ethnic (BAME) males, estimates savings through avoided hospital admissions of up to £2,38 for every £1 invested.\(^{170}\) We emphasise that investment in the short term often pays dividends in the longer term. Indeed, ‘Evidence across a range of service areas shows that investment in “upstream” integral conditions is far more cost-effective than interventions that address the problem conditions worsening can help to reduce demand for more acute services and thereby avoid increasing pressure and costs.’\(^{171}\)

Reminiscence Arts & Dementia: Impact on Quality of Life (RADIQL), a project by Age Exchange which enters into double figures. At a meeting held by the Inquiry, the Director of the Centre for Guidelines at NICE noted that, in these cases, the arts had been picked up in a general trawl of the research rather than in a specific focus. He also observed that the arts were conspicuous by their absence in guidelines on mental health and indicated that this might be rectified. A similar consideration applied to pain management.

There was widespread recognition of the existence of a substantial evidence base, albeit disparate and at times inaccessible.

As a way of consolidating the evidence base, a systematic review of the entire field was mooted.\(^{166}\) In the College of Health and Social Care at the University of Derby, doctoral candidates are beginning to compile a systematic review of research evidence for the arts in health, forming a Cochrane Review group to aid them in their work. Such an exercise is complicated by the fact that different agencies and stakeholders can subscribe to a hierarchy of evidence and will not necessarily want to see the arts enter into double figures. At a meeting at Wellcome, at which practitioners and academics discussed evidence relevant to the field, there was widespread recognition of the need to commission a surveillance review or a systematic literature review. The case was made for practice descriptors that would aid research and allow for future comparative analysis.

We urge arts and health researchers to register as stakeholders with the National Institute for Health and Care Excellence (NICE).\(^{172}\)

### Deploying the Evidence Base

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

There is an established protocol for bringing topics forward for review.\(^{173}\) Following an initial scoping phase, NICE makes recommendations to various collaborating centres which conduct reviews of the available evidence. This process typically takes 12 to 18 months and is sometimes accompanied by a call for evidence or an invitation for expert testimony. Topics are reviewed for updates every two, three or five years, and a list of topics undergoing review is available online.\(^{174}\) While reviews are generally focused on diagnosis, there is a move towards more holistic approaches. Evidence pertaining to the arts may usefully be orientated towards public health (which focuses on prevention and individual engagement) or towards social care.

Interested parties can register as stakeholders via a ‘get involved’ link on the NICE website.\(^{175}\) Stakeholders can intervene in the review process at several stages. At the scoping phase, attention can be drawn to new areas of research. Once guidance has been drafted, it is sent out to stakeholders for review. In the post-consultation phase, queries may be raised and new evidence identified. When a topic is reviewed for an update, it goes back out to stakeholders. NICE does not subscribe to a hierarchy of evidence and will consider observational and qualitative research.

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

### Inquiry Meeting on Evidence

On 13 September 2016, the APPGAW held a meeting at Wellcome, at which practitioners and academics discussed evidence relevant to the field. There was widespread recognition of the need to commission a surveillance review or a systematic literature review. The case was made for practice descriptors that would aid research and allow for future comparative analysis.

Systematic reviews are generally conducted of particular aspects of the field, rather than whole fields. So, for example, a doctoral candidate at the University of Nottingham is compiling an international taxonomy of the arts in dementia.\(^{176}\) With a few notable exceptions,\(^{177}\) arts and health activity tends to be centred on a particular art form, and this is also reflected in systematic reviews. In a Cochrane Review group to aid them in their work, such an exercise is complicated by the fact that different agencies and stakeholders can subscribe to a hierarchy of evidence and will not necessarily want to see the arts enter into double figures.
Chapter 3

...was advocated. An antithesis, 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 variation is the only difference between the experimental group and control group – by considering neither intervention nor group a stable construct, especially where social context is concerned. Rejecting outcome-driven, quasi-experimental approaches imported from clinical trials, a realist approach seeks to address the complexity of the topic under scrutiny. 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 diverse, often complex, phenomena to flourish to emerge. It was suggested that an audit of ongoing programmes might be conducted with a realist focus, including consideration of qualitative findings.

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

To the extent that this report reviews evidence and practice, it has adopted a realist approach by looking at what works, for whom, and in which circumstances. In a realist approach, evaluation 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.

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

At the Inquiry’s evidence meeting, the complexity and diversity of arts and health practice was acknowledged. The complexity of the field was taken as a counterpoint to the binarism that is the only difference between the experimental group and control group – by considering neither intervention nor group a stable construct, especially where social context is concerned. Rejecting outcome-driven, quasi-experimental approaches imported from clinical trials, a realist approach seeks to address the complexity of the topic under scrutiny. 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 diverse, often complex, phenomena to flourish to emerge. It was suggested that an audit of ongoing programmes might be conducted with a realist focus, including consideration of qualitative findings.

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 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 typical outcomes are and how they are evaluated [...] It is designed to enable commissioners, practitioners and policymakers to better understand how projects contribute to their social and cultural impact.
timeliness, and they should distinguish between art forms and between attendance and participation.

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

Arts and health research has historically been funded by the AHRC and ESRC and occasionally by ACE and other sources (including NIHR, particularly where arts therapies are concerned). Filling the gaps in our knowledge will involve the better coordination and funding of research, including cross-disciplinary studies, perhaps especially in the areas of prevention and the management of long-term conditions over an extended period. It will also require better communication between researchers, practitioners, policymakers, 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.”
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 Northallerton, 2016

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

4.1 An Emphasis on Prevention

In October 2014, NHS England published the Five Year Forward View, which argued that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.206 This pivotal health plan required the nation to take prevention seriously, to reduce health inequalities and ensure that health resources are not consumed by treating preventable conditions. In 2017, the House of Lords Select Committee on the Long-term Sustainability of the NHS concurred that the health system of the first time; secondary prevention refers to those who have already encountered the issue but seek to avoid it recurring; and tertiary prevention pertains to people undergoing treatment.209 During his time as Chair of ACE, Sir Peter Bazalgette made the case that the arts had a significant part to play in meeting the prevention agenda.210 The ACE-funded Cultural Commissioning Programme sought to encourage interactions between the arts and public sector commissioning, including health. This acknowledged that Arts and culture has been shown, through a range of project examples and evaluations, to contribute to primary and secondary prevention, which aim to prevent harm occurring.211 While prevention is difficult to evidence, this report provides examples of the ways in which arts activities prevent health conditions from developing, recurring or worsening. A research report published by DH in 2011 projected the cost of treating eight prevalent mental disorders if treatment regimes and the social determinants of health remained unchanged. This showed an increase from £4.6bn in 2007 to £5.8bn in 2026 and advocated action across the life course, including early detection and intervention.212 In February 2016, an independent Mental Health Taskforce, which brought health and care professionals together to prevent harm occurring.213 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 the importance of self-care and self-actualization as well as involvement in the creation of health and the shaping of environments.

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

in annual savings. The report arising from this programme acknowledged that creative group activities could aid mental health and help people to live well with long-term physical and mental conditions, and we call upon the Commissioning Programme, which brought it to Gloucestershire, to the STP. The programme has been underpinned by co-production, whereby artists, clinicians, patient representatives and commissioners worked together to design, develop and deliver interventions. It has been evaluated by the CCG, Create Gloucestershire, which was formed by arts organisations, incubates new ideas for venues are rooted in the same community it serves.

Another ambition of the Five Year Forward View is better support for carers. There are an estimated 5.5 million carers in England, 255,000 of whom are young and 110,000 of whom are over 85. The value of unpaid care contributed to society by carers is estimated at £32bn, equivalent to spending on the NHS. In this report, we see many instances of the ways in which carers benefit from engagement in arts activities, with or without their loved ones.

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

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

The 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.
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 ensuing two years, specifically a need to: upgrade the urgent and emergency care system, and better regulate flow into and out of hospitals; strengthen access to primary care; and improve services for cancer and mental health. In the new health and care landscape, emphasis is placed on primary care - with family doctors as the first point of contact – rather than costly acute care in hospitals.

The Health and Social Care Act provided for the creation of Health and Wellbeing Boards, HWBs, and a series of health and wellbeing boards (HWBs). HWBs provide a forum in which clinical, professional, political and community leaders can come together to plan how best to meet the needs of their local populations and tackle health inequalities. The Health and Social Care Act also legislated for the creation of 210 clinical commissioning groups (CCGs) across England, responsible for commissioning the majority of NHS services. CCGs are to be replaced by new organisations to become vanguards for the new five-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 best improve population health and reduce health inequalities’.

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

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

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

In 2008, 44 groups (now known as Sustainability and Transformation Partnerships, STPs) were set up to cover every part of England, bringing together health and social care leaders to discuss how the needs of the local population may best be met and health inequalities reduced. Each STP was required to develop a multi-year plan, showing how services would deliver the vision articulated in the Five Year Forward View. Only a small number of the 44 STPs have embraced the arts, but there is scope for the arts to be included by all at implementation stage. These plans will be subject to review towards the end of the two-year period they cover, which will provide an opportune moment to revisit the role of the arts in addressing local health and wellbeing.

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 pointed to a pressing need to reinvigorate the integration of health and social care and to 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 £2.5bn 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 multi-arts centre in a deprived ward of Stockton on Tees – offers weekly creative activity to people aged 65 and over who have been discharged from hospital or are socially isolated. Beginning in September 2017, the project has been commissioned by South Tees Healthcare NHS Foundation Trust to continue until October 2019, initially with funding through Hartlepool and Stockton on Tees CCG’s Health Initiatives Fund and before transitioning to the local authority’s Better Care Fund. An artist delivers a wide range of arts and crafts activities, designed to confer new skills and enhance existing ones and responsive to the preferences and abilities of the group.

Participation offers therapeutic benefits through cognitive and physical stimulation, particularly around the use of fine motor skills and stroke rehabilitation, while stimulating a measurable sense of achievement and wellbeing. The commissioners are also collecting data relating to reduced hospital admissions. We hope that, in signing off plans for the Better Care Fund, local authorities and CCGs will remain open to local arts partnerships and CPNPs.

In January 2015, NHS England invited organisations to become vanguards for the new development of joined-up care via partnerships between the NHS, local government, voluntary, community and other organisations.

The Children and Families Act of 2014 outlined the duty of local authorities and CCGs to provide decide which health and social care needs. 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 are 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. Nationally, the Organisation (NP0) 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 £99bn, 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 earlier than people with severe and prolonged physical illness’. 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’.
Mental ill health slows recovery rates from physical health conditions, which has sizeable cost implications. In turn, the pain and functional impairment associated with chronic physical health conditions is known to both cause and exacerbate depression, occurring in about 30 percent of patients and proving particularly resistant to antidepressants.251 While the intended parity 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.

DH 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 people have the poorest health and well-being’.252 Welcome recognition of the social causes and effects of poor mental health, combined with a search for locally based solutions, opens the way to thorough consideration of arts approaches.

In January 2014, DH promulgated a series of priorities for tackling the mental health challenge, published as Closing the Gap: Priorities for Essential Change in Mental Health. The increased prominence of mental health in the policy agendas of many government departments (and the public health system) was noted, and a commitment to protecting local mental health funding from financial exigencies was made.253 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 both remiss underinvestment in mental health services.254

By 2015, almost half of NHS mental health trusts were reporting a deficit. In 2016, the Five Year Forward View for Mental Health, made recommendations centred on local, evidence-based strategies aimed at tackling health inequalities and identified a need to invest an additional £1bn in mental health services by 2020–21. In adapting these recommendations, the Government pledged an additional £1bn of targeted support for new mothers and teenagers, emergency services and community initiatives, and a ‘revolution in mental health treatment in Britain’.255 At the time, 90 percent of mental health trusts and 60 percent of commissioners felt this would be inadequate to solve the funding crisis.256 No mention of mental health was made in the 2017 Budget.

Next Steps on the Five Year Forward View reported progress in this area and restated NHS England’s commitment to widening access to mental healthcare across the life course. The Education (Mental Health) Act required health and education services to coordinate the provision of mental health support services to young people.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 common mental health problems to psychotic episodes in adolescents to anxiety, depression and stress. In the twenty discrete sections, we reflect the arts and health ethos by not making a distinction between mental and physical health, referring instead to health and wellbeing.

DH heeded the findings of the review, collaborating with ACE on a Prospectus for Arts and Health,258 which in turn published a report with the All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report. The report endorses the main finding and recommendation of the Review of Arts and Health and Health,259 which makes the case that a ‘revolution in mental health treatment in Britain’ is possible.260 In 2007, DH published a review of its role in promoting the arts and health. Commissioned by the Chief Executive of the NHS and Permanent Secretary of DH, Sir Nigel (now Lord) Crisp and led by the Arts Council, 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 providing staff with arts in health training.

• Arts and health initiatives are delivering real and measurable benefits across a wide range of priority areas for health, and can enable the Department and NHS to contribute to key wider Government initiatives.

• There is a wealth of good practice and a substantial evidence base.

• The Department of Health has an important leadership role to play in creating an environment in which arts and health can prosper by promoting, developing and supporting arts and health.

DH heeded the findings of the review, collaborating with ACE on a Prospectus for Arts and Health.260 The prospectus reiterated that ‘the arts make a significant contribution to improving the lives, health and wellbeing of patients, service users and carers, by promoting, developing and supporting arts and health’.261 It outlined many examples of practice and research and a strategy for embracing the contribution of the arts to health and wellbeing.

In 2008, the Secretary of State for Health, Alan Johnson, made a speech at the Wallace Collection launching the arts in health in collaboration with other health partners.262 The Scottish Government has a working group on arts in the field of health and wellbeing,263 and it expressed a desire to work with ACE, PHE and others to develop and promote their contribution. The White Paper also stated the Government’s intention to respond to the recommendations made in this report, which was reiterated by the Minister of State for Digital and Culture, Matt Hancock MP.264

In England, various national-level initiatives are beginning to address the relationship between the arts and health. In addition to the Cultural Commissioning Programme, several of the vanguard sites – such as Calderdale, East Kent and Saltford, to name just a few – have emerged in health-oriented arts activities. Other countries are in advance of England in recognising the value of the arts in the field of health and wellbeing.265

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

Marmot hails the Nordic countries, with their high levels of social protection, as exemplars of health equity. Reflecting their pioneering research in these areas, health and environmental priorities have made considerable practical advances.267 The Swedish Government has acknowledged the relationship between culture and public health in its cultural policy, which established a cross-party Society for Culture and Health, which has brought MPs and civil servants together with experts from the scientific and arts communities and health-care providers.

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

In Finland in 2008, a collaboration between the Ministry of Social Affairs and Health and the Ministry of Education and Culture began to explore the health and wellbeing benefits of the arts. For 2010–14, an action programme was developed which gave rise to 18 crosscutting proposals aimed at integrating the health and wellbeing benefits of the arts into future legislative reforms. The arts and culture in the health and social care system has become one of the Finnish Government’s key projects for 2014–18.

The Australian Government has consistently included mention of the arts in its health policy and has been strongly rooted in mental health. The Australian National Rural Health Alliance, the Institute for Creative Health in Australia and Arts and Health Australia have been energetic advocates of the arts and culture being recognised in health and wellbeing as a route to addressing the social determinants of health. In 2013, the Standing Council on Health and the Meeting of Cultural Ministers endorsed a national arts and health framework. Through the framework, Australia’s Health and Culture Ministers seek to ‘enhance the profile of arts and health practice and approaches into health promotion, services, settings and facilities’.271 The national framework is envisaged as a living document that will regularly be revised by those concerned. The Australian Centre for Arts and Health has assumed responsibility to develop national arts and health activity, foster cooperation, information- and resource-sharing and provide a framework, guidance and non-governmental organisations in the field.272

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 academics and involving patients and service users to reflect the principles of co-productive working such a centre would be supported by philanthropic funders. We would also seek the endorsement of ACE, NHS England and PHE and appropriate other funders, including NHS England (HIE), the LGA, Healthwatch, the Patients Association, National Council for Voluntary Organisations (NCVO) and many others. This centre would not be a physical building but rather a gathering point of networks. Its target groups include children, people with mental health problems, older adults and people with dementia. One of the five partner organisations is the HUNT Research Centre, a department of the Faculty of Medicine and Health Sciences at the Norwegian University of Science and Technology, which serves as a repository of biomedical and cultural data for the many proportions of the regional population and regularly undertakes large-scale analyses of the relationship between arts engagement and various aspects of health.273

The management of long-term conditions, health and wellbeing are increasingly being devolved to the voluntary, community and social enterprise (VCSE) sector. This case study sketched in this chapter looks at the work of Gloucestershire CCG in promoting arts and health approaches. A key point is that the existing flows of public funding are not directed to arts, health and social care activities within health and social care. Little public funding, however, is flowing in the direction of the arts for this purpose at the moment.274

The case study sketched in this chapter looks at the work of Gloucestershire CCG in promoting arts and health approaches. A key point is that the existing flows of public funding are not directed to arts, health and social care activities within health and social care. Little public funding, however, is flowing in the direction of the arts for this purpose at the moment.275

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

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

4.7 The Funding Landscape

Following the financial crisis of 2008, the NHS has experienced standstill real-terms funding in the face of rising demands on its financial resources. Social care budgets have been under severe pressure and ACE lost a quarter of its funding in the period 2012–14. Health and social care systems are struggling to deliver the services to which they are already committed. Fiscal retrenchment is forecast to continue until the middle of the next decade. While these circumstances make innovation difficult, they also demand fresh thinking and new approaches.
community-based and innovative interventions from which to choose. Reflecting NHS recognition that creative solutions may originate in the VCSE sector, CGGs were given the power, under 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 and access to a wider range of excellent arts and health initiatives that take place with, in and through voluntary and community organisations having started to play within the landscape envisaged in the Five Year Forward View, and they should be considered for targeted support from CGG and other sources. NHS hospital trusts are supported by a mixture of funding – including NHS charitable funds, more abundant in London than elsewhere – which evolves if programmes become integrated. A number of arts manager posts are revenue funded by the health service. Where they are integrated into NHS trusts, they can be adept at identifying opportunities for the arts to be funded as part of wider programmes. An example is Exeter Healthcare Arts, the in-house arts programme of the Royal Devon and Exeter NHS Foundation Trust. The arts manager formed part of a team that managed to bypass the DH’s restrictions to EAC. Improving the Environment of Care for People with Dementia scheme, for a dementia-friendly garden incorporating sensory and musical installations, performance and artworks.

At the round table on funding, Chief Finance Officer of Cambridge University Hospitals, Bill Boa, described his greatest challenge as sustainability and pointed to funding decisions being taken on the basis of whether they would deliver improvements – such as reduced hospital admissions or shorter stays – within one year. It is anticipated to account for around five percent of community-based care. The programme will be delivered in partnership with the VCSE sector, and an initial database of local activity is being developed. Apart from isolated cases of patients using their personal budgets to fund arts projects, there is little sign as yet that the overall vision of IPC includes the arts. However, South West IPC has commissioned a film about Word/Play, a spoken word project giving voice to people experiencing mental health problems.

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

Some organisations with a clearly defined remit have been effective in bringing a path to health and social care commissioners and providers, such as 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 IPC Commission for 2015–16. The organisation has secured a year-long commission with Royal Liverpool Hospital and a three-year commission from three NHS trusts working together as part of an STP. Live Music Now, which leads A Choir In Every Care Home, detailed in chapter eight, is an example of cross-sector working between health, social care and the arts. Local authorities remain, to varying degrees, active in the field, with funding from public health and mental health sources, but they do not fund and stress. The service began in Sefton, in late 2015, aimed to deliver improvements – such as reduced hospital admissions and stress. The service began in Sefton, in late 2015.
We believe that the existing flows of public funding are capable, in principle, of providing support for arts activities within health and social care. It is clear, however, that new partnership working will be needed.

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 much better known in both communities and 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 examples of good practice. The recommendations and next steps outlined in chapter 10 are envisaged as a route to enhancing partnerships in community, health and social care settings which explicitly aim to improve the wellbeing of local residents.

A DCMS review of ACE concluded in April 2007 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.

This led to the recommendation that: “To strengthen its increasingly place-based approach, ACE should create more broad-based local partnerships across England to identify specific cultural, economic, and social needs and priorities and to fund projects of value that will contribute to local growth and development.”

It seems clear, therefore, that new partnership working will be needed. Arts Connect the West Midlands, one of ten ACE-funded bridge organisations, has funded Creative Health CIC to set up a Commissioners’ Network in the Black Country on the understanding that this contribution will be matched from health sources.

ACE lottery funding – on its own or in combination with other funding sources – contributes to arts, health and wellbeing, as does the Heritage Lottery Fund (HLF). The Great Place Scheme – established by ACE, HLF and Historic England – is funding a programme of activity in areas in which there is a commitment to embedding the arts, culture and heritage into local plans and decision-making. Grants of between £500,000 and £1.5m are enabling 16 selected locations in England to consolidate their existing strengths and build new partnerships. These grants aim to embed arts and culture in local communities, supporting projects that increase community control and build social bonds. Several arts and health projects have been funded under its Active Communities programme, which offers local grants of between £25,000 and £250,000 to arts organisations in London, through the Heritage Lottery. This charter explicitly addresses the social determinants of health by supporting projects that increase community control and build social bonds.

Several arts and health projects have been funded under its Active Communities programme, which offers local grants of between £25,000 and £250,000 to arts organisations.

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

Where there was unanimity among funders – both charitable and public – at the round table was that they should improve their procedures for making video presentations, while funders are not always impressed with proposed programmes. Some felt it is great variation in the approaches of funders. At our Funding round table, very different views were expressed as to requirements for evidence and the relationship between the Arts Council and the funding models, which in turn reflects the diversity in practice and approach of the organisations delivering the work. To take an example, the Art Room (mentioned in chapter six) derives 85 percent of its revenue from fundraising events, donors, trusts and foundations and earned income for activities such as training programmes. Lacking regular government support, the outreach programme of Dulwich Picture Gallery is funded almost entirely through trusts and foundations – notably the Band Trust, the City Bridge Trust, the Clore Foundation, the Garfield Weston Foundation, the Helen Hamlyn Foundation, M&G Charitable Giving and the Sackler Foundations. This is a different requirement of larger and smaller organisations, recognising that smaller ones cannot afford research or independent evaluations. On the other hand, Lady Helen Hamlyn, whose foundation has given £4.0m to the arts over fifteen years, took the view that there is an approach, the Arts Council should create more broad-based local partnerships across England to identify specific cultural, economic, and social needs and priorities and to fund projects of value, which will contribute to local growth and development.

Charitable Funding

As we look to the future, the arts in health and social care will need to be funded through a different model of the economy, with a larger proportion of funding coming from the philanthropic and private sectors. Projects and programmes already rely on a diverse range of funding models, which offers the opportunity to reflect the diversity in practice and approach of the organisations delivering the work. To take an example, the Art Room (mentioned in chapter six) derives 85 percent of its revenue from fundraising events, donors, trusts and foundations and earned income for activities such as training programmes. Lacking regular government support, the outreach programme of Dulwich Picture Gallery is funded almost entirely through trusts and foundations – notably the Band Trust, the City Bridge Trust, the Clore Foundation, the Garfield Weston Foundation, the Helen Hamlyn Foundation, M&G Charitable Giving and the Sackler Foundations. This is a different requirement of larger and smaller organisations, recognising that smaller ones cannot afford research or independent evaluations. On the other hand, Lady Helen Hamlyn, whose foundation has given £4.0m to the arts over fifteen years, took the view that there is an approach, the Arts Council should create more broad-based local partnerships across England to identify specific cultural, economic, and social needs and priorities and to fund projects of value, which will contribute to local growth and development.

Charitable Funding

As we look to the future, the arts in health and social care will need to be funded through a different model of the economy, with a larger proportion of funding coming from the philanthropic and private sectors. Projects and programmes already rely on a diverse range of funding models, which offers the opportunity to reflect the diversity in practice and approach of the organisations delivering the work. To take an example, the Art Room (mentioned in chapter six) derives 85 percent of its revenue from fundraising events, donors, trusts and foundations and earned income for activities such as training programmes. Lacking regular government support, the outreach programme of Dulwich Picture Gallery is funded almost entirely through trusts and foundations – notably the Band Trust, the City Bridge Trust, the Clore Foundation, the Garfield Weston Foundation, the Helen Hamlyn Foundation, M&G Charitable Giving and the Sackler Foundations. This is a different requirement of larger and smaller organisations, recognising that smaller ones cannot afford research or independent evaluations. On the other hand, Lady Helen Hamlyn, whose foundation has given £4.0m to the arts over fifteen years, took the view that there is an approach, the Arts Council should create more broad-based local partnerships across England to identify specific cultural, economic, and social needs and priorities and to fund projects of value, which will contribute to local growth and development.

Charitable Funding

As we look to the future, the arts in health and social care will need to be funded through a different model of the economy, with a larger proportion of funding coming from the philanthropic and private sectors. Projects and programmes already rely on a diverse range of funding models, which offers the opportunity to reflect the diversity in practice and approach of the organisations delivering the work. To take an example, the Art Room (mentioned in chapter six) derives 85 percent of its revenue from fundraising events, donors, trusts and foundations and earned income for activities such as training programmes. Lacking regular government support, the outreach programme of Dulwich Picture Gallery is funded almost entirely through trusts and foundations – notably the Band Trust, the City Bridge Trust, the Clore Foundation, the Garfield Weston Foundation, the Helen Hamlyn Foundation, M&G Charitable Giving and the Sackler Foundations. This is a different requirement of larger and smaller organisations, recognising that smaller ones cannot afford research or independent evaluations. On the other hand, Lady Helen Hamlyn, whose foundation has given £4.0m to the arts over fifteen years, took the view that there is an approach, the Arts Council should create more broad-based local partnerships across England to identify specific cultural, economic, and social needs and priorities and to fund projects of value, which will contribute to local growth and development.
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.310 This, however, compares with £15bn of public funding flowing into the voluntary sector and £112bn into the NHS.311 There is understandable resistance in the charitable sector to acting as a substitute for statutory funding.

4.7.4 Private-Sector Funding

The Private Investment in Culture Survey, commissioned by ACE, found that, in 2014–15, £480m of private investment went to culture, of which £243m came from individuals, £126m from trusts and foundations and £96m from businesses,312 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 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.313 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.314 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.315 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.316 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’.317 Given that there are likely to be costs involved in demonstrating financial viability, this scheme may be better suited to larger consortia than small arts organisations.

As it is, the vast majority of health-oriented arts initiatives are funded by one-off grants. They depend on dedicated and indefatigable individuals, and their services are vulnerable to the unpredictability of funding. The team evaluating the ACE-funded Be Creative Be Well project noted that ‘for many years, participatory arts projects have been observed to make a significant contribution to the health and wellbeing of local communities – only for beneficial outcomes to disappear without trace when short-term project funding runs out’.318 The detrimental effect of this lack of continuity, on those who benefit from and contribute to activities, cannot be overstated. We make the case for integration of the arts into existing and developing health and care strategies and delivery mechanisms while also calling for arts and culture providers to consider health and wellbeing as core to their work.

We may foresee that, in the health and social care services of the future, the balance will have shifted from the paternalistic to the self-directed, and the boundaries between patients and commissioners will have broken down. Primary and acute care will work in a more integrated and horizontal way, with each other and with social care, and services will be organised locally, focused on community needs and assets. In this vision, the arts have a crucial part to play in the prevention of illness and infirmity and in the maintenance of health and wellbeing. In the next chapter, we see how this conception of the future is evolving, through the devolution agenda and beyond, and how the arts form a vital part of the social movement in health that is underway.
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’. In Roman times, genius loci referred to the guardian spirit of a place; nowadays, the same term is taken simply to refer to the spirit of a place, its distinctive atmosphere. Transcending generations, sense of place is bound up with our location, identity, memories, traditions and connections.

This chapter looks at the ways in which our local environment impacts upon our health and wellbeing. It looks at a possible future arts and health infrastructure. It outlines a national framework embracing the value of open space to health and wellbeing.

The Natural and Built Environments

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

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

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

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

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

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

Exposure to green environments has been found to reduce the effects of income deprivation, particularly in relation to all-cause mortality and circulatory disease. A study of more than 21,000 urban residents in 54 European nations found that access to open spaces also helped to diminish wellbeing inequalities. Marmot argues that ‘there is evidence in abundance that living near and using green space is good for mental health. The key issue is urban green space as a majority of us, worldwide, now live in cities’. The Government has made a commitment to supporting garden cities, towns and communities. Greening Grey Britain, a Royal Horticultural Society campaign, encourages the conversion of concrete and asphalt areas everywhere into green spaces.

At the round table on the Arts and Healthcare Environments, Paul Williams of Stanton Williams Architects spoke of the ‘power of architecture, the power of space to be uplifting’ and described how architecture and space ‘profundly engage the senses of sight, touch and sound. Analysis of the Taking Part data suggests that people who visit heritage sites are generally healthier. In a similar vein, analysis of data from the Understanding Society survey has shown that visiting heritage sites – particularly historic towns and buildings – increases life satisfaction. Research informed by English Heritage calculated this gain at the equivalent of £6,646 per person per year. People who identify their local area as beautiful enjoy better mental and physical health, but the perception of environmental beauty is unevenly distributed across the social gradient.

Networked Heritage – a collaboration between the HLF and the Royal Society for the encouragement of Arts, Manufactures and Commerce – seeks to understand how to strengthen the links between heritage, identity and place, including through health.

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 isolating people from the rest of society, 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, 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 DCCLG White Paper about the powers of local planning authorities in 2006, CABE published a
guide for community groups working to improve public space. This advised that ‘Good design is about creating a place that functions well, both now and in the future. It should also be attractive, provide inspirational and special place for people’.344

In April 2011, CABE was integrated into the Design Council. Recognising the deficit caused by this decoupling, the House of Lords Select Committee on National Policy for the Built Environment published a report in February 2016, entitled ‘Building Better Places’.345 This sought a coordinated long-term and high-quality approach to the built (and natural) environment, predicated on a sense of place and a consideration of health impacts. More specifically, the report argued that ‘The places that we create have a profound effect upon the quality of life, behaviours and experiences of people who live and work in them’.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 everyone is better’.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 that ‘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 section dedicated to the promotion of healthy communities, which acknowledges the role a part in reducing health inequalities.350 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.

5.3 Healthcare Environments

In the introduction to Better Public Buildings, DCMs noted that ‘The best designed hospitals help patients to recover their spirits and their health’.351 In response to this and to the advocacy of CABE, in March 2000, in partnership with NHS Estates and the Centre for Healthcare Architecture and Design, and, coinciding with a shift to patient-centred care, DH launched an initiative called Better Health Building. Since then, it has been standard practice to consider the psychosocial properties of healthcare environments.352 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.353

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. While these are intangible conditions, Director of the London branch of CFMeller, Tova Hesse, referred to the substantial additional value that had been generated by DH and DH, about healing buildings and pointed to the vital role that they played in the recovery of patients and their families.354

Building Recovery Centre – a co-produced mental health facility, funded through the Welsh Government’s Invest to Save scheme and the Big Lottery – is estimated to save NHS Wales £300,000 per year.355 At the round table on Arts and Healthcare Environments, Guy Kades, who manages Healing Arts on the Isle of Wight, noted that ‘healing and art health building were usually entirely defined by healthcare professionals and technicians. At the round table on Place, Environment, Community, it is often leads to a holistic mechanical system when what is required is patient comfort and dignity and a calm environment for staff. If artists are involved in the process of designing health buildings, Eades argued, they can provide a conduit between patients and the hospital, informing spaces and activities in which people can breathe, think and reflect. Rather than this being a temporary post limited to the construction phase, the artist’s role was felt to be most significant when it was integrated into the continuing work of the healthcare team, operating as a system translator and developing new opportunities for creative activity to promote recovery.

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

- An art coordinator has been appointed for the specific project

OR

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

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

We suggest that the wording of the BREEAM UK 2001 arts policy, strategy and coordination, in discussion with arts coordinators. We believe that planning guidance should make clear that new developments should normally be subject to an arts occupancy evaluation, after an interval sufficient to enable an assessment of the impact of a development on the health and wellbeing of those whose lives it affects. We also support the continued use of arts policies and strategies, which are unevenly distributed around the country. Some of them should be expanded to include heritage organisations. We also raise the observations concern new healthcare constructions, the arts can make a significant impact within extant buildings. In 2000, in partnership with NHS Estates and the King’s Fund launched a £2.25m programme called Enhancing the Healing Environment (EHE). This worked on the understanding that environment was crucial to how we live and recover, with art and design playing an integral part, and that hospital environments were needed ‘which encourage patients to feel welcomed’.356 This programme showed that the EHE programme improved the mental health and social care organisations. In each organisation, a multidisciplinary team, led by a nurse and leading experts in the fields of healthcare, arts and mental health, identified specific areas, e.g. post-operative areas, paediatric units, etc.

---

Access to green space and natural light improves our wellbeing and speeds our recovery from illness.
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. Mix - a programme provided an understanding of the ways in which environment affects wellbeing. Long-term benefits that affected wellbeing. We found that: the wellbeing of participants is paramount; practitioners attempt to draw out the creative potential of participants in a way that is both challenging and realistic; a collective creative process is generated through the building of mutual trust; practitioners recognise the importance of evaluation and their duty to contribute to it; practitioners abide by a code of good practice consistent with the ethos of the supporting institution. More recently, ArtWorks Cymru has produced a useful guide for artists working in hospitals, containing information ranging from contracts and rates of pay to advice on working with patients and staff. 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 1997, both Scotland and Wales voted in favour of the devolution of executive powers to the Scottish Parliament and Welsh Assembly respectively. The following year, the Northern Ireland Assembly was created as the result of prolonged power-sharing negotiations. Devolved governments in each country now have responsibility for health and culture budgets.

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

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

In her Ingenuity and Poverty 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 work in a more collaborative way in supporting a broad range of policy objectives. The Well-Being of Future Generations (Wales) Act 2015 outlined a commitment to arts and health through a ‘process of improving the economic, social, environmental and cultural well-being of Wales’. The Welsh Government’s cultural strategy now recognises the role of arts and health and wellbeing benefits of engaging with creative and cultural activities as a supplement to medicine and care. Because of this, revenue-funded organisations are involved in arts and health projects.

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

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

Chapter 5: Place, Environment, Community


The arts for health and wellbeing are integral to planning in the devolved nations of the UK; in Greater Manchester, the arts are at the heart of population health planning.
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), harnesses 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 arts forms to deliver a comprehensive weekly arts service in all five health and social care trusts in the province and across multiple health and community care services. The charity also enlists the services of many project artists who facilitate and coordinate participatory workshops and performances as well as taking responsibility for the content of six Arts Care galleries in healthcare environments.

5.4 Place-Based Commissioning

In recent years, the Government has moved in certain respects permitting greater exercise of powers at local level in England, particularly through the Localism Act of 2011. It has spoken of ‘devolution of power to citizens and grass roots organisations’.

City and Growth Deals and Dispersal of Authority over extensive areas of public service spending passed down from Whitehall. At the same time, the devolution of responsibility for public health to local authorities opens the way to a bigger role for the participatory arts, which are delivered locally and often regarded as a means of individual and community empowerment. Along with the movement towards integration of primary and secondary health and social care is a focus on place-based health and care. In 2014, the Local Government Innovation Taskforce called for a ‘stronger local dynamic in the design of services, anchoring them in the places they operate to build in responsiveness, relevance and impact for people’.

In 2015, the King’s Fund advised service providers to establish place-based systems of care that would best meet the needs of the populations they served, orientated towards NHS priorities and involving local and specialist expertise. In 2016, the Place-Based Health Commission, chaired by Lord Aebewale, 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 ‘local by default’ 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 visions 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 engagement with health, wellbeing and quality of life, through a long-term perspective and integrated planning responsive to local need. This led to the recommendation that ‘specific place-based and resilient communities across Greater Manchester’.

People will be encouraged to make art and to connect with the resources and capacity of local cultural organisations.

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

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

5.4 Place-Based Commissioning

In recent years, the Government has moved in certain respects permitting greater exercise of powers at local level in England, particularly through the Localism Act of 2011. It has spoken of ‘devolution of power to citizens and grass roots organisations’.

City and Growth Deals and Dispersal of Authority over extensive areas of public service spending passed down from Whitehall. At the same time, the devolution of responsibility for public health to local authorities opens the way to a bigger role for the participatory arts, which are delivered locally and often regarded as a means of individual and community empowerment. Along with the movement towards integration of primary and secondary health and social care is a focus on place-based health and care. In 2014, the Local Government Innovation Taskforce called for a ‘stronger local dynamic in the design of services, anchoring them in the places they operate to build in responsiveness, relevance and impact for people’.

In 2015, the King’s Fund advised service providers to establish place-based systems of care that would best meet the needs of the populations they served, orientated towards NHS priorities and involving local and specialist expertise. In 2016, the Place-Based Health Commission, chaired by Lord Aebewale, 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 ‘local by default’ 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 visions 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 engagement with health, wellbeing and quality of life, through a long-term perspective and integrated planning responsive to local need. This led to the 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 explored ways in which the power of place is captured in music, poetry and colour.

Increasingly organisations within and beyond health and social care are working together to serve whole communities. In Halton – a Well North pathfinder and one of ten demonstrator sites being supported as part of the NHS England Healthy New Towns initiative – creative solutions are being applied to some of the most pressing health and social care challenges. Studio-based Healthy New Towns initiative – creative solutions sites being supported as part of the NHS England valuable endeavour. The manifesto embraced a psychosocial, rather than medical, reasons, and acknowledged the importance and interdependence of the arts and heritage, environment and sport in this socially valuable endeavour.

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

### 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 £660m was announced. In April 2016, the General Practice Forward View acknowledged the increasing demands being placed on GPs and announced an additional £2.4bn a year for general practice by 2020–21.

An estimated one in five GP visits is made for psychosocial, rather than medical, reasons, which equates to the cost of 3,750 GPs’ salaries. Professor Stephen Pattison, Honorary Fellow of the Royal College of General Practitioners (RCGP), which equates to the cost of 3,750 GPs’ salaries. Professor Stephen Pattison, Honorary Fellow of the Royal College of General Practitioners (RCGP), points that the job, the skill and the satisfaction of GPs [ii] 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. 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. This may initially involve a GP, mental health professional or charity staff member referring someone to a voluntary, community or faith organisation offering access to advice, education, exercise, gardening, self-help and volunteering or arts activities. A range of community-based creative activity is also accessed without any kind of referral from a health professional. Despite the terminology of prescription, 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. The Social Prescribing Network has identified the potential of catalysing health-care with communities that strengthen their ability to help, volunteering or arts activities. A range of community-based creative activity is also accessed without any kind of referral from a health professional. Despite the terminology of prescription, 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. The Social Prescribing Network has identified the potential of catalysing health-care with communities that strengthen their ability to help, volunteering or arts activities. A range of community-based creative activity is also accessed without any kind of referral from a health professional. Despite the terminology of prescription, 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.

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 long term. Rotherham CGG projects a return on investment of £3.38 for every £1 spent after five years. At the same time, such initiatives require continued investment if they are to remain effective. Social prescribing is fast becoming a national priority in NHS England. Over 450 general practices in England regularly refer their patients to take part in activities in the community, often with a focus on prevention, early intervention and the management of long-term conditions. Dr Michael Dixon, Co-Chair of the Social Prescribing Network, has been appointed Social Champion for Social Prescribing by NHS England. Dr Dixon told us that every GP should have access to social prescribing by 2019. Training courses are being offered to public sector commissioners. A cost benefit analysis of Artlift counted face-to-face GP consultations in the year before and the year after an artist had seen patients; at the same time, health spending data (hospital and GP) was collected. This showed that GP consultation rates dropped by 37 percent and hospital admissions by 27 percent. Taking into account the savings in GP consultations and the reduced hospital admissions, the cost of Artlift interventions, this represented a saving of £216 per patient. 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. 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 may be described as social prescribing (referring to the prevention of chronic conditions and an ageing population, the LGA has produced a useful guide for local authorities, linking social prescribing with services beyond conventional medical 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 the arts within current thinking.

In 2006, the vicar in charge of the church at Bromley by Bow, Andrew (now Lord) Mawson, and his wife Susan founded a community-based centre. The centre quickly came to include a diverse range of arts and craft 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. More recently, another, arts-on-prescription service was set up in Stockport, offering visual art and music projects to women with postnatal depression and those at risk of developing it. Evaluation showed that all of the mothers taking part in arts activity experienced improvements in their general health (using the General Health Questionnaire 28) and all but one a reduction in their levels of depression (using the Edinburgh Postnatal Depression Scale). This was later substantiated with evidence of diminishing GP visits and increasing social participation. One of the conclusions drawn from this pilot was that arts engagement might be considered as a preventative measure during the antenatal period. While funding for the Stockport service was lost, access to participatory arts activity has since been substantiated with evidence of diminishing GP visits.

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

Chapter 5

As an effective antidote to physical and psychological pain, arts participation forms a vital part of social prescribing. 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 2,500 museums and galleries in the UK. A survey by the NAMHW found over 600 different museum-based programmes targeting health and wellbeing outcomes. The great majority of programmes were for older adults, particularly people with dementia, but there was also activity supporting mental health service users and delivering public health education.

Museums and galleries offer a non-clinical, non-stigmatising environment in which to undertake journeys of self-exploration. PHF’s Our Museum Programme and Toolkit was developed, containing various follow-up work, the Museum Wellbeing Measure stimulation, self-exploration and distraction. In museum objects provided personal routes to different museum-based programmes targeting mental health and wellbeing under the title of Creative Heritage in Mind. This one-year project, supported by Norfolk and Suffolk’s Lead Arts Foundation Trust and led by an artist, brought small groups of people together to respond creatively to intriguing objects and artworks from various museum collections. The project culminated in exhibitions of participants’ artworks, three exhibition booklets and a short film. Quantitative measurement (WEMWS) showed improvements in subjective wellbeing, and qualitative evaluation pointed to increased engagement with the arts and heritage having generated improvements in confidence, motivation and insight.

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

Several people found their way into education oremployment, and a social and economic return of £3.50 was calculated for every £1 invested. Among the 231 participants to Inspiring Futures, 75 percent reported significant improvements in wellbeing after a year and 60 percent sustained these improvements over two years. Several people found their way into education oremployment, and a social and economic return of £3.50 was calculated for every £1 invested.

The Heritage in Hospitals research project (2015–16), looked at the impact on people from deprived communities of volunteering in 10 museums and galleries in Greater Manchester. Among the 231 participants to Inspiring Futures, 75 percent reported significant improvements in wellbeing after a year and 60 percent sustained these improvements over two years. Several people found their way into education oremployment, and a social and economic return of £3.50 was calculated for every £1 invested.

However, at a round table on the Care Act, Dr Dave O’Brien made the point that many arts organisations are struggling to survive and it will find very hard to elaborate their work.

The Heritage in Hospitals research project (2015–16), run by UCL, took items from the collection held by British Museum, Reading Museum and Oxford University Museum into hospitals and care homes. The project involved over 200 patients and residents and assessed the impact of a 30- to 60-minute museum object-handling session. Psychological and subjective wellbeing measures were used before and after sessions and further qualitative analysis. Quantitative measures showed significant increases in participants’ wellness and happiness scores. Qualitative analysis revealed that museum objects provided personal routes to stimulation, self-exploration and distraction. In follow-up work, the Museum Wellbeing Measure and Toolkit was developed, containing various approaches for assessing the impact of museum activities on psychological wellbeing. A national framework for evaluating the community impact of museums engagement is being developed by the University of Cardiff and the National Museums of Wales.

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

In 2013, the Association of Suffolk Museums received funding from HLF and Suffolk County Council to use the arts to improve mental health and wellbeing under the title of Creative Heritage in Mind. This one-year project, supported by Norfolk and Suffolk’s Lead Arts Foundation Trust and led by an artist, brought small groups of people together to respond creatively to intriguing objects and artworks from various museum collections. The project culminated in exhibitions of participants’ artworks, three exhibition booklets and a short film. Quantitative measurement (WEMWS) 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.

In an era of urbanisation, the Age-Friendly Cities and Communities initiative, launched by WHO in 2005, recognises the contribution of older people to society, makes provision for their diverse needs and promotes their inclusion in all aspects of community life. The arts have a role in this; they can be a powerful tool for mobilising communities, providing everyday opportunities to connect and share. People of all ages can benefit from arts activities, which provide a means to develop social skills, promote health and social inclusion and build resilience. Arts activities can also play an essential part in enabling people with dementia to live well in the community. Providing creative opportunities for older people is an important way to contribute to the wider vision of creating age-friendly cities and communities.

In an era of urbanisation, the Age-Friendly Cities and Communities initiative, launched by WHO in 2005, recognises the contribution of older people to society, makes provision for their diverse needs and promotes their inclusion in all aspects of community life. The arts have a role in this; they can be a powerful tool for mobilising communities, providing everyday opportunities to connect and share. People of all ages can benefit from arts activities, which provide a means to develop social skills, promote health and social inclusion and build resilience. Arts activities can also play an essential part in enabling people with dementia to live well in the community. Providing creative opportunities for older people is an important way to contribute to the wider vision of creating age-friendly cities and communities.
with dementia to remain in their own homes and out of residential care, which represents considerable savings to the social care system. Alzheimer’s Society recommends a proactive approach in which the needs of people with dementia and their families and carers are acted on as part of a networked strategy involving specialist dementia-based organisations. House of Memories in Liverpool offers training programmes for the carers of people with dementia. Alzheimer’s Society also calls for volunteers to help someone with dementia to do something they love ‘from going for a stroll in the park to joining an art class together.’

As a separate initiative in Wakefield, all museum staff have undergone Dementia Friends training. Alzheimer’s Society has provided advice about space and signage, and five multi-sensory resource boxes have been developed for people with dementia who are unable to reach the museums. This work suggests that other cultural venues should become dementia-friendly. Dementia Action Alliance aims to precipitate a society-wide response to dementia, supporting communities and organisations across England to 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. Manchester Museum and the Whitworth, together with the University of Manchester, piloted Coffee, Cake and Culture, offering tours around the collection for people with dementia and their carers. This is now part of the Health + Culture strand of work being conducted in Manchester. In light of the evidence presented in chapter eight, we hope that Greater Manchester’s embrace of that arts in health will extend to the dementia strands of its work.

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 kinds of residential care. It is open to everyone who registers as a patron (by providing minimal personal details at the door). There are around 200 patrons, including people with lived experience of mental ill health. Patrons come from all over London. This non-hierarchical charity is run by a board of people who mediate with continuing substance use oversees eight members of staff and 50 volunteers, all of whom have undertaken safeguarding training. As well as being a safe space with low-priced food and drinks, the café adopts what its founder, Sarah Wheeler, described as a ‘multidimensional approach’ to offer a free programme which conceives the arts as nourishment. The programme explores mental illness, recovery and wellbeing through a variety of creative activities such as dance classes, performances, open mic events and an art table. The focus is on quality and accessibility, with creative activity centred on personal narratives. The layout of the space allows for periods of relaxation, with and it encourages the sharing of tables and conversations.

Evaluation of the café, using the Mental Wellbeing Impact Assessment method, has pinpointed the impact of environment, culture and creativity on mental wellbeing. It has also identified that structure, routine, trust and safety confer confidence and self-belief. Participatory arts activities generate a safe space for marginalised communities.

The concept of social capital recognises the importance of networks in sustaining solidarity and mutual support. In the words of the late arts and health researcher Mike White, ‘good relationships are a major determinant of health.’ The American social scientist Robert Putnam has identified trust as a vital feature of social organisation. Jane Jacobs, who advocated place-based, community-centred approaches to urban planning in the 1960s, pointed to casual social contact at a local level as central to building trust.

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

There is a relationship between homelessness and mortality, with the average life expectancy for homeless people being 47. As in other marginalised groups, the incidence of mental health problems among people (four in five) is much higher than in the general population (one in six). The Homeless Library, a collaboration between Arthur + Martha and Manchester’s homeless population, invites people to reflect on their personal histories through art and poetry.

In this context, art-making offers a temporary haven for people who have no home of their own; it offers time away from fear and intimidation; it offers scope to begin healing. This is just one of the personal histories that has emerged from the Homeless Library:

"Laurence is a man who grew up witnessing extreme violence. As a child, he was malnourished and often ate dog food because he didn’t have anything else. Now, instead of self-medicating with art, he writes poetry and grows a garden. He’s self-medicated with art. He treasures both the poetry and the gardening, which is now a fascination. There’s a genius in everyone and this has the ability to bring it out. I was a piece of detritus on the street and they found gold within me. I was extremity and I found a garden. From excrement I have become compost."
The organisation Charter for Compassion seeks to establish and sustain cultures of compassion locally and globally through diverse sectors including the arts, education, the environment, healthcare and social justice. As part of this initiative, Compassionate Communities have been envisaged which ensure that:

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

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

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

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

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

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

Maya Angelou

The Marmot Review told us that ‘The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status’. Studies show that children who grow up in poorer households are more susceptible to disease in later life and have lower life expectancy. The Children and Young People’s Health Observatory, established by the Secretary of State for Health in 2012, found that ‘more children and young people under 15 years of age are dying in this country than in other countries in northern and western Europe’, leading to the recommendation that closer attention be paid to inequalities within the wider health system. As we begin our journey through the life course, let us look at how the conditions in early childhood matter. What happens during this period in a child’s life is important for virtually every aspect of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status.

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 preferred music is found to extract women from the pain of childbirth and diminishes anxiety about caesarean section. 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 artists running workshops in antenatal classes change the birth experience, aid in the transition to motherhood and increase the confidence, self-esteem and wellbeing of mothers.

A review conducted by UCL Institute of Health Equity, set up to implement the recommendations of the Marmot Review, highlighted the importance of nourishment and care at 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 well-being.

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 £2bn for every annual cohort of births in the UK. This equates to just under £30,000 for every birth in the country, 72 percent of which relates to adverse impacts on the child rather than the mother.483

After CQC identified a need for better consultation with the families of people with mental health needs at Devon Partnership Trust, Consultant Psychiatrist and regional and associate national lead for perinatal mental health at NHS England, Dr Jo Black, worked with the Director of ForMed Films, Emma Lazensky, 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, chaired by DH and suggested by the Marmot Review. 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 reported in 2017 estimated that ‘fewer than 15 percent of localities provide effective specialist community perinatal services for women with severe postnatal mental health conditions, and more than 40 percent provide no service at all.’

The Health Select Committee recommended that this uneven provision be addressed in the Five Year Forward View and that 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 with postnatal depression in England, which serves as further evidence of the value of the arts to perinatal mental health.

The study – led by the Centre for Performance Science, a consortium comprising Imperial College London, the Royal College of Music and Chelsea and Westminster Hospital, funded under the ACE Research Grants Programme and involving 148 participants – looked at the impact of group singing on women with postnatal depression, as compared to either creative play or a combination of antidepressants and mindfulness therapy. A ten-week, in-hour weekday afternoon music workshops, women listened to, learned, wrote and sang songs with their babies. Affection shown by mothers to their offspring in the early days of life had been seen to produce a lifelong reduction in the stress hormone cortisol. The Music and Motherhood study showed that its participants were more likely to be referred for antidepressants and found to lead to statistically significant faster recovery from postnatal depression than in either of the control groups, reducing cortisol, stimulating a positive emotional response and music during mother–child bonding was more pronounced in mothers with severe postnatal depression, who recovered a month faster than those in the control group.

In December 2014, six Creative Families programmes ran with a total of 36 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 reported a 34 percent reduction in anxiety and depression and an 86 percent reduction in stress. They increased their confidence in self-determination, and their sense of isolation decreased. Mother–child attachment improved, and the emotional, physical and social well-being of the babies reduced their anxiety.
Art, craft and singing help mothers to overcome postnatal depression, promote parent–child bonding and improve children’s mental health and wellbeing.

therapeutic activity for mothers of pre-school children who are experiencing poor mental health and wellbeing, including postnatal depression. Many of the participants face persistent social issues, including poverty, unemployment, poor housing and social isolation. Some are asylum seekers; others are survivors of domestic violence and abuse. Welsh arts courses run throughout the year while children are cared for in a nearby crèche. Activities absorb participants, offering respite from their anxieties (57 percent respondents). A wealthy proportion of parents have lost sight of both parents, and three quarters of children have experienced a separation from a parent, which highlights the need for creative arts therapies to provide a bridge to primary mental health services, including the provision of art therapy. The Developmental Dance Movement increase school readiness. Sessions are not focused on learning any particular dance style or steps, but they encourage children to practice physical and cognitive skills which aid overall developmental progress. Mixed-methods research shows accelerated learning and significant improvements in visual-motor integration and development.509

Programmes like Creative Homes and Developmental Dance Movement increase school readiness, defined by the Government as the level of preparedness to succeed cognitively, socially and emotionally in school.510 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 £113 in future costs.511 Sure Start Children’s Centres could be sites for delivery of the arts for health and wellbeing, but only one third of them have been lost since 2010.512 At UCL Institute of Education, Professor Susan Hallam reviewed evidence on the impact of music-making on the intellectual, social and personal development of children and young people. She concluded that “There is considerable and compelling evidence that musical training sharpens the brain’s early encoding of sound leading to enhanced performance on a range of tasks such as literacy and mathematics, and improves social and emotional competence.”513

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

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

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,514 and it resulted in DH making an explicit commitment to giving every child the best start in life.515 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.516 But the relationship between family income and early childhood development is not fixed.517 Engagement with the arts can aid physical, cognitive, linguistic, social and emotional development. A wealth of evidence demonstrates a link between reading aloud to children and greater literacy and comprehension, informing such initiatives as Read On Get On and the Book Trust’s guidance on reading aloud.518 Reading Well, a programme for young people run by The Reading Agency, is available in public libraries across England as part of a wider books-on-prescription scheme.519

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.520 With 25 per cent of children in London living in overcrowded conditions, rising to 43 per cent in the social rented sector, and low incomes putting a strain on family relationships, parents need information and advice on how to avert consequential health and care challenges. The charity facilitates live arts experiences in London homes, including workshops in selected deprived household 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 Home’s workshops showed a 64 percent improvement in the quality of household routines, a 23 percent increase in play at home and a 27 percent increase in singing with children.521 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 and practice needs to be sustained over time for these effects to be retained. Once developed, neuroplastic shifts lead to improved motor skills and speech perception, contributing to language development, literacy and spatial reasoning, bearing a lifelong impact. Formal music practice requires sustained attention and the encoding of musical passages into memory, while playing in an ensemble requires goal-directed, pro-social behaviour and performing to an audience heightens self-belief. People who have learnt to play a musical instrument across subjects and display a high degree of conscientiousness, openness to new experiences and enhanced emotional and social regulation.522 A review of the evidence in this section looks at an ambitious programme that encourages young children, particularly those from disadvantaged backgrounds, to learn a musical instrument.523 In November 2016, DfE committed £300m over four years to a series of music education hubs administered by ACE.524 Children with additional needs are able to express themselves through music. The connection between music and hemisphere dominance is well known, and music therapy has been found to be particularly helpful for children with autism spectrum disorder (ASD) which has been explored since the 1970s.525 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’.526 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 sites around the world looking at the effectiveness of music therapy for children with ASD. The UK part of this project is being coordinated at Imperial College London and Anglia Ruskin University, funded by NIHR, and is due to report in 2017. Live Music Now delivers music courses to a wide range of people throughout the UK, in mainstream schools and for children with disabilities, learning difficulties and SEN.527 Jessie’s Fund helps children with additional and complex needs or serious illness to communicate by using music.528 The Key Club, run by Turtle Key Arts since 2003, reaches 25,000 young people with ASD with recruiting the education system aged 16 to 30.529 Easing the transition to adulthood and providing continuity with peers, monthly two-hour sessions of participatory visual and performing arts are offered in London and High Wycombe at an annual cost of £60. Evaluation points to the social and emotional benefits derived from group creative activity by both participants and teachers.530
The benefits of music have also been experienced by young people fleeing war and persecution. Following a 2007 tour of Bosnia with a chamber opera, 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 eight children attend sessions lasting up to two hours every week for at least a term. Sessions are centred on the creative transformation of everyday objects that the children use in their school or home lives. An independent evaluation of the Art Room showed that sessions significantly reduced students’ emotional and behavioural problems and increased their 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 self-reported confidence and self-esteem by the end of the programme.

Conduct disorders, manifested as sustained disruptive and violent behaviour, are experienced by 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 in care and twice as likely to become dependent on drugs and 20 times more likely to end up in prison’ than those without. The estimated lifetime cost with 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 lost secure 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 post-traumatic stress or conduct disorders. A sample of 52 young people

Chapter 6: Childhood, Adolescence and Young Adulthood

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 2010, initially during and after school for children in the first three years of primary education. Funded by the Scottish Government, local authorities and private sources, Big Noise pays explicit attention to the role that musical learning may have in tackling health inequalities. Neither an audition process nor a fee is necessary to participate, and efforts are made to involve children with complex needs in areas of low arts engagement. Excellence is pursued, with teaching provided by professional musicians and highly skilled and motivated participants being sought for public performances.

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

Several local authorities in Scotland have expressed an interest in hosting a Big Noise project, and Tayside in Aberdeen has one in 2015. A similar project has been coordinated by Sistema England, supporting programmes in Liverpool, 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.

The Art Room is a national charity offering positive outcomes for young people, especially inareas 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. It established that these 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.

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

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 £70,000 by the time they reach 28, 10 times more than their peers without. Two reviews have examined evidence relating arts engagement to health and behavioural outcomes in young people. The first of these studied the impact of performing arts in extracurricular school environments or community settings for 11 to 18 year olds. Literature published between 1993 and 2004 showed positive impacts for young people, especially in 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. It established that these 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.
Dance accelerates development and learning and improves hand–eye coordination.

**Education**

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 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 of the curriculum was uneven, leading to the recommendation that the Welsh Government embed the arts in schools, so as to improve literacy and numeracy and narrow the attainment gap. This implied that ‘students should be presented throughout their school years with a plethora of arts experiences, whether being cut back 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, cultural education in England, comprising both cultural and academic attainment challenges, across the gamut of field trips to events, galleries, performances, critical appreciation talks, and so on, including arts residencies in schools, in order to make every school in Wales an arts-rich school in either achievement or ambition’. It was envisaged that this would provide an enhancement of the primary and secondary curriculum, the fostering of arts champions and a joined-up approach involving arts and educational practitioners, the arts council, museums and galleries.

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

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

**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.

In England, the arts remain a statutory part of the curriculum until key stage three, but the arts and humanities are being cut back from primary school onwards. The introduction of the English Baccalaureate (EBac) – which is awarded when grade C or higher is achieved across five subjects including English, maths, history or geography, cultural education in England, comprising both cultural and academic attainment challenges, across the gamut of field trips to events, galleries, performances, critical appreciation talks, and so on, including arts residencies in schools, in order to make every school in Wales an arts-rich school in either achievement or ambition. It was envisaged that this would provide an enhancement of the primary and secondary curriculum, the fostering of arts champions and a joined-up approach involving arts and educational practitioners, the arts council, museums and galleries.

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

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

The educational company Arts works to fill the gap in cultural education, using music, drama and movement in the classrooms of state secondary schools to stimulate imaginative thinking that relates to class-based learning. Feedback suggests that sessions – which map onto the curriculum – increase the self-esteem and confidence of pupils in a way that can impact on 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 and that cultural enrichment activities are integrated into the Flying Start programme, for children under four in the most deprived areas of Wales, with the arts being encouraged within and outside school. In February 2016, the Public Policy Institute for Wales published an analysis which found that ‘There is a compelling evidence base regarding the potential impacts of school-based strategies that are designed to prove social and emotional learning’ and led to the recommendation of both universal and targeted approaches in schools.

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

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 that is to be achieved through school-based strategies that are designed to prove social and emotional learning and led to the recommendation of both universal and targeted approaches in schools.

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

Arts-based programmes improve school readiness, yielding considerable cost benefits.
Participatory arts have the potential to enhance educational outcomes across whole schools. Table that activity outside the school environment could support the making of friendships transcending class, race, gender and area.

The Kick Arts programme, supported by the HLF and run by the Oxford Youth Action Partnership and Banbury, is aimed at 11 to 16 year olds who do not attend school or are at risk of exclusion. It encourages a wide range of creative activity and visits to cultural venues, helping young people to negotiate identities beyond the school environment. Participants relish respite from school and stress and the chance to explore and experiment; they have also spoken of immersion in creative activity overcoming anxiety and negative feelings. Re-engagement by young people involved in the programme have achieved different levels of Arts Award.246

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 diversity in which 21 to 23 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 campuses. 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 self-confidence and self-esteem and better mental health.247

The Durham Commission on Creativity and Education reported by ACE, will look at ways in which an inspiring and creative cultural education can be secured for all young people, which will inform a consultation in 2013–14. DfE, DCMS and DCLG might work together to ensure that participatory arts provision is made available both inside and outside of school.

A review conducted by Lord Laming in 2015–16 looked at why, when only one percent of children went into care in England and Wales, 33 percent of boys and 6 percent of girls in custody had been in care. Aside from multiple levels of risk, to which children in care had been exposed since birth, this found that children had educational attainment and higher than average behavioural difficulties and mental health problems.248 The review detailed examples of good practice aimed at diverting children in care away from the criminal justice system, but none of these mention the arts.

The Social Care Institute for Excellence (SCIE) has been commissioned by DfE and DfE to improve the mental health and emotional wellbeing of children and young people in care.249 Guidance for looked-after children and young people published by SCIE and NICE urges social workers and teachers to work with their colleagues in social work managers to ensure access to the creative arts, to ‘support and encourage overall wellbeing and foster creative expression and identity’.250 SCIE’s ‘Twilight Zone’ project for looked-after young people (13 to 18 year olds), initiated in 2011 and funded by the Public Health Agency of Northern Ireland, aims, through high level skills and arts participation, to build self-esteem, develop self-confidence and assist young people in preparing for the transition into life after residential care.251 In light of the evidence presented in this report, SCIE, the Care Leavers Association and others may wish to consider the inclusion of arts-based activities in the repertoire of services that the relationship between children in care and young people in the criminal justice system confirms what we already know: that a bad start in life can have profound consequences. On top of this is the relationship between marginalisation and poor life chances. Muslim communities make up 4.4 percent of the population in England and Wales but up to 33 percent of the population of young offender institutes, along with high numbers of black and white working class boys. A review conducted by Baroness Young paid specific attention to the ways in which outcomes might be improved for young black and/or Muslim men in the criminal justice system. This identified girls who persistent stereotyping as a major obstacle in reforming lives.252 We have seen that the arts provide a place of safety and freedom from judgement.

A review of youth offending services conducted by the former Chief Executive of the National College for Leadership of Schools, Charlie Taylor, noted that more than a third of children in the youth custodial estate had a mental health problem and that physical health was generally poor. Acknowledging the connection between low educational level and offending, the review positioned education at the heart of system reform and called for a multi-agency response, including health, social care and other services, to help prevent problems from manifesting themselves in offending.253 The process that creative play acknowledged music-making as a form of meaningful activity that kept children occupied and much less likely to offend. Research has shown that making culturally relevant music increases self-confidence and motivation, proving effective with disaffected young people, the positive effects of which have been observed among young people in the criminal justice system.254 A team at Bath Spa University has conducted an evaluation of Birmingham Young Offending Service Youth Music Project, which offers weekly two-hour one-to-one music sessions to young people, typically over three months followed by ten mentoring sessions. Mixed-methods evaluation of the programme showed statistically significant improvements in musical ability and well-being, with one young person interviewed spoke about increases in confidence and social skills, with several re-engaging with education as a result of the programme.255

As part of the Connecting Communities (Ca) project, more than 1,000 children have attended TRverts dance workshops, which take their name from the unlikely encounter of the young people with a deprived town in the UK with high levels of antisocial youth behaviour and low levels of educational attainment. The workshops have been credited with a drop in antisocial behaviour, a 90 percent reduction in truancy and increased educational attainment, and police estimate that ten young people a year have been prevented from being labelled a persistent young offender as a result of the workshops.256

**5.5 Recovery from Illness and Management of Long-Term Conditions**

Between January and June 2013, a study was conducted at Alder Hey Children’s NHS Foundation Trust in Liverpool.257 This looked at the impact of improvised somatic dance on children and young people (14 months to 17 years) suffering from acute pain following surgery or rehabilitation from brain injury, on the orthopaedic, cardiac and neuromedical wards. Somatic dance focuses on the body to emphasise internal physical perception and experience; using a non-directive approach to creative dance and movement, a duet is developed between practitioner and participant, ranging from small muscular movements to more expansive gestures. A consistent finding across all the sessions was that participants became less anxious and better able to move, which points to a role for improvised dance within paediatric healthcare and pain management.258

Art therapy for children with chronic conditions, such as that provided by the Teapot Trust in Scotland and at Great Ormond Street Children’s Hospital, diminishes fear and pain and helps to build coping strategies.259 Creative writing by SCIE and NICE has been seen to help in preventing wellbeing in adolescents with conditions that prevent them from attending school.260

A fifth of children were overweight or obese when they start school, which rises to one third by the time they leave primary school.261 Obesity affects not only health and mortality but quality arts-based and social and emotional development. If it carries over into adulthood, there is an increased risk of developing type 2 diabetes. In 2014–15, an estimated £5.5bn was spent on overweight- and obesity-related ill health. The Government’s plan for action on childhood obesity, published in August 2018, acknowledged that the greatest among children from low-income backgrounds, with children of five being twice as likely and children of 11 three times more likely to be obese than their counterparts who participated in cultural activities were less likely to be obese. These results were amplified when considering those girls who were at the recommended weight in 2006 when young.262 One of the three programmes developed under this banner was Time Being 7; a 30-minute, 30-week, off-school course which sought to divert children away from sedentary leisure pursuits, such as television and playing computer games, to stave off weight-related health problems. At the outset, more than half the group spent a considerable amount of time with screen-based electronic entertainment.
media by their own account, 36 percent of children reduced the time they spent watching television and playing computer games; by their parents’ account, 46 percent of the children reduced their screen time compared to increases across the cohort.59

6.6 Improving Mental Health and Wellbeing

The most recent figures on the mental health of children and young people date from the ONS prevalence study of 2004. At that time, an estimated one in ten children (aged five to 16) in Britain had a mental health problem, including anxiety (3.3 percent of all children), serious depression (0.9 percent) and hyperkinetic disorders (1 percent, including ADHD).588 Reports of anxiety and depression in children have doubled since the 1980s.589 Children from low-income families are up to three times more likely to experience mental health problems. As in the wider population, children with mental health problems are more likely to have physical health problems, some of which are connected to smoking and obesity (with psychotropic drugs causing weight gain and the Government prescribing a reduction in their use).589 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 Select Committee to inpatient services for the most vulnerable from prevention and early intervention through services. These run through the whole system — children’s and adolescents’ mental health with the commissioning and provision of identified ‘serious and deeply ingrained problems’ in their minds.586 As in the wider community, children’s mental health services cause 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 for many young adults. The Chief Medical Officer has highlighted prevention and early intervention as a priority.589 The Select Committee concluded the lengthy waiting times, raised referral thresholds and scarcity of local inpatient services caused by increased demand and diminishing funding.

Responding to these findings, the Government accepted that current provision fell short and pointed to the work of the Children and Young People’s Mental Health Taskforce.590 In March 2015, the taskforce published a report, Future in Mind, which cited showing that only 25 to 35 percent of young people with a diagnosable mental health condition accessed support, and what little support was accessed was geographically dispersed, subject to lengthy waiting times and unresponsive to individual need.590 Future in Mind advocated a more accessible, locally organised and responsive system providing appropriate care. It also prioritised prevention, resilience 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 settings for children and adolescents experiencing mental health problems. Every year, more than 1,000 music workshops in inpatient settings and studio sessions in the community are delivered to over 3,000 people in London, Manchester, Sheffield, Woking and Chelmsford, including a programme of tailored one-to-one sessions and group support at professionally equipped music studios. Targeting marginalised people, particularly young BAME men, Key Changes offers culturally relevant musical activities including production and recording sessions, performance skills, concerts and work experience placements.

Key Changes has been the subject of several documentaries, and it won the National Positive Practice in Mental Health Award for 2014.591 In Northern Ireland, Youth Action has worked across the sectarian divide to help young people explore their identities and realise their full potential through the performing arts.592 Between 2009 and 2014, Youth Action was one of four lead organisations in the Right Here project, managed by PH 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.593 Most serious mental health problems begin before the age of 24, and half of conditions being manifested by the age of 18.594 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.595 No Health Without Mental Health advocated early intervention for psychosis.596

Smantics: Smile All the Time

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

I t 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.597 Britain was geographically the second worst country in the world for self-harm, leading to 15,000 hospital admissions every year.598 At the round table on Young People, Mental Health and the Arts, we watched a music video, called Smile All the Time, which had been posted on the internet under the name of Samantics.599 Its author, Sam, has suffered severe anxiety and depression since the age of 20, and we received a moving testimony from him:

Towards the end of my twenties I couldn’t cope. I tried everything I could think of, but I was in a lot of pain. It was a pain that nobody else could see, so I didn’t feel justifiable to me. It didn’t feel like it should have been there. It got to a point where I had enough and turned off my brain, and I was determined that the only way out was to take my own life.

It’s important to mention here that I had, and still have, amazing support from my family, and I only just made it. A lot of people, and especially young people, don’t have that same kind of support. I wouldn’t be here if it wasn’t for my mum and my girlfriend especially. They helped me get help and turn off the conditions of the day.

About my darkest time, I made a decision that I had one more thing to try and that was to stop hiding. I couldn’t keep up this double life of portraying happiness to everybody. So it started with a poem. Putting it into poetry made it somehow easier to say. I filmed it and I posted it onto social media, which was terrifying, but quite necessary for me, because the support that I got from that was amazing, and it changed how I saw everything that was happening. Because, for the first time, I wasn’t as afraid to talk about it. That was the biggest step for me.

Poetry then turned into music when I realised that these words that I’d written could be lyrics. Then that became my 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 those 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

No Health Without Mental Health Taskforce.590
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 £135 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 diversity 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. The incidence of manic psychosis in people with psychosis or schizophrenia, which is taken as a case study in this chapter, using dance as an early intervention in psychosis, is double the UK average.

Among its recommendations, the Youth Select Committee included targets for young people’s mental health akin to those for physical education in schools. We believe arts therapies and participatory arts should be included in guidance on school counselling services. In the white paper for child and adolescent mental health includes a role for the voluntary sector, mental health tsar, championed the creative arts as a route to emotional intelligence and self-esteem and an antidote to a relentless curriculum and endless testing.

Among its recommendations, the Youth Select Committee included targets for young people’s mental health akin to those for physical education in schools. We believe arts therapies and participatory arts should be included in guidance on school counselling services. In the white paper for child and adolescent mental health includes a role for the voluntary sector, mental health tsar, championed the creative arts as a route to emotional intelligence and self-esteem and an antidote to a relentless curriculum and endless testing.

Creative activity is a powerful tool in overcoming anxiety, depression and stress in young people. Clinicians ‘consider offering arts therapies to all people with psychosis or schizophrenia, particularly for the alleviation of negative symptoms’. The use of arts therapies and participatory arts should be considered across the mental healthcare system. When NHS mental health trusts and CAMHS are developing support for children and adolescents, particularly in the areas of prevention and early intervention, they need to embrace the healing properties of the arts in relation to anxiety, depression, stress and more severe mental health problems.

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. DfE has been charged with responsibility for child and adolescent mental health in schools. Natasha Devon, who served briefly as children’s mental health tsar, championed the creative arts as a route to emotional intelligence and self-esteem and an antidote to a relentless curriculum and endless testing.

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

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

The project was evaluated by independent assessors using WEMWBS and EQ-5D. Both cohorts demonstrated clinically significant improvements in wellbeing, communication, concentration and focus, level of trust in others, team working and quality of life. The project helped participants to develop relationships with their peers and restore relationships with their families. At the round table on Young People, Mental Health and the Arts, De Lauren Coaghau, 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 2016. Commissioners may find this film to be impressive evidence. The Alchemy Project used dance as a form of early intervention in psychosis. It was an action research project, developed in 2015 as a co-production between Dance United and the early intervention in psychosis team at SLaM, with input from King’s College London, funded by GSTC, Maudsley Charity and ACE. Two cohorts of 12 participants (18 to 35 years old), with no previous experience of dance, were encouraged to work with professional dance artists within a team that also included healthcare professionals and peer mentors. Groups were mixed, and an effort was made to involve young adult males. Participants were not labelled according to their conditions but treated as dance artists working as part of a company and pushed to achieve all they could. The groups shared healthy meals and took part in trust- and team-building exercises, many of which focused on touch and developing connections, helping to overcome isolation while also addressing bodily awareness and physical fitness. After just four weeks, each of the two groups performed a specially commissioned 20-minute contemporary piece, El Camino (The Path), in front of an invited audience, at the Shaw Theatre and the Lilian Baylis Studio, Sadler’s Wells Theatre, respectively. Patients had become dancers.

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

The project was evaluated by independent assessors using WEMWBS and EQ-5D. Both cohorts demonstrated clinically significant improvements in wellbeing, communication, concentration and focus, level of trust in others, team working and quality of life. The project helped participants to develop relationships with their peers and restore relationships with their families. At the round table on Young People, Mental Health and the Arts, De Lauren Coaghau, 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 2016. Commissioners may find this film to be impressive evidence.
Consistent with the recommendations of both the Children and Young People’s Mental Health Taskforce and the Youth Select Committee, digital applications have been designed to improve mental health and wellbeing, such as the Start wellbeing thermometer and the Mind Emooji, both of which promote creative thinking and have had a high take-up rate among students.\(^{253}\) We would draw attention to the Arts and Health University Network, coordinated from MMU and the University of Central Lancashire, to recommend arts-related activities as part of a whole-university approach to health and wellbeing.\(^{254}\) At the same time, AMOSHEE, the Student Services Organisation, could include evidence of the benefits of arts activities to students within the materials it disseminates.\(^{255}\)

### 6.7 Children’s Healthcare Environments

Young people spending time in hospital experience a range of anxieties, partly as a result of separation from their families, an unfamiliar environment, investigations and treatments and a loss of sense of determination.\(^{256}\) The disconcerting experience of being in hospital can be saved by good information and involving young patients in the design and delivery of their care. Child-friendly healthcare environments and stress-reducing activities can also improve wellbeing. A book has been published about the role of applied theatre in enhancing the social and mental wellbeing of children in hospitals.\(^{257}\) Bristol Royal Hospital for Children, which opened in 2001, was the first new children's hospital to be built in the UK for two decades. The move to university can be an unsettling time for young adults as they depart from familiar support structures and face an uncertain future.\(^{258}\) The Children’s Hospital Charity, a joint venture between the Bristol Royal Hospital for Children and Great Ormond Street Hospital, was set up to apply arts and social and emotional learning to the healthcare environment.\(^{259}\)

A well-designed environment in children's hospitals helps to overcome fear and pain. Consistent with the recommendations of both the Children and Young People's Mental Health Taskforce and the Youth Select Committee, digital applications have been designed to improve mental health and wellbeing, such as the Start wellbeing thermometer and the Mind Emooji, both of which promote creative thinking and have had a high take-up rate among students.\(^{253}\) We would draw attention to the Arts and Health University Network, coordinated from MMU and the University of Central Lancashire, to recommend arts-related activities as part of a whole-university approach to health and wellbeing.\(^{254}\) At the same time, AMOSHEE, the Student Services Organisation, could include evidence of the benefits of arts activities to students within the materials it disseminates.\(^{255}\)

### 6.7 Children’s Healthcare Environments

Young people spending time in hospital experience a range of anxieties, partly as a result of separation from their families, an unfamiliar environment, investigations and treatments and a loss of sense of determination.\(^{256}\) The disconcerting experience of being in hospital can be saved by good information and involving young patients in the design and delivery of their care. Child-friendly healthcare environments and stress-reducing activities can also improve wellbeing. A book has been published about the role of applied theatre in enhancing the social and mental wellbeing of children in hospitals.\(^{257}\) Bristol Royal Hospital for Children, which opened in 2001, was the first new children's hospital to be built in the UK for two decades. The move to university can be an unsettling time for young adults as they depart from familiar support structures and face an uncertain future.\(^{258}\) The Children’s Hospital Charity, a joint venture between the Bristol Royal Hospital for Children and Great Ormond Street Hospital, was set up to apply arts and social and emotional learning to the healthcare environment.\(^{259}\)

A well-designed environment in children's hospitals helps to overcome fear and pain. Consistent with the recommendations of both the Children and Young People’s Mental Health Taskforce and the Youth Select Committee, digital applications have been designed to improve mental health and wellbeing, such as the Start wellbeing thermometer and the Mind Emooji, both of which promote creative thinking and have had a high take-up rate among students.\(^{253}\) We would draw attention to the Arts and Health University Network, coordinated from MMU and the University of Central Lancashire, to recommend arts-related activities as part of a whole-university approach to health and wellbeing.\(^{254}\) At the same time, AMOSHEE, the Student Services Organisation, could include evidence of the benefits of arts activities to students within the materials it disseminates.\(^{255}\)
7

Working-Age Adulthood
7 Working-Age Adulthood

“A man at work, making something which he feels will exist because he is working at it and wills it, is exercising the energies of his mind and soul as well as of his body.”

William Morris

The challenges faced at this stage of 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 chronic working work is characterised by high demand with no control over the work task, by high effort and little reward, by social isolation at work, by job insecurity, by organisational injustice, and by shift work. 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. In Britain, the number of working households in poverty has been increasing. 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 20.4 million working days were lost to illness and injury in the UK. Absence from work annually costs the Government around £8bn in health-related benefits and £16bn in healthcare, sick pay and foregone taxes. Employers’ share of sick pay amounts to around £8bn, while individuals lose out on earnings of £6bn per year.

A cross-governmental initiative, known as 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. A review of health at work by Professor Dame Carol Black recommends prevention and early intervention for those in work and improved conditions for those out of work. At a meeting held by the Arts and Minds programme, Dame Carol told us that people she interviewed about workplace wellbeing had wanted singing, dance classes and reading groups. In the USA, creative activity undertaken outside of work has been shown to hasten recovery from work strain and enhance work-related performance, leading researchers to conclude that organisations ‘may benefit from encouraging employees to consider creative activities in their efforts to recover from work’. The Five Year Forward View suggested that ‘there would be merit in extending incentives for employers in England who provide effective NICE-recommended workplace health programmes for employees’. The arts do not yet feature in NICE guidance on workplace health; we hope this will be looked at in conjunction with a wider consideration of the arts in health.

7.2 Improving Mental Health and Wellbeing

One in six adults has a diagnosable mental health condition, 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. The main causes of sickness absence from work are anxiety, depression and stress (0.7 million days). This is estimated to cost the economy £70bn a 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.

In 2007, a survey of 2,500 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.

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. 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. NICE has issued guidelines for depression in adults with and without chronic sources. Led by a professional artist and qualified mental health counsellor, sessions offer the chance to work with a wide range of materials and techniques. Workshops last for two hours, are open to all abilities and offer the opportunity to undertake a creative, stimulating and absorbing activity.

In 2014–15, a mixed-methods evaluation of Arts and Minds sought to determine whether participants experienced changes in levels of anxiety, depression, social inclusion and wellbeing, using valid and reliable psychological measures. Seventy-one percent of participants reported a decrease in anxiety, and 73 percent reported a decrease in depression. Sixty-nine percent of participants reported an increase in social inclusion, while 76 percent of participants reported an increase in wellbeing. Participants rated their experience very favourably; 77 percent reported a development in their art skills, 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.
Mental health problems in the under-65s account for almost half of all health problems diagnosed by the NHS. Physical health problems, but no mention is made of the arts in either case.

Between 2013 and 2015, as part of Creative Practice and Mutual Recovery, a study was led 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 over six or 10 weeks. Without having any specific therapeutic aims, the facilitator increased the complexity of the activity over time. A mixed-methods evaluation used a range of psychological scales, interviews, blood pressure tests and saliva analyses. During single sessions, stress and tiredness significantly decreased and happiness, relaxation and energy levels increased. Over the course of the study, group drumming led to reductions in cortisol and an enhancement of immune responses, which was combined with a reduction in inflammatory activity over a six-week span and the activation of an anti-inflammatory response over 10 weeks.

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 room with a drum studio, three house bands and a BAME teaching studio, three house bands and a BAME making and music therapy to overcome mental health problems. Arts therapies and participatory arts (including arts on prescription) have a proven impact upon mild to moderate and more severe mental health problems.

Listening to music, singing and music therapy aid recovery from stroke. Improving the conversation around mental health, and has gone as far as to recommend mindfulness but not yet the arts.

Founded by representatives of law firms and professional firms, such as Linklaters and KPMG, with the support of the UK’s national mental health organisations, including NICE, the City Mental Health Alliance seeks to improve the climate for mental health in the City of London. Leading members of the alliance have well-funded health and wellbeing strategies and work with large cultural organisations and the arts-inflected Mental Health Festival. We hope this work will extend to arts engagement for employees at all levels.

Recovery from Illness and Management of Long-Term Conditions

In the UK, over 152,000 people per year experience a stroke, a third of whom are left with disabilities, including partial paralysis, depression and cognitive and communicative difficulties. A study found that participation in group-based music therapy for stroke survivors, another initiative, Stroke Odyssey – a collaboration between Bossa Nova Life, GSTC and King’s College London – explores the efficacy and cost effectiveness of singing and movement interventions in reducing anxiety and depression symptoms. The project has successfully co-designed models for clinical and community delivery, focusing on recuperation and quality of life. The UK equivalent – a qualitative feasibility study, funded through the National Institute for Health Research’s Patient and Public Involvement in Research funding initiative, Stroke Odysseys – a collaboration between Rosetta Life, GSTC and King’s College London – explores the efficacy and cost effectiveness of singing and movement interventions in reducing anxiety and depression symptoms.

Arts engagement also yields improvements in conditions. In Australia, where stroke is the second highest cause of death, a study found that participation in group-based community arts programmes, centred on drawing and painting, stimulated participants’ physical and cognitive abilities while increasing their confidence, social engagement and quality of life. The UK equivalent – a qualitative feasibility study, funded through the National Institute for Health Research’s Patient and Public Involvement in Research funding initiative, Stroke Odysseys – a collaboration between Rosetta Life, GSTC and King’s College London – explores the efficacy and cost effectiveness of singing and movement interventions in reducing anxiety and depression symptoms. The project has successfully co-designed models for clinical and community delivery, focusing on recuperation and quality of life.

Listening to music, singing and music therapy aid recovery from stroke. Improving the conversation around mental health, and has gone as far as to recommend mindfulness but not yet the arts.

Founded by representatives of law firms and professional firms, such as Linklaters and KPMG, with the support of the UK’s national mental health organisations, including NICE, the City Mental Health Alliance seeks to improve the climate for mental health in the City of London. Leading members of the alliance have well-funded health and wellbeing strategies and work with large cultural organisations and the arts-inflected Mental Health Festival. We hope this work will extend to arts engagement for employees at all levels.

Art”s engagement also yields improvements in conditions. In Australia, where stroke is the second highest cause of death, a study found that participation in group-based community arts programmes, centred on drawing and painting, stimulated participants’ physical and cognitive abilities while increasing their confidence, social engagement and quality of life. The UK equivalent – a qualitative feasibility study, funded through the National Institute for Health Research’s Patient and Public Involvement in Research funding initiative, Stroke Odysseys – a collaboration between Rosetta Life, GSTC and King’s College London – explores the efficacy and cost effectiveness of singing and movement interventions in reducing anxiety and depression symptoms. The project has successfully co-designed models for clinical and community delivery, focusing on recuperation and quality of life.

The UK equivalent – a qualitative feasibility study, funded through the National Institute for Health Research’s Patient and Public Involvement in Research funding initiative, Stroke Odysseys – a collaboration between Rosetta Life, GSTC and King’s College London – explores the efficacy and cost effectiveness of singing and movement interventions in reducing anxiety and depression symptoms. The project has successfully co-designed models for clinical and community delivery, focusing on recuperation and quality of life.

The UK equivalent – a qualitative feasibility study, funded through the National Institute for Health Research’s Patient and Public Involvement in Research funding initiative, Stroke Odysseys – a collaboration between Rosetta Life, GSTC and King’s College London – explores the efficacy and cost effectiveness of singing and movement interventions in reducing anxiety and depression symptoms. The project has successfully co-designed models for clinical and community delivery, focusing on recuperation and quality of life.

The UK equivalent – a qualitative feasibility study, funded through the National Institute for Health Research’s Patient and Public Involvement in Research funding initiative, Stroke Odysseys – a collaboration between Rosetta Life, GSTC and King’s College London – explores the efficacy and cost effectiveness of singing and movement interventions in reducing anxiety and depression symptoms. The project has successfully co-designed models for clinical and community delivery, focusing on recuperation and quality of life.
Listening to music, singing and music therapy aid physical and cognitive recovery from brain injury; visual arts activities contribute to emotional recovery.

Singing has been found to have a beneficial effect in a number of health conditions across the social gradient, enhancing cognition, communication and physical functioning as well as wellbeing. Singing has been observed to have a positive impact upon people with Parkinson’s, half of whom experience problems with their voice.689 Parkinson’s UK maintains a database of singing activities for people with Parkinson’s.690 Among these is Skylarks in Canterbury, about which the Sidney De Haan Research Centre has commissioned a short film.691

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. This programme draws upon a classical and contemporary repertoire to provide weekly classes for people with Parkinson’s, their family, friends and carers at a charge of £5 per session. Since 2012, with the support of PHF, the model has been extended into areas covered by 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.692 As might be expected, participants’ physical condition regressed 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.693

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.694 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.695 Various groups have been set up around the country to encourage singing so as to improve breath support, and 85 percent of patients reported a positive impact on inhaled medication, including steroids, since joining a singing group.696

The British Lung Foundation has embraced the health and wellbeing benefits of singing for chronic lung conditions.697 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.698

A 2013 study showed a connection between singing – as a form of guided breathing – and heart rate.699 A 2014 analysis of cystic fibrosis patients pointed to the beneficial impact of singing on respiratory function and psychological wellbeing.700 Scottish Opera and Gartnavel General Hospital’s Cystic Fibrosis Service collaborated on Breath Cycle, funded by Wellcome and Creative Scotland, a pilot investigation into the impact of classical singing techniques on pulmonary function. As a result of fortnightly lessons with an opera singer over 12 weeks, patients reported increased psychological wellbeing.701

Cancer affects one in three of us, approaching one in two, but survival rates are improving. Both music therapy (active engagement with music) and what is sometimes referred to as music medicine (listening to pre-recorded music) have been observed to diminish the physical and emotional suffering of cancer patients and the side effects of its treatment. A Cochrane Review identified 52 randomised and quasi-randomised controlled trials investigating the relationship between musical interventions and the physical and psychological effects of cancer.702 This found that musical 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,703 with technical satisfaction, aesthetic beauty and pleasure being implicated in the reduction of symptoms. 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.704 Analysing data from over 21,000 patients, major depression was found to be most prevalent among patients with lung cancer (13.1 percent) followed by gynaecological cancer (10.9 percent) and breast cancer (9.3 percent). The aforementioned Cochrane Review found that musical interventions may have a beneficial effect on anxiety in people with cancer and a moderately strong positive impact upon depression. In South Wales, Tenovus Cancer Care engaged musicians to lead choirs for people affected by cancer.705

Another Cochrane Review explored the stress-reducing impact of music in coronary heart

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.

Over a fortnight, professional musicians led intensive music-making sessions with stroke survivors and their carers for two days, interspersed with one-day sessions led by HICSS staff who had been specially trained in musical leadership by the RPO.689 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 said the sessions relieved their symptoms, citing improved sleep, reduced anxiety and fewer dizzy spells and epileptic episodes. The same proportion of patients indicated that the project conferred cognitive benefits, including improved concentration, focus and memory, and they felt that the project provided emotional benefits, citing increases in confidence, morale and a renewed sense of self. Added to this, 71 percent of patients achieved physical improvements, including walking, standing, upper arm strength and increased stamina, while 91 percent of patients reported social benefits, including enhanced communication skills and relationships. Each of the carers involved reported improvements in their own wellbeing, by virtue of respite from their role as a carer and better relationships with their relative.690
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. In the management of cardiovascular disease, researchers have found that the tempo of music influences heart rate and blood pressure. 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 preoperative 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’. 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.

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. 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.

Listening to music and singing diminishes the physical and psychological effects of cancer and coronary heart disease.
justice system are well above the average experienced by the general population. It is estimated that up to 90 percent of prisoners have mental health problems, including anger, anxiety, depression, and substance misuse, likely to be exacerbated by being in prison. Rates of self-harm and suicide in prisons in England and Wales are at an all-time high. Over 70 percent of prisoners, 14 and 25 times the level in the general population. This grim reality is reflected in several reports, from the Five Year Forward View for Mental Health to Investing in Recovery. DH’s Investing in Recovery set out plans to introduce a national liaison and diversion service, so that the mental health needs of prisoners could be identified sooner and the necessary support provided. Next Steps on the Five Year Forward View pointed to mental health provision for people in secure and detained settings being put in place during 2017.

Re-offending costs the Government between £9.5bn and £13bn per year. Much of the literature surrounding criminal justice and the arts focuses on desistance – the process of personal growth through which offenders may become non-offenders. This concept implies consideration of identity and selfhood over an extended period. As Lord Ramsbotham put it at an Inquiry Meeting, the self-esteem that comes from taking part in arts activities is likely to strengthen desistance, as a stepping stone rather than an end in itself. The provision of opportunities to participate in arts activities in criminal justice settings has been shown to carry economic benefits. The APPGAHW, in conjunction with the National Criminal Justice Arts Alliance (NCJAA), has looked at the role of the arts in improving health and wellbeing. At the round table on Arts, Health and Wellbeing in the Criminal Justice System, Head of Health in the Justice System for NHS England, Hong Tan, told us that the criminal justice system is all about addressing inequalities and drew attention to the success of arts interventions in achieving constructive participation. She singled out the work of Geese Theatre Company with people with learning disabilities in a young offenders’ institution (HMP Aylesbury).

Also at the round table, a former prisoner, Arthur, set the scene:

If you are sent into prison, it is a truly remarkable and challenging experience. And ultimately you need some way of expressing that. I don’t need to tell anyone that there’s a crisis in terms of self-harm, in terms of violence. Ultimately, these are pockets of trapped individuals with limited skills in terms of coping mechanisms, in an environment where it’s not socially acceptable perhaps to talk about their feelings. So expressing these things is really important. For me, my art became a way of externalising certain emotions, certain thoughts and almost stabilising them. So, once I got them out there onto a canvas, it felt like that took up less space in my head perhaps. And there was a physical distance between me and them, and that made it much more easy to manage them.

In this way, the arts enable greater insight and expression among people facing otherwise unbearable crisis.

At the same event, Professor Sarah Colvin outlined three things that happen when prisoners engage in arts projects: their relationship with themselves changes; their relationship with others changes; their relationship with education changes. In the process, she corrected a common misapprehension: ‘There’s a soft option or something’.

The art therapy groups are 75 minutes long and are mindful of military culture and shaped by a framework of short-stay admissions. Art therapy supports veterans who may respond to a non-verbal approach by connecting with the particular qualities inherent in art-making such as symbolic and sensory expression. In this way, veterans are able to connect with and express emotions that they may find difficult to put into words.

The art therapy groups are 75 minutes long and comprise free art-making, in response to a theme, followed by a discussion. Post-session group reflection on what has been created promotes insight, incorporates adaptive information and aids the development of a meaningful narrative of trauma. Between 2012 and 2014, 87 percent of veterans who completed the programme saw a reduction in their PTSD symptoms as well as improvements in understanding their trauma-related cues. By contrast, art therapy is perceived as an insight-oriented psychological treatment that accesses non-verbal areas of the brain associated with emotions, imagery and bodily sensations.

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.

In the criminal justice system, arts participation aids self-reflection and empowerment, leading to better health and wellbeing.
managing their mental health and self-care and stimulate personal change and growth. At the round table, Eleanor, a student at Clean Break, overcame her nerves to relay powerfully her experience of self-exploration, through role-play and drama, in safe, non-judgemental space. Echoing the sense of disenfranchisement articulated by the writers of the Homeless Library in the previous chapter, she conveyed the impact of traumatic life events and addiction to connection and bonding, and told of how this experience had given her the freedom to believe in the possibility of a better life again.

Jessica Plant, manager of the NCJAA, noted at the round table that people’s experience of the arts in prisons was contextualized in many studies held in the Homeless Library, where prisoner-artist partnerships have been a key element. While there is a need for further research, there is sufficient evidence from case studies and evaluations of a range of arts interventions to inform policy. Embedding the arts in programmes for education and health would add value, enhancing job prospects and improving health and wellbeing. As the first few weeks after release from prison are particularly vulnerable, there is scope for preventative arts programmes in the community.

75 Post-Traumatic Stress

The Government’s mandate to the NHS subscribes to the ‘person as patient’, which requires that all those who have been physically or mentally injured while in military service are cared for in a way that respects the nation’s moral obligations to them.3 Yet, Only half of veterans of the armed forces experiencing mental health problems like Post Traumatic Stress Disorder [PTSD] seek help.

In the USA, ‘policy recommendations have been put in place to ensure that provision was made available and evaluation was strengthened. Next steps on the Five Year Forward View announced the inception of Transition, Intervention and Liaison mental health services for veterans, which will be available in four areas of England from April 2017. The NICE guidance for PTSD recommends that all sufferers are offered a ‘course of trauma-focused psychological treatment (trauma-focused cognitive behavioural therapy or eye movement desensitisation and reprocessing), while the arts are not mentioned. The case study focused cognitive behavioural therapy or eye focused psychological treatment (trauma-focused cognitive therapy), which has contributed to the dissociation could be resolved by using the creativity of the right brain and the skills of the left brain, forcing the two halves to communicate with each other. In the USA, ‘policy recommendations have promoted the inclusion of creative arts therapies within healthcare teams across the military continuum from pre-deployment/active duty status to post-deployment reintigration and veteran status’, which has contributed to the expansion of arts therapies in a military context and their funding by the National Arts (NACE). At the round table, another veteran, Jason, sketched a world in which people were trained not to show weakness. An eloquent advocate of the arts as the ‘notion of a community that provides a sense of meaning and purpose, of belonging and safety’, he spoke of the value of creative arts therapies in improving the quality of life for people with PTSD. The House of Lords Select Committee on the Long-term Sustainability of the NHS has identified the importance of ‘access to any comprehensive national long-term plan’ 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 overhaul of the NHS workforce is needed for medical recruits is desperately needed’.3

Literature reviews examining the use of arts-based interventions in healthcare show mixed results, but the arts are not mentioned. The case study focused cognitive behavioural therapy or eye focused psychological treatment (trauma-focused cognitive therapy), which has contributed to the dissociation could be resolved by using the creativity of the right brain and the skills of the left brain, forcing the two halves to communicate with each other. In the USA, ‘policy recommendations have promoted the inclusion of creative arts therapies within healthcare teams across the military continuum from pre-deployment/active duty status to post-deployment reintigration and veteran status’, which has contributed to the expansion of arts therapies in a military context and their funding by the National Arts (NACE). At the round table, another veteran, Jason, sketched a world in which people were trained not to show weakness. An eloquent advocate of the arts as the ‘notion of a community that provides a sense of meaning and purpose, of belonging and safety’, he spoke of the value of creative arts therapies in improving the quality of life for people with PTSD. The House of Lords Select Committee on the Long-term Sustainability of the NHS has identified the importance of ‘access to any comprehensive national long-term plan’ 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 overhaul of the NHS workforce is needed for medical recruits is desperately needed’.3

Literature reviews examining the use of arts-based interventions in healthcare show mixed results, but the arts are not mentioned. The case study focused cognitive behavioural therapy or eye focused psychological treatment (trauma-focused cognitive therapy), which has contributed to the dissociation could be resolved by using the creativity of the right brain and the skills of the left brain, forcing the two halves to communicate with each other. In the USA, ‘policy recommendations have promoted the inclusion of creative arts therapies within healthcare teams across the military continuum from pre-deployment/active duty status to post-deployment reintigration and veteran status’, which has contributed to the expansion of arts therapies in a military context and their funding by the National Arts (NACE). At the round table, another veteran, Jason, sketched a world in which people were trained not to show weakness. An eloquent advocate of the arts as the ‘notion of a community that provides a sense of meaning and purpose, of belonging and safety’, he spoke of the value of creative arts therapies in improving the quality of life for people with PTSD. The House of Lords Select Committee on the Long-term Sustainability of the NHS has identified the importance of ‘access to any comprehensive national long-term plan’ 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 overhaul of the NHS workforce is needed for medical recruits is desperately needed’.3

Literature reviews examining the use of arts-based interventions in healthcare show mixed results, but the arts are not mentioned. The case study focused cognitive behavioural therapy or eye focused psychological treatment (trauma-focused cognitive therapy), which has contributed to the dissociation could be resolved by using the creativity of the right brain and the skills of the left brain, forcing the two halves to communicate with each other. In the USA, ‘policy recommendations have promoted the inclusion of creative arts therapies within healthcare teams across the military continuum from pre-deployment/active duty status to post-deployment reintigration and veteran status’, which has contributed to the expansion of arts therapies in a military context and their funding by the National Arts (NACE). At the round table, another veteran, Jason, sketched a world in which people were trained not to show weakness. An eloquent advocate of the arts as the ‘notion of a community that provides a sense of meaning and purpose, of belonging and safety’, he spoke of the value of creative arts therapies in improving the quality of life for people with PTSD. The House of Lords Select Committee on the Long-term Sustainability of the NHS has identified the importance of ‘access to any comprehensive national long-term plan’ 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 overhaul of the NHS workforce is needed for medical recruits is desperately needed’.3

Art therapy unlocks pathways to recovery from post-traumatic stress while participatory arts aid the transition from military to civilian life.
history or philosophy of medicine or medical ethics.768 Themes explored within this discipline include the aesthetics and narratives of medicine and conceptualisations of health and illness. Although this field has been drawn on in medical humanities to highlight some of the deficits within medicine and healthcare, there is scope for medical humanities academics to be more aware of arts and health work and for more embodied approaches to be adopted in medical education.769 The arts can make a powerful contribution to the education and development of healthcare professionals at undergraduate and postgraduate level, and to professional development training.

### 7.7.1 Undergraduate and Postgraduate Education

The examples of undergraduate and postgraduate training provided in this section are primarily taken from medical schools, because this is where most progress has been made, often at the instigation of an enthusiastic medical educator with a passion for the arts and humanities but not necessarily an academic background.

At Plymouth University Peninsula Schools of Medicine and Dentistry and Exeter School of Medicine, the integrated medical humanities programmes are part of the medical curriculum, and specialist medical humanities academics are part of the faculty. A new curriculum at Bristol Medical School seeks to embed medical humanities in a similar way, and Dr Louise Younie, GP, has connected students with arts projects based at her surgery. There are many examples of universities that have both medical schools and medical humanities departments, which overlap or elaborate 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 doctors about how arts can be used in healthcare.770

In 2012, Jane Cummings, the Chief Nursing Officer for England, and Viv Bennett, Director of Nursing at DH and Lead Nurse at PHE, published a report, Delivering with confidence: a new approach to health and care, which valued staff health and wellbeing had better patient outcomes, higher levels of patient satisfaction, better staff morale and lower rates of sickness absence.771

With over 1.3 million staff, the NHS is one of the UK’s largest employers. A review of health and wellbeing was commissioned by Andrew Lansley and Simon Stevens in 2009, which valued staff health and wellbeing had better outcomes, higher levels of patient satisfaction, better staff morale and lower rates of sickness absence.

### 7.7.2 Improving Staff and Patient Wellbeing

The Royal College of Physicians has made explicit the relationship between staff health and patient care.772 The workforce strand of STPs will be crucial to influencing the public’s health from a preventative perspective. In September 2016, NHS Chief Executive Simon Stevens announced a major drive to improve and support the health of healthcare staff, dealing with burnout and stress, diet, exercise and physical and mental health.773 In February 2016, NHS England’s Health as a Social Movement programme was set to work with 32 CGGs, five major acute NHS Trusts and their charities across London to address workplace health and wellbeing.

Fifty-one percent of ambulance staff and 43 percent of mental healthcare staff cite work-related stress as the reason for their absence from work.774 A study of emergency service workers in Canada found that attending cultural events during leisure time is beneficial to wellbeing.775 Cultural events included concerts, ballet, theatre and museums, and were found to be means of coping with stress.776 This suggests that arts attendance may be particularly useful in

---

**Chapter 7: Arts, Health and Wellbeing Inquiry Report**

---

The arts have a contribution to make to the committed, compassionate and caring health service envisaged in the Francis Inquiry, making them central to training and development.

---

offered to trainee nurses in FNFNM: more recently, a separate module has been offered to midwives, and both have proven very popular with students. Over the same period, Arts Care has been running the Arts in Health Education training and research development programme. This facilitates access to expert education and training in the role of the arts in healthcare for healthcare professionals, family and professional carers, nursing and medical staff and artists.

In many cases, the arts and humanities enter into the training of healthcare professionals on an optional basis with little or no assessment. This will need to be addressed if the arts are to gain a firmer foothold within health, and we hope that the General Medical Council (GMC) and medical royal colleges will recognise the importance of the arts in education and continuing professional development. This might be dovetailed with efforts to introduce social prescribing into the medical curriculum. Public health training - centred on a shared understanding of health and wellbeing, communication skills, since 2000, 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 curricula, professional development within NHS trusts and public events. Practical courses - delivered by associate artists from backgrounds including dance, theatre, voice coaching and sculpture - focus on a range of clinically applicable skills, such as verbal and non-verbal communication, 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 GSTG) 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 in Engagement and Simulation Science. Professor Kneebone runs the UK’s only Masters of Education (MEd) course in Surgical Education, which involves students from the social sciences, humanities and the creative arts in the learning of surgeons. Underlying both teaching and research is the aim of developing communication, spatial awareness, leadership skills, such as non-verbal and verbal communication, 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.

---

An example of the latter is provided by Creative and Therapeutic Activities in Health and Social Care, a unit offered at her surgery, which gave rise to a conversation about the arts and social policies and the potential of the arts in health and social care.

In 2012, Jane Cummings, the Chief Nursing Officer for England, and Viv Bennett, Director of Nursing at DH and Head Nurse at PHE, published a report, Delivering with confidence: a new approach to health and care, which valued staff health and wellbeing had better patient outcomes, higher levels of patient satisfaction, better staff morale and lower rates of sickness absence.

---

A three-month pilot course for trainee nurses in FNFNM; more recently, a separate module has been offered to midwives, and both have proven very popular with students. Over the same period, Arts Care has been running the Arts in Health Education training and research development programme. This facilitates access to expert education and training in the role of the arts in healthcare for healthcare professionals, family and professional carers, nursing and medical staff and artists.

In many cases, the arts and humanities enter into the training of healthcare professionals on an optional basis with little or no assessment. This will need to be addressed if the arts are to gain a firmer foothold within health, and we hope that the General Medical Council (GMC) and medical royal colleges will recognise the importance of the arts in education and continuing professional development. This might be dovetailed with efforts to introduce social prescribing into the medical curriculum. Public health training - centred on a shared understanding of health and wellbeing, communication skills, since 2000, 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 curricula, professional development within NHS trusts and public events. Practical courses - delivered by associate artists from backgrounds including dance, theatre, voice coaching and sculpture - focus on a range of clinically applicable skills, such as verbal and non-verbal communication, 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 GSTG) 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 in Engagement and Simulation Science. Professor Kneebone runs the UK’s only Masters of Education (MEd) course in Surgical Education, which involves students from the social sciences, humanities and the creative arts in the learning of surgeons. Underlying both teaching and research is the aim of developing communication, spatial awareness, leadership skills, such as non-verbal and verbal communication, 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 GSTG) and courses for foundation-year doctors at Royal United Hospitals in Bath.

In 2012, Jane Cummings, the Chief Nursing Officer for England, and Viv Bennett, Director of Nursing at DH and Head Nurse at PHE, published a report, Delivering with confidence: a new approach to health and care, which valued staff health and wellbeing had better patient outcomes, higher levels of patient satisfaction, better staff morale and lower rates of sickness absence.

---

A three-month pilot course for trainee nurses in FNFNM; more recently, a separate module has been offered to midwives, and both have proven very popular with students. Over the same period, Arts Care has been running the Arts in Health Education training and research development programme. This facilitates access to expert education and training in the role of the arts in healthcare for healthcare professionals, family and professional carers, nursing and medical staff and artists.

In many cases, the arts and humanities enter into the training of healthcare professionals on an optional basis with little or no assessment. This will need to be addressed if the arts are to gain a firmer foothold within health, and we hope that the General Medical Council (GMC) and medical royal colleges will recognise the importance of the arts in education and continuing professional development. This might be dovetailed with efforts to introduce social prescribing into the medical curriculum. Public health training - centred on a shared understanding of health and wellbeing, communication skills, since 2000, 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 curricula, professional development within NHS trusts and public events. Practical courses - delivered by associate artists from backgrounds including dance, theatre, voice coaching and sculpture - focus on a range of clinically applicable skills, such as verbal and non-verbal communication, 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 GSTG) 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 in Engagement and Simulation Science. Professor Kneebone runs the UK’s only Masters of Education (MEd) course in Surgical Education, which involves students from the social sciences, humanities and the creative arts in the learning of surgeons. Underlying both teaching and research is the aim of developing communication, spatial awareness, leadership skills, such as non-verbal and verbal communication, 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 GSTG) and courses for foundation-year doctors at Royal United Hospitals in Bath.
improving staff wellbeing, which then has an impact on patient wellbeing and outcomes. In addition to this, Art therapy-based interventions can bring much needed creativity to address work-related stress and well-being.785

Strategies to counter burnout have focused on improving the health and wellbeing of staff outside work. A £450m NHS initiative, operational from 2017, aimed to promote healthy staff lifestyles.786 None of the three pilot sites for this initiative has embraced the arts, but there would seem to be room for doing so. A Taiwanese RCT looking at the effect on nursing students of listening to music twice a week for ten weeks found a statistically significant decrease in depression.787

During the Inquiry, a case was made for out-of-hours reading groups and creative arts groups to be organized for staff.788 Self-care is increasingly seen as an essential part of daily professional practice, and it is beginning to feature in wellbeing-based strategies in different contexts. Within the workplace, self-care contributes to creating a caring environment. In turn, there is scope for artworks made by health and social care contributors to be used to teach these skills.789

There are upwards of 3,600 arts therapists in the UK and a growing number of courses training arts therapists to work in specific ways with patients, such as music therapists working with lung health through singing.790 Arts therapists are accredited by the HCPC and recognised as Allied Health Professionals (AHPs), and there is a growing call for AHPs to become involved in transforming health and care.791 At present, funding constraints limit access to continuing professional development for arts therapists compared to their medical and AHP colleagues.

Artists who find their way to working in the field of health are not infrequently people who have rejected the competitive professional arts world. The artists of the Hospitals Arts Team that formed in Manchester in the 1990s, for example, describe how they were drawn to healthcare, arts in medicine, the working conditions of forging a musical career are traumatic.792 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.793

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 Killic, a poet and former teacher who took part in the round table on Arts and Dementia, also noted that practitioners needed proper training and 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 arts can be applied in various settings, such 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.
Gugliani and funded by Wellcome, Summerfield Trust and Gloucestershire Hospitals NHS Trust. The event brings together artists, scientists, writers, theologians, poets, patients, philosophers, musicians, politicians and doctors. In a contribution to the Inquiry, the organisation made a succinct statement which contains resonance for our work:

We contend that good medicine cannot be understood simply as a sound evidence base for the right technical decisions and interventions; it demands more from the practitioner, a wider kind of knowledge characterised by: empathy, morality, the recognition of human suffering and wisdom. These attributes are not always prioritised in the selection and training of healthcare professionals. Further, there is a hiatus of trust, understanding and expectation between medicine and society around the possibilities and limits of medicine. […] We contend that arts and humanities can illuminate this perspective, bring us to debate and foster awe, wonder and perhaps humility.

At Imperial College, Professor Kneebone leads a creative research group, made up of clinicians, scientists and artists, which coordinates arts-based public engagement projects. Aiming to examine medicine beyond the medical environment, events have included pop-up operating theatres involving audience members in the simulation of surgical procedures at more than 100 scientific and literary festivals. The Sick of the Fringe is a ‘celebration of the body – its problems and potential’. 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.
Sophie McKean, Artist Facilitator on Age Connect’s cARTrefu programme delivering art residencies in care homes across Wales, Emral House care home, Wrexham
Photographer: Tony Lowe
“I have always believed that arts need no other justification than their own intrinsic value, their capacity to lift the spirit and give us experiences of transcendent and inspirational power. And that remains true. But there are adjacent benefits that hold particular force in the lives of the elderly.”

Baroness Bakewell, Ageing Artfully, 2009

In the developed world, people are living longer than ever before. Over the past two centuries, life expectancy has increased by two years every decade, meaning that half of people being born in the West can expect to reach 100. 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.

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 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 policy areas the report identified for ensuring 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, loving, 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.

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 the promotion of local and national arts festivals and cultural activities to older people.

The Welsh Government’s Strategy for Older People in Wales 2013–23 set out a vision for improving social, economic and environmental wellbeing as key components in building a good quality of life. Advocating lifelong learning and other activities, the strategy made mention of the arts and creative activities. Specifically, it promoted the ‘participation of older people in the arts throughout the year’, with the aim of enhancing the ‘mental and emotional health and 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.

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 2014–21 included the provision that older people were randomly assigned to one of these groups or community singing. Five new singing groups were set up in East Kent, and volunteers aged over 60 committed that discouraged inactivity; raised antidote to cognitive decline; provided a regular breathing, which counteracted anxiety and stress; offered social support, helping to overcome loneliness and isolation; and increased 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 commitment that discouraged inactivity; raised the spirits and made people happy.
should have access to the cultural resources of society, but it made no recognition of the value of arts participation. In 2009, the Government published Building a Creative Nation, 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. A report by the NEA finds that:

Design and visual arts play an important role in the well-being and quality of life for older people. The design of residential buildings for older people ‘can help to maintain or improve quality of life and quality of social interaction, physical activity, cognitive stimulation, and emotional well-being of residents. The landscape, traffic, flow, building materials, and design of activity hubs all contribute to the success or failure of a residential facility as a thriving community.’

Between 12 January and 13 February 2017, the New Old exhibition at the Design Museum – curated by the Helen Hamlyn, Professor of Design at the RCA and supported by the Helen Hamlyn Foundation – examined ways in which designers could help to meet the challenges of rapidly ageing society. In the visual arts, the focus tends to be on youth, and even relatively successful artists become less visible as they age, yet the argument is made that both visibility and value could be enhanced through the arts.849

In the USA, the late Dr Gene Cohen led the Creative 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 music, dance, theatre, drawing, 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.850 Dr Cohen later reviewed research suggesting that social, psychological, and neurobiological mechanisms were at play.851

The Mental Health Foundation advises reading books and playing musical instruments as a way to preserve mental health in older age.852 In chapter six, we saw that children who learn to sing before the age of 15,000 respondents was analysed against 40 wellbeing indicators drawn from the Understanding Society survey. This found that, of those older people experiencing the lowest wellbeing, 80 per cent had not achieved a GCSE qualification, underlining the connection between educational level and wellbeing. Engagement in creative and cultural activities was found to be the highest contribution to overall wellbeing.853 This suggests that, in seeking to improve quality of life, policymakers and frontline service providers should include the arts in their strategies.

In February 2017, Age UK published work on wellbeing in later life. Data gathered from more than 15,000 respondents was analysed against 40 wellbeing indicators drawn from the Understanding Society survey. This found that, of those older people experiencing the lowest wellbeing, 80 per cent had not achieved a GCSE qualification, underlining the connection between educational level and wellbeing. Engagement in creative and cultural activities was found to be the highest contribution to overall wellbeing.853 This suggests that, in seeking to improve quality of life, policymakers and frontline service providers should include the arts in their strategies.

In chapter six, we saw that children who learn to play a musical instrument benefit from better aural processing and speech perception than their non-musical peers. A research team led by Professor Nina Kraus, Director of the Auditory Neuroscience Laboratory at Northwestern University in Illinois, has found that lifelong engagement with music improves the ability of older people to differentiate speech from background noise, which is a common difficulty, caused by the slowing of neural activity in the midbrain.854 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.855 The What Works Centre for Wellbeing review of literature analysing the relationship between music, singing and wellbeing in healthy adults found that:

Regular group singing can enhance morale and mental health-related quality of life and reduce loneliness, loss of independence, depression in older people compared with usual activities. Participatory singing can maintain a sense of wellbeing and is perceived as both acceptable and beneficial for older participants. Engagement in music activities can help older people to connect with their life experiences and with other people, and be more stimulated. Singing can maintain a sense of wellbeing in healthy older people.856

A large-scale mixed-methods study funded by the Baring Foundation and conducted by Live Music Now between June 2015 and July 2016 looked at the impact of singing on older people in care homes.857 This resulted in the establishment of a consortium, with academic research led by

### 8.2 Dance and Falls Prevention

People are likely to become more sedentary as they age, but dance provides a form of aerobic exercise that can be adapted to individual capabilities. Dance has physical health benefits, including improvements in balance, strength, gait, posture and social connections. This has been demonstrated in a study of older people with Parkinson’s disease who improved the health and wellbeing of older people.858

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.

Professor Clift. A literature review found that research on group singing for older people shows convincingly that singing can be beneficial for older people. This suggested an overarching recommendation indicated by the project’s title – A Choir in Every Care Home – which has been heeded in a programme endorsed by the LGA.

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.859 Another Baring Foundation report documents a significant number of organisations, across the UK, that have engaged in participatory arts to older people – in their own homes or through community organisations, hospitals, hospices, day centres or nursing homes – with many more organisations having a strand of work for older people as part of a larger remit.860 A further report looks at the position of local authorities in securing a creative and healthy older age for their populations by exerting their combined responsibilities for the arts, public health and wellbeing, social inclusion, community cohesion and older people’s services.861 This is echoed by the LGA strategy for healthy ageing, which recognises social prescribing and the arts.862 To demonstrate the contribution of the arts to healthy ageing and beyond, a handful of examples will be considered in this chapter, considering the account of Age-Friendly Cities and Communities given in chapter five. This evidence suggests that local authorities and public health, the RSPH and the FPHT should promote engagement in creative activity as a component of successful ageing.

### 8.2 Dance and Falls Prevention

Dancing strengthens balance and posture, sharpens mental acuity and reduces the likelihood of falls.
of dancing per week for six months by healthy older people has been shown to benefit cognitive, tactile and motor performance while proving engaging and popular.\textsuperscript{864} Dance to Health, a falls prevention exercise programme for older people (aged 60 to 95), is being piloted by Aesop in partnership with ACE NPOs specialising in dance in Cheshire, London and Oxfordshire, with funding from a range of sources.\textsuperscript{865} Trained dance artists embed physiotherapy in regular, fun, sociable and creative dance. The programme is aimed at both primary and secondary prevention – in other words, at those who are at high risk of experiencing their first fall and those who have already had a fall. Evaluation has shown completion rates of 72 percent, which potentially represents better cost-effectiveness than NHS falls prevention exercises with much lower retention rates. In recognition of their physical and mental health benefits, Age UK supports dance classes for older people,\textsuperscript{866} but demand outstrips supply.\textsuperscript{867}

8.3 Combating Social Isolation

Age UK estimates that 1.2 million older people in the UK are chronically lonely.\textsuperscript{868} The Marmot Review found that social participation increases healthy life expectancy. Social participation in older age is considered even more beneficial for health than giving up smoking.\textsuperscript{869} 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.\textsuperscript{870} 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.\textsuperscript{871}

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.\textsuperscript{872} 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.\textsuperscript{873} On the strength of the evidence, the Jo Cox Commission on Loneliness, founded in 2017, might consider arts approaches when developing its work.\textsuperscript{874}

Engagement in arts activities helps to overcome social isolation, acting as a 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.\textsuperscript{875} 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, which 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.\textsuperscript{876}

**Staying Well**

In November 2014, the Staying Well project was set up across the area covered by Calderdale Metropolitan Borough Council, which is made up of semi-rural areas peppered with population centres containing diverse communities and areas of deprivation.\textsuperscript{877}

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.\textsuperscript{878} 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 progressive increase in psychological wellbeing accords with some upward trend in social inclusion.

Dulwich Picture Gallery is located in the London Borough of Southwark, which has an unemployment rate of two and a half times the national average and a 30 percent minority ethnic population. Since 2005, the gallery has run the ‘Good Times: Art for Older People’ programme, which 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 art workshops (visual art, dance and drama, 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 carers in the educational activities. Evaluated by researchers at the Oxford Institute of Population Ageing, the programme has been found to have impacts ranging from mental stimulation to increased confidence and a positive outlook.

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 museums now have a part to play 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 40 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 in care homes are depressed. NHS help for depression, and suicide rates are higher among older people than in the general population. People with depression have a 50 percent higher risk of early death than their contemporaries without depression, which is comparable to the risk associated with smoking; in the over-65s, this risk jumps to 75 percent.

The Commission on Residential Care, chaired by Rt Hon, Paul Burstow MP, placed an emphasis on self-determination, self-reliance, fun and community bonding in the homes, and social care being included in enabling people to live full and meaningful lives. She identified the best care homes to be ‘flexible and responsive to people’s individual needs and preferences, finding creative ways to enable people to live a full life’.

In its work with older people, the Baring Foundation has recognised the potential role of the arts in care settings across the NCF. This yielded a report, Creative Homes: How the arts can contribute to quality of life in residential care, which found that 82 percent of NCF homes were ‘most likely to encourage some form of arts activity, brightening care home environments and their grounds and improving quality of life’. The participating homes were seen to inspire residents and staff in care homes, helping to maintain physical health and flexibility as well as cognitive functioning and a sense of identity. Some examples of innovative participatory practice that we were told about as a result of the call for practice examples are mentioned here.

In 2012–13, the Wallace Collection was awarded funding from the National Institute of Adult Continuing Education and Community Learning Innovation Fund to develop a series of resource boxes for loan to care homes, with the aim of providing museum access to older people. Six themed loan boxes were created, containing reproduction images and objects, intended as a stimulus for discussion and appreciation. A booklet written for each theme, and a table with relevant digital content was included so that trained care home staff and volunteers could deliver their own sessions with residents. Sometimes a visit was made to a local museum. Beginning in London, the project was extended elsewhere in southern England, engaging more than 350 participants. The project stimulated and revived interest in the arts, inspired new conversations, ignited memories and improved wellbeing. It also demonstrated a hunger for arts-based activities among residents, employees and partner organisations to continue to use loan boxes as a popular part of their activity programmes.

In April 2015, Age Cymru began a two-year project to improve the wellbeing of care home residents through the participatory arts, jointly funded by the Baring Foundation and Arts Council Wales. Four lead mentors were recruited from performing arts (dance, drama, music, visual arts and writing (poetry, prose) to oversee the work of a further four practitioners in each art form. The 16 artists delivered weekly two-hour participatory sessions over a period of eight weeks in up to 128 care homes, reaching 3,000 residents and making 30 minutes cARTrefu the largest project of its kind in Wales. The project is being independently evaluated by the Dementia Services Development Centre Wales at Bangor University, which aims to explore the impact of the residencies on all those involved. Interim evaluation suggested improvements in residents’ wellbeing and the quality of care being provided by staff.

Also in April 2015, Magic Me, an arts charity mentioned by the Commission on Residential Care, began running a two-year programme of arts’ residencies, in partnership with Anchor, England’s largest non-profit care home provider, and four arts partners. Funded by PHP and Wakefield and Dudley Trust with a contribution from Anchor, the focus was on high-quality arts activity. At the Greenhve Care Home in Southwark, for example, Punchdrunk Enrichment used immersive design to transform a room into an English village square, complete with hedgerows, a post box and a pub. On a grassy area at the centre, a long white table was installed. Care home residents were invited to take a seat at the table and become part of the Greenhve Green committee, engaging in weekly creative activities related to village life. Interim evaluation showed the project to have been popular with participants and carers alike, in the care environment. We support the proposal of artists’ residencies in every care home by Alice Thwaites from Equal Arts.

In May 2016, CQC published a five-year strategy highlighting the importance of person-centred care. CQC Chief Inspector of Adult Social Care, Andrea Sutcliffe, placed an emphasis on ‘secure culturally stimulating environments for social care being included in the CQC guidance. Care home providers are being encouraged to take an active role in creative homes, and several of the projects will be sharing their work of a further four practitioners in each art form. The 16 artists delivered weekly two-hour participatory sessions over a period of eight weeks in up to 128 care homes, reaching 3,000 residents and making cARTrefu the largest project of its kind in Wales. The project is being independently evaluated by the Dementia Services Development Centre Wales at Bangor University, which aims to explore the impact of the residencies on all those involved. Interim evaluation suggested improvements in residents’ wellbeing and the quality of care being provided by staff.

Also in April 2015, Magic Me, an arts charity mentioned by the Commission on Residential Care, began running a two-year programme of artists’ residencies, in partnership with Anchor, England’s largest non-profit care home provider, and four arts partners. Funded by PHP and Wakefield and Dudley Trust with a contribution from Anchor, the focus was on high-quality arts activity. At the Greenhve Care Home in Southwark, for example, Punchdrunk Enrichment used immersive design to transform a room into an English village square, complete with hedgerows, a post box and a pub. On a grassy area at the centre, a long white table was installed. Care home residents were invited to take a seat at the table and become part of the Greenhve Green committee, engaging in weekly creative activities related to village life. Interim evaluation showed the project to have been popular with participants and carers alike, in the care environment. We support the proposal of artists’ residencies in every care home by Alice Thwaites from Equal Arts.

In May 2016, CQC published a five-year strategy highlighting the importance of person-centred care. CQC Chief Inspector of Adult Social Care, Andrea Sutcliffe, placed an emphasis on ‘secure culturally stimulating environments for social care being included in the CQC guidance. Care home providers are being encouraged to take an active role in creative homes, and several of the projects will be sharing their
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, social, physical and creative aspects of life, are associated with slower cognitive decline in older adults. Diet, drinking, exercise and smoking also modify the risk of dementia. Older people who live in more deprived areas are more at risk of dementia than those who live in more affluent areas. While dementia is not confined to older adulthood and there are approximately 65,000 people under 65 living with dementia in the UK, onset is most common in older adulthood, with one in 14 people over the age of 65 developing it. It is the main cause of institutionalisation and, in the UK, an estimated 70 percent of care home residents. The rate of deaths with a mention of dementia has been steadily increasing in recent years, and is now more common than any other cause of death in the UK, including respiratory diseases, extending the length of people's lives, and accounting for a quarter of inpatients (3.2 million bed days). The annual cost of dementia to the UK is £26.3bn; this is expected to exceed £50bn over the next three years. The Five Year Forward View project at the Royal College of Music probed this preventative effect, and found that mild to moderate dementia ‘should be given the same level of care and admission to residential care for people with dementia'.

8.6.2 Cognitive Functioning

Dementia refers to a group of diseases that affect how people think, remember, reason, and communicate. It is a chronic and progressive condition, and can be accompanied by a range of symptoms, including memory loss, confusion, and changes in behavior. Dementia affects people of all ages, but is most common in older adults. In fact, the risk of developing dementia increases significantly with age, and it is estimated that one in three people over the age of 65 will develop dementia in their lifetime.

NICE and SCIE advocate that people with mild to moderate dementia should be given the opportunity to participate in a structured group cognitive stimulation programme. 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. 2014 study of post-retirement adults found that - as compared to a group engaged in art appreciation - participants who actively produced art over 10 weeks had a seven-fold increase in connectivity in the brain, which was related to stress reduction and psychological resilience. In 2015, researchers from the University of Manchester, who worked with BBC Two's Trust Me, I'm a Doctor to establish which activities boosted brain function. Healthy but fairly sedentary adults aged between 50 and 90 were randomised to groups of people undertaking brisk walking, Sudoku or life drawing. In terms of enjoyment, the art classes were the most popular.

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 £10bn. 20 percent of a person with dementia living at home rather than in residential care, savings of £341 per month (£12,976 per year) are made, if five percent of admissions could be delayed by a year, £25m would be saved. As already mentioned, research suggests that sustained later-life musical training enhances neural plasticity, potentially bolstering resistance to dementia. A study of the Rhythm for Life project exploring dementia and arts participation enhances brain function, improving resilience to dementia.

Delaying Onset

The rate of deaths with a mention of dementia has been steadily increasing in recent years, and is now more common than any other cause of death in the UK, including respiratory diseases, extending the length of people’s lives, and accounting for a quarter of inpatients (3.2 million bed days). The annual cost of dementia to the UK is £26.3bn; this is expected to exceed £50bn over the next three years. The Five Year Forward View project at the Royal College of Music probed this preventative effect, and found that mild to moderate dementia ‘should be given the same level of care and admission to residential care for people with dementia'.

Chair of the APPG on Dementia, Baroness Greengross, has said of people with dementia that ‘they are a forgotten group of people. The moment of diagnosis that their brain is degenerating, they should at the same time be directed to creative activity as cognitive rehabilitation.’ 2013 report of the City of Westminster provides an example of person-centred pathway-based care for people with dementia. Group sessions in the community introduce listening to music or singing into their daily routines. This found that both listening to music and singing improved mood, orientation and remote episodic memory and, to a lesser extent, attention, executive function and general cognition. Singing also enhanced short-term and working memory, and art over 10 weeks showed greater functional connectivity in the brain, which was related to stress reduction and psychological resilience.

In March 2012, the Prime Minister launched a dementia challenge, advancing a moral, as well as economic, argument for innovative research in this area. Gathering evidence of a positive effect of the arts upon people with dementia is difficult because the moment of onset is often uncertain and the condition worsens over time. Further research is needed in delaying onset and admission to residential care for people with dementia.

8.6.2 Cognitive Functioning

NICE and SCIE advocate that people with mild to moderate dementia should be given the opportunity to participate in a structured group cognitive stimulation programme. Dr Crutch advised us that, while cognitive stimulation therapy may make a statistically significant difference, creative activities make an existentially significant difference to the lives of people with dementia and their carers. A 2014 study of post-retirement adults found that – as compared to a group engaged in art appreciation – participants who actively produced art over 10 weeks had a seven-fold increase in connectivity in the brain, which was related to stress reduction and psychological resilience. In 2015, researchers from the University of Manchester, who worked with BBC Two’s Trust Me, I’m a Doctor to establish which activities boosted brain function. Healthy but fairly sedentary adults aged between 50 and 90 were randomised to groups of people undertaking brisk walking, Sudoku or life drawing. In terms of enjoyment, the art classes were the most popular. When it came to cognitive functioning, all the groups showed improvements, but the clear winners were the art group. The combination of learning something new, developing psychomotor skills and staying physically and socially active (standing while drawing or painting and socialising with others in the group) was thought to account for the benefit observed.

An RCT in Finland involved coaching the arts as an integral part of care, and introduced listening to music or singing into their daily routines. This found that both listening to music and singing improved mood, orientation and remote episodic memory and, to a lesser extent, attention, executive function and general cognition. Singing also enhanced short-term and working memory, and art over 10 weeks showed greater functional connectivity in the brain, which was related to stress reduction and psychological resilience.

A 2016 review of research into community-based literary, performing and visual arts for London, and the Arts Health and Wellbeing project exploring dementia and arts participation in care homes helps to safeguard mental health, wellbeing and independence in older people.
produced for developing reminiscence sessions in regional and national museums, on themes that encourage diverse participation, and the model has received national and international acclaim. However, remembering can be distressing and not all reminiscence programmes have been found helpful.90

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.

Reiniscence Arts & Dementia: Impact on Quality of Life (RADIQL)

Art Exchange’s project Reiniscence Arts & Dementia: Impact on Quality of Life (RADIQL) is a 24-week structured psychosocial intervention, developed over 30 years, which combines a reminiscence-based approach with arts activities.

Between 2012 and 2015, GSTC funded an LSE study of RADIQL, working with people diagnosed with dementia in 12 care homes in Lambeth and Southwark.94 Two specially trained artists encouraged the development of non-linear narratives from long-term memories, communicated through speech, drama, literature, song/utterances, art/craft, listening to/making music, handling objects/sensory materials/proportional to music or embodied through movement. A total of 35 people participated in the RADIQL programme of 30 sessions; six of the 12 care homes did not receive the intervention and thus formed a control group.

A report on the project by Royal Holloway University London (RHUL) notes that ‘Reiniscence 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 in a non-verbally through mark making and movement’.95 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 30 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 (£3,734 for a one-point change), mood and engagement (£1,253 for a one-point change), piling the way for a comparison with the cost of care without these improvements or a monetisation of the programme and the social engagement it facilitated.96

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 language enables communication. A 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’.97 Here, the focus is on engaging the creative capacity of people with dementia, rather than treating symptoms or addressing disease etiology.98

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”’.99 DH’s 2009 national strategy for living well with dementia made passing reference to arts therapy.100

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.101 Meet Me at MoMA focused on feelings rather than words and involved observation, description, interpretation and interaction. Evaluation showed an uplift in mood across all reported benefits, the cognitive capacities (attention and concentration) and medication in the group receiving music therapy.102 NICE advises that people with all types and severities of dementia who also experience agitation may be offered ‘therapeutic use of music and/or dancing’.103

Music in Mind is a creative music therapy initiative run by the Manchester Camerata chamber orchestra, which seeks to improve quality of life for people living with dementia and enhance communication, relationships and physical mobility and improve care practice through music-making. Evaluation showed that 67 percent of participants experienced reduced levels of anxiety, frustration or anger and diminished use of outpatient services and medication.104

Several quantitative and mixed-method studies have demonstrated a relationship between dementia and music.105 An overview of some of this evidence, alongside examples of practice, is provided in Arts & Dementia’s report, Music Resonating: Musicianship and access for early to mid stage dementia.106 Another useful overview of music and singing projects for people with dementia is provided by Age UK.107 The What Works Centre for Wellbeing review of music and singing in people with dementia pointed to a role for music listening in enhancing wellbeing.108

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.109 A UK equivalent is Meet Me at the Museum at the Pitt Rivers Museum, run by Oxford University Museums Partnership in collaboration with the Creative Dementia Arts Network, which offers monthly dementia-friendly access to the museum collections leading to co-produced exhibitions.110

Research validates this approach, with an analysis programme for people with dementia across 24 weeks, this means that, for every £1 spent on the RADIQL intervention, there is a return of £3.35 in QALYs. The benefits to quality of life outweigh the costs of the project on the accepted QALY measurement scale used by DH.

Across art forms, creative activity improves quality of life for people with dementia and their carers.

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.111 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.112 NICE advises that people with all types and severities of dementia who also experience agitation may be offered ‘therapeutic use of music and/or dancing’.113

Music for a While, a project led by Arts & Health South West in partnership with the Bournemouth Symphony Orchestra, provided music for people with dementia in three acute hospitals in Poole, Portsmouth and Winchester. The project was...
Chapter 8

8.6.5 Singing

A Choir in Every Care Home found that ‘Singing activity can positively engage people with dementia, regardless of severity from mild to late-stage’. 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. Alcindor added to this, group singing has been found to have a positive impact on the partners and caregivers of people with dementia.

In 2003, Alzheimer’s Society piloted Singing for the Brain in Newbury, Berkshire, combining singing and gesture in a social setting. Led by a trained singing therapist, the programme has been used to aid communication by strengthening neural pathways to the vocal and limbic systems, with the practice of singing and the songs being practised stimulating cognition; the immersive nature of sessions contributes to stress reduction, and their social aspects increase confidence and social interaction.

Singing for the Brain has been the subject of a short film, and the programme featured in a BBC Radio 4 documentary.

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’.

8.6.6 Dance

A Cochrane Review of evidence about dance movement therapy for people with dementia highlighted the connection between movement, thoughts, and feelings. The review found that dance movement therapy delayed cognitive deterioration while reducing challenging behaviour and enhancing appetite and mood; and improves interaction with others. External evaluation showed that the programme enhanced staff sensitivity to personhood and nurtured key skills for musicians working with people living with dementia.

8.6.7 Visual Arts

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

Supported by the Big Lottery Fund between July 2015 and May 2016, Drawing Life studied the impact of movement on the body. The research project was conducted at Dulwich Picture Gallery and at the Beaney Museum and Gallery in Canterbury, involving 66 people with early stage dementia and their carers. The project showed a significant increase in wellbeing for both people living with dementia and their carers compared to people with early- and middle-stage dementia. The main medium was charcoal, and two art teachers and involving an experienced social worker conducted a research study, using the same scale to examine the subjective wellbeing of 60 participants at the Turner Contemporary in Margate, compared people with early- and mid-stage dementia who handled museum objects. Results showed a significant increase in wellbeing for both stages of dementia, with those at an earlier stage showing the most difference. This led the research team, headed by Professor Camici, to feel confident that for most people with early- to middle-stage dementia, handling museum objects in a creative group environment increases subjective wellbeing and should be considered part of a health promotion strategy in dementia care.

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 a result of a project funded by the ESRC, this research programme is adopting a realist method to look at how and why art might improve life for people with dementia and their carers. At the same time, it is considering ways in which people with dementia might be better connected to their communities, and it has yielded an ‘artists’ handbook for research-informed approaches to visual arts programmes.

8.6.8 Digital Arts

A 2012 Baring Foundation report called Digital Arts and Older People distinguished between digital technology used for therapy (helping people to retain the capacity to think) and disseminate creative practice) and a medium (through which artwork is created). It also pointed to the personalised and multi-sensory experiences digital art offers people with dementia. A 2015 update presented case studies of the creative use of digital technology that highlighted the value of ‘House of Memories’ and the following example.

The Armchair Gallery – part of the Imagine project, delivered by a consortium in Nottingham behaviourally, improved mental well-being and enhanced the quality of life. The project used a range of digital technologies to engage people with dementia in a new creative activity. Participants used digital devices to explore and improve the quality of life.

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 a result of a project funded by the ESRC, this research programme is adopting a realist method to look at how and why art might improve life for people with dementia and their carers. At the same time, it is considering ways in which people with dementia might be better connected to their communities, and it has yielded an ‘artists’ handbook for research-informed approaches to visual arts programmes.
Chapter 8

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 expression in people with dementia and their carers in care homes across 10 states in the USA—resulting in participants to be more engaged and interactions between residents and staff to be more frequent and of better quality. In the UK, the Storybox Project is an exercise in creative story-making which engages, enlivens and empowers people living with a dementia alongside the people that support them. Originally funded as a pilot by Manchester City Council in 2010, the project was further developed with three years of funding from PHF and is now predominantly a commissioned project involving CGCs, public health teams and individual care homes.

Written and Spoken Word

While the use of a linguistic medium with people who are losing their words may seem counterintuitive, creative writing projects have generated good results. A collection of writings by people with dementia, with a foreword written by Jo Brand, was published in 2014 under the title Welcome to Our World. The book is full of personal reminiscences—of being evacuated from Ramsgate to Stafford during the war, and running classes for spies and murderers at Wormwood Scrubs. It provides an insight into the reality of living with dementia with Rose writing that “there are times when I really don’t know what I’m doing: ‘Why am I here, what’s happening?’ But we’ve got to keep going.” Controlled analysis of TimeSlips—a group storytelling programme that encourages creative expression in people with dementia and their carers in care homes across 10 states in the USA—found participants to be more engaged and interactions between residents and staff to be more frequent and of better quality. In the UK, the Storybox Project is an exercise in creative story-making which engages, enlivens and empowers people living with a dementia alongside the people that support them. Originally funded as a pilot by Manchester City Council in 2010, the project was further developed with three years of funding from PHF and is now predominantly a commissioned project involving CGCs, public health teams and individual care homes.

Dementia-Friendly Design

An estimated 2.5 per cent of people accessing acute hospital services have dementia. The busy hospital environment and disruption to routine can be unsettling, inducing confusion and anxiety, causing feelings of isolation and precipitating a decline in social and functional skills. In 2008, the King’s Fund submitted a report to DH, outlining ways in which learning from the EHE programme could be integrated into the health service and proposing to improve the environment of care for people with dementia. As a result, the King’s Fund was commissioned to oversee a group of researchers who were made to dementia care environments in 12 sites. Such dementia-friendly design was found to be associated with (a) self-agitation and the need for antipsychotic medication; promotion independence; improve nutrition, hydration and engagement in meaningful activity; encourage greater carer involvement; and improve staff morale, recruitment and retention. This led to cost savings and enhanced wellbeing among patients and staff, and these design recommendations were endorsed by the Royal College of Nursing. The report arising from the King’s Fund project specified a role for the arts in providing meaningful activity, enhancing familiarity and aiding way-finding and orientation.

In October 2012, the Secretary of State for Health announced the creation of a £50m Dementia Friendly Environments Capital Investment and Pilot Scheme for 2013–14, for local authorities working with social care providers to improve design. In the same year, Dementia Services Development Centre in Stirling launched the Virtual Care Home—an interactive online resource showing how dementia-friendly design could work in care settings or at home.
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.
End of Life

Dawne Solomons, Rocks, produced during an art therapy session with Michèle Wood at Marie Curie Hospice, Hampstead. With thanks to Dawne’s family.
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 artmaking’.997

In the palliative care environment, researchers have found that music therapy reduces anxiety, pain, tiredness and drowsiness998 and increases wellbeing.999 Psychotherapist Dr Christine Mason describes how unconscious, unresolved issues may exacerbate, or even cause, pain, and how the arts can help in raising levels of awareness and overcoming alienation from ourselves.999 Patient-directed art therapy in palliative care settings enables the expression of powerful, difficult emotions about dying, helping to relieve the psychological trauma of living with a terminal illness. Image-making is a form of communication that can enable new identities to be described and uncomfortable feelings left behind. People do not need experience to be able to benefit from this kind of psychological support; the process of making, the feelings aroused and the interaction with the therapist are what matter.1000

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’.999 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, by and large, arts take place in hospices,1002 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.
Dawne Solomons, An Art Therapy Journey

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

I had just had heart and lung surgery and was still in pain, and was having another round of chemotherapy. In other words, not in great shape really.

So I began art therapy. I never knew what I was going to draw so it was always a surprise to me when the pictures were finished, and then they were filed away and I forgot them.

Mostly talked during the sessions so the sketches were usually quickly finished and then my art therapist and I would always discuss them at the end of a session and what would emerge was often a surprise too. When we had a ‘review’ of the sketches I had made I was quite shocked and surprised to see them. I had forgotten what had prompted the drawings.

I have been in art therapy during three courses of chemotherapy, and I can see the progression, the journey if you like, starting with pain, then the struggle, the despair when it returned and I needed more chemotherapy, always the worry that it might return.

I try not to release my feelings with the drawings, never knowing what would appear on the paper, but after each sketch, with my therapist’s help, able to discern some hidden feeling, or discuss some real issue that often would only become apparent after the drawing was finished.

Art therapy isn’t about being able to draw. Some are very quick sketches, others more involved.

I have a deeper inner need to put my feelings on paper and I believe that it has helped me on an arduous and often impossible journey when I couldn’t express myself in any other way.

Journal entry 25/01/05
I see the cancer as black with long slimy tendrils, and veiled by red.
I see needles piercing skin, turning it black and red.
Knives thrust deep, huge splashes, torrents of red.

Journal entry 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.

Journal entry 09/06/05
In Art Therapy – there seems to be a ‘space’ in my drawings – at the life class too – why? I seem to be deliberately leaving a part of the page blank – is it to do with the first surgery? Taking everything out and leaving a space? Is it the void in my life?

Journal entry 01/07/05
I try not to think about what’s going on in my body – you can get so that every tiny twinge is a major catastrophe.

Journal entry 05/01/06
I did a huge violent drawing in Art Therapy. It’s how I felt.
How I’ve been feeling lately. Maybe something is changing, but I need to deal with these feelings, not bury them.


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

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 may have a positive impact upon death and dying for patients, their families, visitors and staff. Consultation revealed demand for a ‘home-like’ environment for the dying; grieving areas for the bereaved; appropriate religious and cultural spaces; and quiet spaces for staff. The document set out key issues that should be borne in mind by trusts, the strategic objectives they should aim to meet and the ways in which these may be integrated into design briefs.

In response to A Place to Die with Dignity and practical experience gained during the EHE programme, the King’s Fund launched a pilot across eight projects in England and Scotland known as Enhancing Care at the End of Life (RCEG), which ran between 2006 and 2008. A parallel literature review highlighted the importance of rooms at a machiastic scale, allowing private facilities for patients, overnight accommodation for family members and appropriate places for viewing the deceased.

This also highlighted the importance of access to nature – whether directly or through the window – and the potential soothing properties of colours and artworks. The focus of the consultative pilot projects was on mortuary viewing facilities, a bereavement room, palliative care rooms and patient rooms in a hospice. Among all the positive feedback these projects generated, a surprising amount of resistance was reported to changing preconceptions about appropriate environments for end-of-life care.

The literature review for ECOL observed that the connection between spirituality and end-of-life care was notable by its absence from discussions of environment. As physical failure becomes all too evident, the internal world of psyche, soul or spirit comes to the fore. Elaborating the spiritual side of palliative care, Mark Cobb, a senior chaplain and clinical director at Sheffield Teaching Hospitals NHS Foundation Trust, finds a link between the arts and the transcendent. He describes faith as a ‘space between’ external reality and ourselves, the realm of the abstract and
Environments for end-of-life care benefit from rooms of a domestic scale, overnight facilities for visitors, quiet spaces for family members and staff and soothing colours and artworks.

Chapter 9

Arts participation enables self-expression

Paul, blind cancer patient at Greenwich and Bexley Cottage Hospice, 2005

Artist Virginia Heearth has noted that ‘The arts offer us a way of making sense of the world and help us to define who we are and who we have been.’ 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.’

Paul, a veteran of the Mediterranean campaign, was involved in improving the hospital environment by creating art means. The aim was to improve the living environment for patients, friends, family and staff by encouraging better communication around treatment plans and emergency care. The Arts-in-Medicine programme intended to have a community application in the future.

9.4 Finding Meaning in the Story of Life

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 Hamer, 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 of Rosetta Life—an artist-led organisation founded in 1997—had argued that ‘if a person is able to express their thoughts and feelings in a creative way, it can be left behind for our loved ones. They can be left behind as a legacy to our loved ones.

Artistic activities generate a legacy that can be left behind for our loved ones.
Creative expression lends a voice to the voiceless.

Michelle 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, pounding clay, pouring paint, and scribbling violently on paper gives the patient permission to express strong feelings, and the presence of the therapist ensures the patient is not left alone with their distress. Art therapy also allows for the development and expression of more positive feelings such as tenderness, hope, or beauty.

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 to connect’ patients negotiating their experiences of illness and treatment in a language and cultural setting that is not their own.

Memories 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 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 recently caught up in the maelstrom of terminal illness, and Jarrett has recounted how:

At a personal level, families who may feel that they cannot cope with the management of a disease that is overtaking the person they love may manage to take control of their daily lives by becoming involved in a creative project. Sorting out the photos, editing a manuscript, viewing rough cuts of a film quickly becomes a family process and in this way carers are more able to get more involved in aspects of the management of the lives of those who are seriously ill.

Creative activity can increase a sense of control and self-determination, with mastery of materials and ideas forming part of the creative process.

In children and young people, creative activity helps to facilitate conversation about terminal illness and death.

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

In late 2010, the Scottish Government Health Directorates funded a study of the economic cost of bereavement in Scotland as part of work to inform national policy on bereavement and care practice. Analysis of data from the Scottish Longitudinal Study found that the loss of a spouse made early demise of the surviving spouse more likely and led to extended hospital stays, translating into a recurring annual cost for NHS Scotland of around £30m. Analysis of UK-wide data from the British Household Panel Survey also suggested that the bereaved were significantly less likely than their contemporaries to be employed in the year of bereavement and two years after.

At the round table, Dr Simon Opher pointed out that bereavement was a normal part of life, which he increasingly saw both professionally, leading to regular trips to the doctor and the prescription of anti-depressants and sleeping pills. The Scottish study identified costs of bereavement-related consultations in primary care at around £2.9m 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. Exploratory personal writing, for example, can function as an alternative or adjunct to psychotherapy. At the round table, Jane Moss – a writer and creative writing tutor who works in bereavement support – explained that writing could be used in a number of ways, including keeping a journal, penning 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 the day or night, hearing whatever the writer wants to say. The results of this can be powerful, and include people being able to return to work and adjust more effectively after their loss, acquiring skills for their own self-care which will serve them through the rest of their life.

At the round table, Dr Simon Opher pointed out that bereavement was a normal part of life, which he increasingly saw both professionally, leading to regular trips to the doctor and the prescription of anti-depressants and sleeping pills. The Scottish study identified costs of bereavement-related consultations in primary care at around £2.9m 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. Exploratory personal writing, for example, can function as an alternative or adjunct to psychotherapy. At the round table, Jane Moss – a writer and creative writing tutor who works in bereavement support – explained that writing could be used in a number of ways, including keeping a journal, penning 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 the day or night, hearing whatever the writer wants to say. The results of this can be powerful, and include people being able to return to work and adjust more effectively after their loss, acquiring skills for their own self-care which will serve them through the rest of their life.

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

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 mismatched bereavement in young people as a public health disaster. A team of palliative care social workers in East Berkshire provides an innovative example of the arts helping young people to deal with parental illness or death. The team enlisted an advocate and pioneer of participatory video and set up an action research project with young people aged seven to 15, using 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 – which became known as No, You Don’t! How Know We Feel – related how ‘Before, I couldn’t actually say that my dad had cancer, in case people might laugh – but now I can! It feels good! Life can end at any age, and every year an estimated 12,500 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 2014, six members of the group came together with artist Sofie Layton as part of a research and development programme called RBT. The group explored different creative processes – including drawing, embossing, screen-printing, sewing and audio recording – using their experiences and the essence and memories of lost children. One participant commented that a shared process of embroidery was ‘rather similar to grief itself – slow – and allowing us to talk, bond, weep, laugh as we progressed our ideas and produced something that reflected our children’. The project culminated in a public presentation of the installations made during the workshops.

Qualitative evaluation reported the value of the project to participating mothers and to stimulating a public conversation about childhood death.
bereavement, and to make plans for the end of life.1048 1049

Hartley and Payne have observed that hospices ‘demonstrate how the arts can help people deal with distress and difficulty [...]. People who experience the arts in this setting at this moment in their life experience may come to understand how they may participate in the arts more actively to better strengthen their resilience in dealing with future life experiences’.1050 An example of this approach in action is provided by the Schools Project, run by ST Christopher’s, which brings end-of-life patients and their carers together with children around the age of 10.1051 The aim of this project is to educate young people about death and dying through the eyes of those going through the process, thereby reducing anxiety about death. In one version of this programme, children visited the hospice together with their teachers and parents, after which the hospice arts team worked with the children in their school over two successive weekdays, facilitating the creation of art, music and writing on the theme of the journey. The project concluded with a return visit to the hospice, during which the children read out their poems, sang songs and talked about their experiences, to the appreciation of patients. The words of the children testify to this encounter helping them to overcome their fear of death.

Dr Sandra Berman, author of Grief and the Healing Arts, uses the arts and humanities to educate the general public and care staff about death. She has elsewhere identified a synergy between aesthetic and therapeutic approaches, whereby ‘the arts invite us into the world of human suffering and bereavement in a manner different from but no less penetrating than clinical analysis’.1052 By being instructive and challenging, Dr Berman argues, the arts enable us better to inhabit our own suffering and that of others. The Dying Matters coalition might consider the role of the arts in stimulating a public conversation about death.

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.1053 A survey of more than 900 nurses conducted the following year found that 69 percent felt they did not know how to broach the subject of death, with 72 percent citing lack of ‘training’.1054 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 31 NHS trusts comprising 150 hospital facilities.1055 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.1056 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.1057 At the round table, nurse and psychotherapist Olwen Minford invoked evidence that integrating arts-based approaches in the training of healthcare professionals can build empathy, compassion and communication skills, and pointed to visual arts training in galleries being used in more than 50 US universities. At the same event, Dr Heath proposed that, in the care of the dying, healthcare professionals needed five forms of literacy—medical, physical, emotional, moral and cultural. As cultural literacy is undervalued in medical education, young doctors are deprived of a potent resource for making sense of both life and death.

Professional development is also necessary for artists who undertake this work. Artists working in palliative care need to have sensitivity, knowledge, skills and conviction, as well as an ability to understand and deal with a variety of experiences. There is a need for training and professional development as well as new paradigms for research and evaluation developed by artists working in this highly specialised field. At present, we lack a central organisation for arts, art 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’.1058 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,1059 but neither this strategy nor related sector-specific guides, such as that for care homes, made reference to the arts.1060 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 an essential part to play in this. The training and professional development of many health and care staff, as well as of more artists, should enable them to engage more fully with the creative process of research and practice, so that there can be between the arts and dying. Easing the relentless pressures on health and care staff would also improve consideration of healing.

Further evidence is needed as to the financial savings achievable through the arts in end-of-life care and bereavement, particularly through reduction in GP visits, prescriptions and hospital admissions. Such research might be combined with a study of arts practices and processes, using qualitative, creative methods such as filmmaking, all with a view to persuading commissioners of the benefits of arts engagement at the end of life. It is, of course, self-evident that sensitive human contact alleviates suffering. The arts can provide such contact.
Recommendations and Next Steps
We hope we have demonstrated in this report that the arts can make an invaluable contribution to a healthy and health-creating society. They offer a potential resource that should be embraced in health and social care systems which are under great pressure and in need of fresh thinking and cost-effective methods. Policy should work towards creative activity being part of all our lives.

The process of the Inquiry – in particular the exchanges of experience at round tables of service users, health and social care professionals, artists and arts professionals, funders, academics, people in local government, policy-makers and parliamentarians – has generated energy and commitment. We will continue to enlist the help of those who are willing and able to join forces to shape a shared vision for change and bring that change into being.

In this report, we have made a series of recommendations 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.

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 and cultural sector. The national centre would provide expertise and capacity to support the design and implementation of the cross-governmental strategy for the arts in health. It would recognise that the arts can help meet the major challenges facing health and social care. The national centre should ensure that a commitment to the arts and cultural sector is integral to its health and wellbeing strategy. We will argue that the Government would support the project.

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 a cross-governmental strategy to support the delivery of health and wellbeing through the arts and culture.

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.

3) We recommend that, at board or strategic level, in NHS England, Public Health England and each clinical commissioning group, NHS trust, local authority and health and wellbeing board, an individual is designated to take responsibility for the institutional policy for arts, health and wellbeing.

4) We recommend that the Government looks to develop a cross-governmental strategy for the arts in health and social care. The national centre would help to get a major commitment from the arts and cultural sector 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 cultural sector 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.

6) We recommend that NHS England and the Social Prescribing Network support NHS clinical commissioning groups, NHS provider trusts and local authorities to incorporate arts on prescription into their commissioning plans and to redesign care pathways where appropriate.

7) We recommend that Healthwatch, the Patients Association and other representative organisations, along with arts and cultural organisations, should join forces 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 clear and widely recognised, but we hope that our report and others like it will encourage the arts, health and social care sectors to do more to stimulate public interest and demand. This is why we would like to see a range of organisations establish a national strategic centre to coordinate leadership in the field, working to promote collaboration at all levels in the arts, health and social care sectors. We do not propose a physical building but a gathering of networks, spanning practice, peer support, research, funding, communication, policy and international liaison.

The aim of the centre would be to support local and national partnerships and networks, including new partnerships and networks that are emerging to support the arts and health sector. The centre would work in collaboration with the Arts Council, government and health and social care organisations to promote and coordinate leadership in the field. It would be free for artists and arts professionals to join, and would work on the basis of its wide and diverse range of members.

The centre would provide a platform for the arts and health sector to work with other sectors to develop a cross-governmental strategy for the arts in health and wellbeing. It would work to establish a national centre and an associated network to coordinate leadership in the field, working to promote collaboration at all levels in the arts, health and social care sectors. We do not propose a physical building but a gathering of networks, spanning practice, peer support, research, funding, communication, policy and international liaison.
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 arts schools and universities to play their part in raising awareness of the opportunities for artists in health and social care.

9) We recommend that Research Councils UK and individual research councils consider an interdisciplinary, cross-council research funding initiative in the area of participatory arts, health and wellbeing, and that other research-funding bodies express willingness to contribute resources to advancement of the arts, health and wellbeing evidence base. We recommend that commissioners of large-scale, long-term health surveys include questions about the impacts of arts engagement on health and wellbeing.

We know already that the arts can help keep us well, aid our recovery from illness and support longer lives better lived. But there are gaps in the evidence base in areas such as prevention, management of long-term conditions and delaying dementia onset and admission into residential care. We need more evidence of sustained benefits in larger population groups over time.

10) We recommend that the National Institute for Health and Care Excellence regularly examines evidence as to the efficacy of the arts in benefiting health, and, where the evidence justifies it, includes in its guidance the use of the arts in healthcare.

We have been encouraged by the receptiveness of many organisations to whom we are making our recommendations, including the National Institute for Health and Care Excellence. Wider endorsement and dissemination of the developing evidence base is needed. We urge arts and health researchers to register as stakeholders with the National Institute for Health and Care Excellence and bring relevant evidence to the attention of reviewers.

The All-Party Parliamentary Group on Arts, Health and Wellbeing has developed policy briefings in collaboration with the Association of Directors of Public Health, Local Government Association, National Council for Voluntary Organisations, Social Care Institute for Excellence and What Works Centre for Wellbeing. Arts Council England and Public Health England have provided advice and have agreed to help with their dissemination. This is the first step in a strategy to ensure that all health and social care professionals are informed of the benefits of arts-based approaches to health and wellbeing and supported in adopting them. We are very pleased that the Arts and Humanities Research Council has made an award to our researcher, Dr Rebecca Gordon-Nesbitt at King’s College London, to support the dissemination of evidence and innovative practice presented in this report and to continue working with us on advocacy of these recommendations for a year after publication.

We will continue to work with those who have been our partners in the Inquiry thus far. We will seek opportunities to increase understanding of the benefits of the arts for health and wellbeing, not only with ministers and in parliament but also among the health and social care professions and others across the country. We will develop our work with the Royal Society for Public Health to identify priorities for future research and curriculum reform. We will follow with close interest the pioneering work supported in London by the Guy’s and St Thomas Charity. With the National Alliance for Arts, Health and Wellbeing, we will carry our message to the regions. We are very fortunate that Paul Hamlyn Foundation and Wellcome have provided us with funding to enable us to mount a programme of events around the country over the next twelve months. We hope to engage local MPs and councillors, among many others, at these events.

The Inquiry process has brought together many people with diverse views and experiences, including those who have experienced the benefits of the arts for their own health and wellbeing. Their stories can help to convince others, and we ask all those who believe in the value of the arts for health and wellbeing to join forces with us and speak up. In this way, we will increase the tempo and volume of public discussion of the arts, health and wellbeing. We will welcome comments and suggestions from all who believe, as we do, that the arts offer an essential opportunity for the improvement of the health and wellbeing of the nation, and we will work with all who share our mission.
Acknowledgements

The members of the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW) are listed below. They include the former and current officers of the Group: Baroness Andrews OBE, Rt Hon. Frank Dobson, Rt Hon. Lord Howarth of Newport CBE, Rt Hon. Fiona Maetaggart MP, Jason McCartney MP, Sarah Newton MP, Chris Ruane MP, Maggie Throup MP, Rt Hon. Ed Vaizey MP and Dr Sarah Wollaston MP. Our thanks to Rt Hon. Professor Paul Burstow, formerly MP for Sutton and Cheam, who was a founding Co-Chair of the APPGAHW and has continued to support the work of the Inquiry as Chair of the Advisory Group. Other parliamentary colleagues, listed below, have contributed their time chairing and attending meetings and offering their knowledge and thoughts.

The National Alliance for Arts, Health and Wellbeing provides the secretariat to the APPGAHW in the person of Alexandra Coulter, Director of Arts & Health South West. We are extremely grateful to Alex for managing the Inquiry and to the Board of Arts & Health South West for their support.

The Inquiry has benefited greatly from a collaboration with King’s College London, which has employed and supported our researcher, Dr Rebecca Gordon-Nesbitt, and administered the call for practice examples. Special 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 the Arts and Humanities Research Council.

We express our very warm thanks to the more than 300 people from all parts of the country who have taken part in round tables and meetings in the Houses of Parliament. We would particularly like to acknowledge those who have been so generous in telling us of their own personal experiences of how the arts have benefited their health and wellbeing.

Members of the All-Party Parliamentary Group on Arts, Health and Wellbeing

Debbie Abrahams MP
Baroness Andrews OBE
Luciana Berger MP
Lord Berkeley of Knighton
Lord Richard KCB
Lord Crathorne KCVO
Lord Crisp KCB
Thangam Debbonaire MP
Rt Hon. Frank Dobson
Baroness Finlay of Llandaff
Helen Goodman MP
Baroness Greenes ODB
Kelvin Hopkins MP
Rt Hon. Lord Howarth of Newport CBE
Rt Hon. Lord Hunt of Kings Heath OBE
Baroness Jolly
Rt Hon. David Lammy MP
Lord Layard
Baroness Lister of Burtersett CBE
Jason McCartney MP
Baroness McIntosh of Hudnall
Rt Hon. Fiona Maetaggart MP
Baroness Meacher
Baroness Morgan of Ely
Rt Hon. Nicky Morgan MP
Rt Hon. Baroness Morris of Yardley
Baroness Neuberger DBE
Sarah Newton MP
John Nicolson MP
Dr Matthew Offord MP
Lord Ramsbotham GCB CBE
Lord Ribeiro CBE
Chris Ruane MP
Rt Hon. Lord Smith of Finsbury
Rt Hon. Lord Stunzelle 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 Diegge, 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
Daman Hebron, Director, London Arts in Health Forum
Ruth Hinchliffe, Director, Cultural Partnerships & Enquiry, King’s College London
Dr Val Huett, Chief Executive, British Association of Art Therapists
Professor Jane Maunton, Professor of Medical Humanities, University of Durham
Dr Simon Opher MBE, GP Lead for Cultural Commissioning, King’s College London
Professor Richard Parish CBE, Professor of Health Development, University of Chester; Board Member, Public Health England
Heema Shukla, Public Health Consultant, Faculty of Public Health
Jane Steele, Head of Research, Paul Hamlyn Foundation
Professor Anne McRafferty, Professor of Nursing Policy, King’s College London
Alison Raw, Professional Advisor for Allied Health Professions, Department of Health
Dr Justin Varney, National Lead Adult Health and Wellbeing, Public Health England
Dr Nic Vogelbiel, 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 Craine, Programme Director and Head of Arts, Guy’s and St Thomas’ Charity
Dr Suzy Willson, Artistic Director, Clod Ensemble

November 2014: The Care Act and Commissioning Arts and Culture for Wellbeing
Joint event with the All-Party Parliamentary Group on Arts, Health and Wellbeing
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 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 Dowse, Director, Live Music Now
Professor Norma Daykin, Professor of Arts and Health, University of Winchester
Phil Hallett, Chief Executive, Cod Music Trust
Julian Lloyd Webber, Patron, Live Music Now
Gillian Moore, Head of Classical Music, Southbank Centre
Professor Zelen Oeddle-Miller, Professor of Music Therapy, Anglia Ruskin University
Dr Jane Pope, GP and Director of Creative Inspiration CIC, Deputy Medical Director for Primary Care, Faculty of Medical Leadership and Management
Dr Simon Proctor, Head of Music Services, Nordoff Robbins
Ian Ritchie, Artistic Director, The Musical Brain
Chika Robertson, Director of Mind Music Spirit
Paul Robertson, Director of Mind Music Spirit
Ian Stountzker CBE, Co-founder with Yehudi Menuhin of Live Music Now
Gillian Stunnell, Music Therapist
Professor Michon Timpson, Emeritus Professor of Behavioural Neurology, National Hospital Queen Square, London
Dr Trish Yella-Burrows, Deputy Director, Sidney De Haan Research Centre, Canterbury Christ Church University

Julian West, Oboist and Creative Music Leader

July 2015: Dementia and the Arts Joint event with the All-Party Parliamentary Group on Dementia Chairs: Baroness Jolly and Baroness Green-Essence

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 Dance, Dance Movement Psychotherapist, South West Yorkshire Partnership NHS Trust

Professor Paul Camic, Professor of Psychology and Public Health, Canterbury Christ Church University

Dr Sebastian Crutch, Professorial Research Associate, Dementia Research Centre, UCL

Peter Dunlop, Expert Patient

Fergus Early OBE, Director of Green Candle Dance Company

Veronica Franklin Gould, Director of Arts and Dementia

Chris Gage, Director of the 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

Mari Parson, Director of the Creative Dementia Network

Professor Justine Schneider, Professor of Mental Health and Social Care, University of Nottingham

David Slater, Director of Entelechy Arts

Belinda Sosinowicz, RADiQo, project manager

Robin Sweeney, Dementia Friendly Communities, Alzheimer’s Society

Kate Whittaker, Music for Life project manager, Wigmore Hall

Gillian Wolfe CBE, Former Director of Learning and Public Affairs, Dulwich Picture Gallery; Learning, Arts and Heritage Consultant

November 2015: The Arts and Post-Traumatic Stress

Chair: Rt Hon. Lord West of Spithead

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

Jojo Bowman, Artist, Danish Wounded Warriors

Nick Clarke MBE, Chair of Trustees, Military Wives Choirs Foundation

Kevin Dyer, Writer, Farnham Maltings

Colette Ferguson, Participant, Farnham Maltings

Emily Gee, Veteran in Practice, Foundation for Art and Creative Technology

Shaun Johnson, Veteran, Combat Veteran Players

Rosie Kay, Artist, Rosie Kay Dance

Professor Peter Kinderman, President-Elect of the British Psychological Society

Jesse 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 Lead Professor of Music at the University of Edinburgh

John Ryan, Co-Founder Lift the Lid Productions, Home Front

Maja Twardzicki, Public Health Lead, Home Front

February 2016: Museums and Health Organised with the help of the National Alliance for Museums, Health and Wellbeing

Chair: Lord Lupton, Former Chair of Trustees of Dulwich Picture Gallery; Trustee, British Museum

David Anderson, Director General, Angueldaff Cymru – National Museum Wales

Professor Paul Camic, Professor of Psychology and Public Health, Canterbury Christ Church University

Professor Helen Chatterjee, Professor of Biology, UCL School of Life and Medical Sciences; Head of Research and Teaching, UCL Public and Cultural Engagement

Jane Grimshaw, Director of Nursing, Trafford Hospital

Sharon Heal, Director, Museums Association

Hilary Jennings, Director of the Happy Museum Project

Joanna Jones, Director, Canterbury Museums

Anne Kearton, Occupational Therapist, Trafford Hospital

Victoria Northwood, Head of Archives and Museum, Museum of the Mind

Dr Mark O’Neill, Director of Research and Policy, Glasgow Life

Laura Phillips, Head of Community Partnerships, British Museum

Helen Shearn, Head of Arts Strategy, South London and Maudsley NHS Foundation Trust

Jason Spruce, Expert Patient

Emma 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 Elliott, Chief Executive of Arts for Care Northern Ireland

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

Alan Higgins, Director of Public Health, Oldham Council

Sally Lewis, Portfolio Manager, Engagement and Participation, Arts Council of Wales

Maggie Maxwell, Head of Equalities, Diversity and Inclusion (EDI), Creative Scotland

Clive Parkinson, Director of Arts for Health, Manchester Metropolitan University

Jackie Sands, Health Improvement and Public Health, NHS Greater Glasgow and Clyde

Professor Carol Tannerhill, Director, Glasgow Centre for Population Health

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

April 2016: Arts, Health and Wellbeing and Commissioning

Chair: Lord Richard

Paul Bristow, Director, Strategic Partnerships, Arts Council England

Jane Davis, Chief Executive, The Reader

Bob Elkington, Director, Arts Connect

Yvonne Farquharson, Managing Director, Breathe Arts Health Research

Jules Ford, Cultural Commissioning Programme Manager, Gloucestershire Clinical Commissioning Group

Emma Hanson, Head of Strategic Commissioning for Social Care, Health and Wellbeing, Kent County Council

Jessica Harris, Manager, Cultural Commissioning Programme, National Council for Voluntary Organisations

Sue McKeie, Health Improvement Principal, Public Health, Wolverhampton City Council

Dr Cliff Richards, Chair, Halton Clinical Commissioning Group

Alice Twite, Equal Arts

Basil Wild, Commissioner and Contracts Officer for Mental Health, Bexhill and North East Somerset Council

Martin Wilson, Director, Tin Arts

May 2016: Arts on Prescription

Chair: Rt Hon. Lord Howarth of Newport

Dr Hilary Bury, Anglia Ruskin University

Professor Helen Chatterjee, Professor of Biology, UCL School of Life and Medical Sciences; Head of Research and Teaching, UCL Public and Cultural Engagement

Dr Sam Guglani, Chair of the National Council for Palliative Care

Palliative Medicine, University of Cardiff and, Director of Age UK Oxfordshire

, Assistant Professorial Research

Cymru – National Museum Wales

David Anderson, Dulwich Picture Gallery; Trustee, British Museum

Organised with the help of the National

February 2016: Museums and Health

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

Elizabeth De Haan Research Centre, Canterbury Christ Church University

Sir John Shekleton, Chair of the All-Party Parliamentary Group on Arts, Health and Wellbeing

Chair: Rt Hon. Lord Howarth of Newport

Dr Hilary Bury, Anglia Ruskin University

Professor Helen Chatterjee, Professor of Biology, UCL School of Life and Medical Sciences; Head of Research and Teaching, UCL Public and Cultural Engagement

Dr Sam Guglani, Chair of the National Council for Palliative Care

Palliative Medicine, University of Cardiff and, Director of Age UK Oxfordshire

, Assistant Professorial Research

Cymru – National Museum Wales

David Anderson, Dulwich Picture Gallery; Trustee, British Museum

Organised with the help of the National
Acknowledgements

Lily Makurah, Deputy National Lead, Mental Health and Wellbeing, Public Health England
Professor Sir Michael Marmot, Director of the Institute of Health Equity, UCL
Dr Alan Maryon-Davis, Public Health doctor, writer and broadcaster
Eilish McGuinness, Director of Operations, Heritage Lottery Fund
John Middleton, President, Faculty of Public Health
Peter Morton, Head of News, Public Health England
Catherine Mottram, Social Researcher, Evidence and Analysis Unit, Department for Culture, Media and Sport
Clive Niall, Artist Teacher
Paul Ogden, Public Health Lead, Local Government Association
Matthew Pearce, Senior Programme Manager, Gloucestershire Clinical Commissioning Group
Rosa Vaquero, Communications Lead, Guy’s and St Thomas’ Charity
Duncan Selbie, Chief Executive, Public Health England
Sir Nicholas Serota, Chair, Arts Council England
Moira Sinclair, Director, Paul Hamlyn Foundation
Anu Singh, Director of Public and Patient Participation and Insight, NHS England
Oliver Stannard, Marketing and Communications Manager, King’s College London
Duncan Stephenson, Director of Communications, Royal Society for Public Health
Bev Taylor, Volunteering and Development Manager, NHS England
Gillan Taylor, PR Consultant
Professor Bryan Stoten, former Chair of UK Public Health Register
Dr Matthew Taylor, Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust and Clinical Senior Lecturer in Bipolar Disorder, King’s College London
Robert Webster, Chief Executive South West Yorkshire Partnership NHS Foundation Trust
Katee Woods, Coordinator, Creativity and Wellbeing Week
Peter Wyman, CBEDL, Chair, Care Quality Commission
All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report

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
ADAMS  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
CEILS  Centre for Research into Reading, Literature and Society
DCLG  Department for Communities and Local Government
DCMS  Department for Culture, Media and Sport
DET  Department for Education
DH  Department of Health
ECOL  Enhancing Care at the End of Life
EHE  Enhancing the Healing Environment
ESRC  Economic and Social Research Council
FNFM  Florence Nightingale Faculty of Nursing and Midwifery
FPH  Faculty of Public Health
GP  General Practitioner
GM  General Medical Council
GSCA  Gloucestershire Voluntary Community Sector Alliance
HCPC  Health and Care Professions Council
HEE  Health Education England
HELIx  Healthcare Innovation Exchange
HAP  Health in All Policy
HLF  Heritage Lottery Fund
HICSS  Hull Integrated Community Stroke Service
HWE  Health and Wellbeing Board
IAPT  Improving Access to Psychological Therapies
IoD  Institute of Directors
JSNA  Joint Strategic Needs Assessment
KCC  Kent County Council
LGA  Local Government Association
LSE  London School of Economics and Political Science
MHA  Methodist Homes Association
MHFA  Mental Health First Aid
MMU  Manchester Metropolitan University
MoD  Ministry of Defence
MoJ  Ministry of Justice
MoMA  Museum of Modern Art
MP  Member of Parliament
NAAHW  National Alliance for Arts, Health and Wellbeing
NAMHW  National Alliance for Museums, Health and Wellbeing
NEA  National Endowment for the Arts (USA)
NEF  New Economics Foundation
NESTA  National Endowment for Science Technology and the Arts (UK)
NIHR  National Institute for Health Research
NPO  National Portfolio Organisation
OFSTED  Office for Standards in Education, Children’s Services and Skills
ONS  Office for National Statistics
PD  Parkinson’s Disease
PHE  Public Health England
PSF  Paul Hamlyn Foundation
PTSD  Post-Traumatic Stress Disorder
QALY  Quality Adjusted Life Years
RCA  Royal College of Art
RCGP  Royal College of General Practitioners
RCT  Randomised Controlled Trial
RIBA  Royal Institute of British Architects
RoI  Return on Investment
RPO  Royal Philharmonic Orchestra
RSHP  Royal Society for Public Health
SCIE  Social Care Institute for Excellence
SIB  Social Impact Bond
SLAM  South London and Maudsley NHS Foundation Trust
SRoI  Social Return on Investment
STP  Sustainability and Transformation Partnership or Plan
TLAP  Think Local Act Personal
TUC  Trades Union Congress
UCL  University College London
VCSE  Voluntary, Community and Social Enterprise
WEMWBS  Warwick-Edinburgh Mental Wellbeing Scale
WHO  World Health Organization

A glossary of health terms is available on the website of the National Alliance for Museums, Health and Wellbeing.

176. Ibid, p. i.


179. As an example, see: Coventry: A Marmot city – strategic response to the Marmot Review. Coventry City Council.

180. As an example, see: Royal College of Nursing. (2011). Health Inequalities and the Social Determinants of Health. London: Royal College of Nursing.


192. What Works Centre for Wellbeing, p.4.

193. The Social Prescribing Network is a collaboration between the College of Medicine, the University of Westminster and UCL Museum Wellbeing. www.thewhatsworking.org.uk

194. Creative Minds: www.southwestyorkshire.nhs.uk

195. See the work of the Scottish Longitudinal Health and Education Linked (SLHL) dataset, as a possible bridge between these two definitions of culture in Health, Social Care and Education.

196. Taking Part: www.gov.uk


200. What Works Centre for Wellbeing, p.4.
187. RSPH SIG arts and health repository: creativeandcredible.co.uk

189. Submission by Professor Norma Daykin following the evidence reconciliation of practice and research, see A
190. who have interacted with health and social services.
191. Arts for health and wellbeing
192. www.artshealthresources.org.uk
193. seeking to demonstrate impact in this area: knowhownonprofit.org.uk
194. This observation was made by Emma Hanson, Head of Strategic
195. Five Year Forward View, op. cit. www.gov.uk
196. The prospectus drew upon an earlier literature review: Luhmann, S., Stirling, J., Torrissen, W. &
200. artscommissioningtoolkit.com
201. See, for example, Generator CIC in Loughborough, which has a
204. Great Art and Culture for Everyone:
215. Transforming Care Partnerships: www.england.nhs.uk
216. NHS Confederation, Local Government Association, NHS
217. Five Year Forward View. London: NHS England; and Coalition for Collaborative Care,
218. artscommissioningtoolkit.com
220. Public Health, Disease: An update on current knowledge. Annual Review of
223. To watch a persuasive film about the Prescribed Culture project,
224. money and support for its dissemination, see: A
225. artscommissioningtoolkit.com
226. Inequalities, the Arts and Public Health, op. cit., p. 178.
230. Fair Society, Healthy Lives
231. See
232. This paper considers the range of evidence presented in
234. Arts for Health.
237. London: The King’s Fund.
238. 2013). Transforming care partnerships: www.england.nhs.uk
241. Transforming Care Partnerships: www.england.nhs.uk
242. For an example of integrated care, see Thistlethwaite, P. (2011).
243. 2015). Ten key actions to put people and
disposable income in their local community.
245. NHS Confederation Mental Health Network: unchained-mentalhealth.
246. Inequalities, the Arts and Public Health, op. cit., p. 178.
247. artscommissioningtoolkit.com
248. See, for example, Generator CIC in Loughborough, which has a
249. Creative Alternative to Community Care: A Cross-government mental health strategy for people of all ages
251. This observation was made by Emma Hanson, Head of Strategic
255. This observation was made by Emma Hanson, Head of Strategic
256. 2016). London: NHS England; and Coalition for Collaborative Care,
257. artscommissioningtoolkit.com
258. The prospectus drew upon an earlier literature review: Luhmann, S., Stirling, J., Torrissen, W. &
259. Great Art and Culture for Everyone:
260. See, for example, Generator CIC in Loughborough, which has a
262. The prospectus drew upon an earlier literature review: Luhmann, S., Stirling, J., Torrissen, W. &
263. artscommissioningtoolkit.com
264. Inequalities, the Arts and Public Health, op. cit., p. 178.
266. Culture, Media and Sport Committee. (2 November 2016).
270. To watch a persuasive film about the Prescribed Culture project,
271. artscommissioningtoolkit.com
272. Inequalities, the Arts and Public Health, op. cit., p. 28.
273. artscommissioningtoolkit.com
274. See, for example, Generator CIC in Loughborough, which has a
275. Creative Alternative to Community Care: A Cross-government mental health strategy for people of all ages
276. artscommissioningtoolkit.com
277. For an overview, see Jensen, A., Stickley, T., Torrissen, W. &
278. artscommissioningtoolkit.com
279. See
280. See, for example, Generator CIC in Loughborough, which has a
281. Creative Alternative to Community Care: A Cross-government mental health strategy for people of all ages
282. artscommissioningtoolkit.com
283. See
284. See
286. To watch a persuasive film about the Prescribed Culture project,
287. artscommissioningtoolkit.com
288. See
289. See
291. To watch a persuasive film about the Prescribed Culture project,
292. artscommissioningtoolkit.com
293. See
294. See
295. See
296. See
298. Ibid, p. 11.
299. Arts, Health and Care: kulturoghelse.no/english
301. Arts, Health and Care: kulturoghelse.no/english
303. Ibid, p. 11.
304. Department for Communities and Local Government (DCLG).
305. Great Place Scheme: www.greatplacescheme.org.uk
306. To watch a persuasive film about the Prescribed Culture project,
307. artscommissioningtoolkit.com
308. See
182 How Museums and Galleries Can Enhance Well-being.
183 Body, Spirit: How museums impact health and wellbeing Evidence Dossier
184 Psychotherapy people who have experienced psychosis.
185 in Psychotherapy: The art-gallery as a resource for recovery for
186 An economic perspective.
187 Mixed Methods Evaluation of Wellbeing Benefits Derived from a
188 Journal of Health Psychology
189 Heritage-focused Intervention on health and wellbeing.
190 Heritage-focused Intervention.
191 Arts & Health: An International Journal of Psychological Theory in Arts and Health: A conceptual
193 Jane Grimshaw, Director of Nursing at Trafford General
195 For a history of work in this area, see Oldfield, A. (2016). The
197 Meaney, M. J. (2001). Maternal Care, Gene Expression, and the
198 Music Therapy for People with Autism Spectrum Disorder.
200 Therapy
201 University.
202 Learning Through Developmental Dance Movement as a
203 Research
204 Kinaesthetic Tool in the Early Years Foundation Stage.
205 North London Child and Adolescent Mental Health Service.
207 The Five Year Forward View for Mental Health, op. 11.
210 The Homeland Library: www.artshabahandwellbeing.org.uk.
211 Annual Economic Impact Survey.
212 This story was researched at the round table on Arts and Public Health.
213 Portrait of Recovery: portalforrecovery.org.uk/projects/memories-of-addiction-recovery
214 To watch a short film about Healthy Libraries, visit: www.youtube.com
215 See Libraries And Health: www.librariesandhealth.org
The Art Room: www.artroom.org.uk


544. Research conducted by Dr Ally Daubney and Duncan Mackrill at the University of Sussex in the second half of 2016 showed that 97.2 percent of school districts reported negative consequences of the Creative Arts and Music curriculum on the mental health of young people.


557. Artis: www.artiseducation.com

561. For details of the Artsmark scheme in the context of the 2012 Olympic Games see the Artsmark scheme at www.artsmark.org.uk.

565. The Roundhouse Trust: www.roundhouse.org.uk

568. Social Care Institute for Excellence: www.scie.org.uk


579. See Beyond Words, run by Cheltenham Festivals 2015–18: www.beyondwords.org.uk

580. Music in Mind: www.artswellbeing.org.uk


585. The Youth Select Committee (YSC) is a British Youth Council for Children, Youth and Young People’s Mental Health. London: Youth Parliament. (2016).

586. Socioeconomic Inequalities and Mental Health Problems in Ethnic Minority Groups: Results from the MRC AESOP Study. London: The Stationery Office.


609. The Alchemy Project: www.artshealthandwellbeing.org.uk


614. Music in Mind: www.artshealthandwellbeing.org.uk

619. The Alchemy Project: www.artshealthandwellbeing.org.uk

622. Raw Sounds: www.rcpsych.ac.uk

625. See also the link to the Research conducted by Dr Ally Daubney and Duncan Mackrill at the University of Sussex in the second half of 2016 showed that 97.2 percent of school districts reported negative consequences of the Creative Arts and Music curriculum on the mental health of young people.


645. The Youth Select Committee (YSC) is a British Youth Council for Children, Youth and Young People’s Mental Health. London: Youth Parliament. (2016).


665. The Roundhouse Trust: www.roundhouse.org.uk


713. The Youth Select Committee (YSC) is a British Youth Council for Children, Youth and Young People’s Mental Health. London: Youth Parliament. (2016).


740. For details of the arts and music work that has been done in the last ten years, see the Artsmark Programme Evaluation Report. London: The National Portrait Gallery Hospital Arts.


759. For details of the arts and music work that has been done in the last ten years, see the Artsmark Programme Evaluation Report. London: The National Portrait Gallery Hospital Arts.


184 185
766. See Crawford, P. (30 March 2015). Health Humanities: We are
769. Clod Ensemble: www.clodensemble.com
752. Liverpool Veterans Project: www.liverpoolveterans.co.uk

The lens of the arts.
Medical Education
Hardman, C. (2015). A Fresh Perspective on Medical Education:
excursionary sketch and rationale.
Journal of Medical Ethics
Medical Humanities
of Arts-based Interventions in Medical Education: A literature
Medical Education and The Arts: A Survey of U.S. Medical
of Arts-based learning in healthcare education, funded through
social prescribing component: www.collegeofmedicine.org.uk
Medicine, offered by the College of Medicine, which includes a

Arts and Health in the Military. (2013).
Art Therapy for Military Veterans with PTSD: A

Post-Traumatic Stress Disorder: Management
346 (8983), pp. 1143–45; and
The Guardian.


Inclusive Arts Practice: www.brighton.ac.uk


A New Form of Theatre: Older people’s involvement
Generated for musicians and care home providers, visit:
generated for musicians and care home providers, visit:
www.imaginearts.org.uk

www.publications.parliament.uk/pa/cm201719/cmselect/cmartscomm/129/12901.htm

First Horizon – www.smallerholidays.co.uk

Age UK collaborated with the LGA and the Campaign to End

Age Concern Help the Aged NI. (2009).

Age UK collaborated with the LGA and the Campaign to End

Narrative and life story work with older people, in the age of
A Summary of Age UK’s Index of Wellbeing in Later Life

Programs on the Physical Health, Mental Health and Social

A New Form of Theatre: Older people’s involvement

Inclusive Arts Practice: www.brighton.ac.uk

A New Form of Theatre: Older people’s involvement

Inclusive Arts Practice: www.brighton.ac.uk

Age UK’s Preventive Exclusion. Following the evidence.
London: Age UK


The Impact of Professional Conducted Cultural

Age UK’s Preventive Exclusion. Following the evidence.
London: Age UK


From the Community to the Community: A Delphi Study on Art and Health Practice in Later Life

The Guardian.
46 (6), pp. 726–34.

Age Concern Help the Aged NI. (2009).

Age UK collaborated with the LGA and the Campaign to End

Age Concern Help the Aged NI. (2009).

Age UK collaborated with the LGA and the Campaign to End

Narrative and life story work with older people, in the age of
A Summary of Age UK’s Index of Wellbeing in Later Life

Programs on the Physical Health, Mental Health and Social

A New Form of Theatre: Older people’s involvement

Inclusive Arts Practice: www.brighton.ac.uk

Age UK’s Preventive Exclusion. Following the evidence.
London: Age UK


Music, an intergenerational community project designed to alleviate isolation in older people.


For a guide on overcoming this trend, see The Whitworth. (n.d.). Jo Cox Commission on Loneliness: www.jocoxloneliness.org


586. CreatedOnline: www.createdonline.org

587. For a guide on overcoming this trend, see The Whitworth. (n.d.).


598. The Whitworth. (n.d.).


979. The Creative Arts in Palliative Care, op. cit., p. 15.
980. Ibid, p. 46.
981. The Creative Arts in Palliative Care, op. cit., p. 6.
982. The Creative Arts in Palliative Care, op. cit.
983. The Creative Arts in Palliative Care, op. cit., p. 18.
987. Ibid, p. 133.
988. See Living Well Dying Well: www.lwdwtraining.uk
989. Royal College of Physicians and Marie Curie Cancer Care. (2014).
990. Creative Engagement in Palliative Care, op. cit., p. 9.
991. The Creative Arts in Palliative Care, op. cit., p. 79.
992. Creative Engagement in Palliative Care, op. cit., p. 9.
993. Creative Engagement in Palliative Care, op. cit., p. 2.
994. The Creative Arts in Palliative Care, op. cit., p. 3.
995. The Creative Arts in Palliative Care, op. cit., p. 13.
996. The Creative Arts in Palliative Care, op. cit., p. 9.
997. The Creative Arts in Palliative Care, op. cit., p. 16.
998. The Creative Arts in Palliative Care, op. cit., p. 6.
999. The Creative Arts in Palliative Care, op. cit., p. 2.
1000. The Creative Arts in Palliative Care, op. cit., p. 13.
1001. The Creative Arts in Palliative Care, op. cit., p. 9.
1002. The Creative Arts in Palliative Care, op. cit., p. 16.
1003. The Creative Arts in Palliative Care, op. cit., p. 10.
1004. The Creative Arts in Palliative Care, op. cit., p. 2.
1005. The Creative Arts in Palliative Care, op. cit., p. 9.
1006. The Creative Arts in Palliative Care, op. cit., p. 9.
1007. The Creative Arts in Palliative Care, op. cit., p. 2.
1008. The Creative Arts in Palliative Care, op. cit., p. 13.
1009. The Creative Arts in Palliative Care, op. cit., p. 9.
1010. The Creative Arts in Palliative Care, op. cit., p. 9.
1011. The Creative Arts in Palliative Care, op. cit., p. 9.
1012. The Creative Arts in Palliative Care, op. cit., p. 9.
1013. The Creative Arts in Palliative Care, op. cit., p. 9.
1014. The Creative Arts in Palliative Care, op. cit., p. 9.
1015. The Creative Arts in Palliative Care, op. cit., p. 9.
1016. The Creative Arts in Palliative Care, op. cit., p. 9.
1017. The Creative Arts in Palliative Care, op. cit., p. 9.
1018. The Creative Arts in Palliative Care, op. cit., p. 9.
1019. The Creative Arts in Palliative Care, op. cit., p. 9.
1020. The Creative Arts in Palliative Care, op. cit., p. 9.
1021. The Creative Arts in Palliative Care, op. cit., p. 9.
1022. The Creative Arts in Palliative Care, op. cit., p. 9.
1023. The Creative Arts in Palliative Care, op. cit., p. 9.
1024. The Creative Arts in Palliative Care, op. cit., p. 9.
1025. The Creative Arts in Palliative Care, op. cit., p. 9.
1026. The Creative Arts in Palliative Care, op. cit., p. 9.
1027. The Creative Arts in Palliative Care, op. cit., p. 9.
1028. The Creative Arts in Palliative Care, op. cit., p. 9.
1029. The Creative Arts in Palliative Care, op. cit., p. 9.
1030. The Creative Arts in Palliative Care, op. cit., p. 9.
"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, eliding the boundary between the medical, social and cultural spheres. But, if we are to mobilise resource and effort effectively, we need to move beyond broad definitions and presumptions of efficacy and take a robust, critical and evidence-based approach to the interaction between arts and health. As an organisation that seeks to improve health for everyone, Wellcome is pleased to have been a supporter of the research which has informed this review."
Dr Simon Chaplin, Director of Culture and Society, Wellcome

"As a dancer, I enjoyed the physical benefits of artistic practice; later on, working in community settings, I saw the psychological and social benefits that participation in arts and cultural activities brings. I’m very proud that King’s has played a role in this Inquiry, advancing the conversation about art’s potential to contribute to health and wellbeing throughout the various stages of our lives."
Deborah Bull, Assistant Principal, King’s College London

"This is clearly a first class collation of evidence which provides powerful support for the importance of seeing as one the health and wellbeing of the individual, and of the vital role the arts can play in supporting both throughout our lives. The contribution the arts can make in this regard has been recognised since the time of Hippocrates but appears to have received less prominence in recent times. It could be argued that the huge advances in medicine in the last century have been at the cost of our forgetting the needs of our minds and bodies for the stimulation and nutrition offered by the creative arts. I would like to think that this report might result in a reversal of this trend."
Sir Robert Francis QC

"We know, through everyday examples from across the country, that the arts and creativity are making an important contribution to helping people stay well for longer, and live a better quality of life. These approaches support both the NHS and communities to meet the very real challenges of improving population health. I welcome this thought-provoking report; it is a significant milestone in making the case for the benefits of the arts in improving and sustaining good health and wellbeing."
Anu Singh, Director of Patient and Public Participation and Insight, NHS England

"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."
Deborah Bull, Assistant Principal, King’s College London

"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

"The arts play a vital role in creating and supporting feelings of wellbeing. Exploring our creativity offers myriad ways to connect, move, give, learn and notice – the five ways to wellbeing."
Alice Wiseman, Director of Public Health, Gateshead

"This is a fascinating report of interest to all who are looking for better ways of measuring the success of policies."
Lord O’Donnell

"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

"It has been heart-warming to hear about many examples in our system where, through involvement in the arts, people have been able to develop their talents and live fuller lives, taking more control of their health and wellbeing. We believe that the arts and cultural sector has a major part to play in the transformation of health and care in Gloucestershire."
Mary Hutton, Accountable Officer, NHS Gloucestershire Clinical Commissioning Group and Lead for Gloucestershire Sustainability and Transformation Partnership

"At a time of immense emotional stress and pressure, the critical analysis skills that I had been developing making art and the thought of my work kept me going, giving me the weapons to fight my own demons. I have noticed over time a marked increase in my own ability to rationally deal with the trials and tribulations of day-to-day existence and particularly in monitoring, regulating and adjusting my own behaviour and my emotions."
Jason Bell, Veteran, Veterans in Practice, Foundation for Art and Creative Technology
You can download the full report here: www.artshealthandwellbeing.org.uk

To contact the All-Party Parliamentary Group on Arts, Health and Wellbeing, please email Alexandra Coulter: coultera@parliament.uk

More information about our work can be found here: www.artshealthandwellbeing.org.uk

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

The All-Party Parliamentary Group on Arts, Health and Wellbeing has developed policy briefings in collaboration with the Association of Directors of Public Health, Local Government Association, National Council for Voluntary Organisations, Social Care Institute for Excellence and What Works Centre for Wellbeing. Arts Council England and Public Health England have provided advice and have agreed to help with their dissemination.

You can download the policy briefings here: www.artshealthandwellbeing.org.uk